

**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.

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 (September 30, 1999 to October 1, 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: **North Dakota implemented Phase II of SCHIP, known as Healthy Steps, on October 1, 1999. Phase II is a separate SCHIP program that covers children up to 140% of the federal poverty level. Eligibility is determined based on monthly income less payroll taxes, child support payments, alimony payments and child care expense. For self-employed individuals, eligibility is determined based on three years net income. There is no asset test.**
2. Enrollment process: **Healthy Steps uses a two-page application for the enrollment process with all eligibility determined at the state office.**
3. Presumptive eligibility **N/A**
4. Continuous eligibility: **Once eligibility is determined, children are eligible for 12 months or until the last day of the month they turn 19, or leave the state, or obtain private health insurance.**
5. Outreach/marketing campaigns **The State conducted eight Regional Healthy Steps workshops for over 500 participants statewide one month prior to implementation. A mailing list of outreach partners was developed based on workshop participation. Each partner received a packet of Healthy Steps printed information including; brochures, posters, applications, Frequently Asked Questions, and re-order postcards. News releases were distributed and media was present at each of the eight regional locations. Outreach workshops were also given on two Indian reservations with brochures and F.A.Q.'s developed specifically for the Native American families. Many other more specific outreach opportunities occurred at Head Start, WIC, Public Health, County Social Service, and the American Academy of Pediatricians statewide meeting. Specific targeted messages and talking points were widely distributed in an effort to reinforce our message of health insurance for children at low or no cost. Simple and straightforward newsletter inserts were sent to agencies that agreed to print them, such as; County**

Extension Service, State Ministerial Association, Parish Nurses Association, and School Districts. A Robert Wood Johnson Covering Kids Grant was implemented in January 2000, to target two Indian Reservations, and the statewide rural population. Their focus was on distributions of Healthy Steps information and education to farm and ranch groups who work directly with rural families, and to hire outreach workers from the two Indian reservations to conduct local outreach.

6. Eligibility determination process: **Eligibility for Healthy Steps is determined at the state office. A short two-page application must be completed with supporting documentation for income reported on the application. This includes the prior months pay stubs and, if self employed the last three years income tax forms. The application is reviewed and eligibility is determined. If the child appears to be Medicaid eligible, they are referred to the county social service office for determination (A Medicaid application is included with the referral letter). If the child is Healthy Steps eligible, they are enrolled in the program. If income exceeds 140% of the federal poverty level, the child is sent a letter referring them to the “Caring Program.” The Healthy Steps program does not have an asset test.**
7. Eligibility redetermination process: **The redetermination process is handled in the same manner as the eligibility determination process except that the Healthy Steps case is sent a re-certification application two months before current eligibility ends. The re-certification application includes the demographic information that is currently on file with the Healthy Steps program. The household verifies income and reports any prospective income changes on the re-certification.**
8. Benefit structure: **The Healthy Steps program is a separate SCHIP program which is actuarially equivalent to the North Dakota PER’s system. This covers clinic services, inpatient and outpatient hospitalization, prescriptions, mental health services, preventative well child exams and immunizations. Plus, the Healthy Steps program includes dental and vision coverage that is not included in the North Dakota PER’s system.**
9. Cost-sharing policies: **There are no monthly premium costs to participating families. The only out-of-pocket costs are a \$2 co-payment for each prescription, a \$5 co-payment for each emergency room visit, and a \$50 co-payment for each hospital admission. Because of the unique relationship between the federal government and tribal government, Native American families are not charged co-payments.**
10. Crowd-out policies: **The Healthy Steps program has a six-month crowd out feature. If the child had health insurance within the last six months, they are not eligible for the Healthy Steps program. An exception to this policy is if they lost health insurance through no fault of their own such as loss of employment or farmers living in a federal disaster area.**

11. Delivery system: **The delivery system is through provider organizations that are participating Blue Cross/Blue Shield providers.**
12. Coordination with other programs (especially private insurance and Medicaid) **If a child appears to be eligible for Medicaid, a notice will be sent to the applicant informing the applicant that he or she complete a Medicaid application and submit it to the county social service agency located in the county of residence. A copy of the notice will be sent to the county social service agency informing them of the notification to the family. If a child appears to be eligible for Medicaid with a monthly recipient liability, the household will be informed of Healthy Steps coverage. Both the county and state agencies have access to computer system knowledge which informs the workers of whether or not the child is on Medicaid or Healthy Steps. The eligibility workers also communicate between computer mailbox systems or telephone systems.**
13. Screen and enroll process **A Healthy Steps application is screened to determine if a child is potentially eligible for Medicaid. Since Healthy Steps does not have an asset test a question asking about a household's assets whether or not they are above the Medicaid guidelines is on the application. If a household indicates that their assets are above the Medicaid guidelines, there is no referral to Medicaid. If a household indicates that their assets are within the Medicaid guidelines, a continued screening of their income eligibility is done. A budget method for children ages 0-5 at 133% poverty level, 6-18 at 100% poverty level, and a medically needy level with no recipient liability is completed. If the household's income is within the Medicaid levels, they are referred to Medicaid. There is also another question on the Healthy Steps application inquiring if any of the children are currently receiving Medicaid.**
14. Application: **The Healthy Steps application is a two-page application that requires demographic, income and expense reporting. Actual support is required for income reported on the application. The application can be viewed at the following website: <http://www.state.nd.us/childrenshealth/application.pdf>**
15. Other

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. **There has been an additional 2,155 children enrolled in both the Medicaid and Healthy Steps programs during the Federal Fiscal Year based on the HCFA 21E, 64-EC,**

and the 64-21E.

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. **We reviewed 429 cases that were referred to the Medicaid program after applying for the Healthy Steps program for the time frame of September 1999 to June 2000. Based on this review, we found that of the 429, 114 cases were currently on the Medicaid program. Based on the average number of children in a case of 2.19, we estimate that approximately 250 additional children were enrolled in the Medicaid program due to the outreach and referral process of the Healthy Steps program. Additionally, 12 cases (estimate 24 children) were pending Medicaid eligibility; 50 cases (estimate – 110 children) after referral were returned and are now on the Healthy Steps program; and 11 cases (estimate 22 children) were referred to the “Caring Program.”**
3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State. **Based on a discussion with the Caring Program, they have seen an increase from 220 children at the low point during the past year to 325 children enrolled in the Caring Program.**
4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

X No, skip to 1.3

Yes, what is the new baseline?

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

What was the justification for adopting a different methodology?

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.)

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

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		
Objective 1) Reduce the percentage of North Dakota Children, from birth to 19 years of age, who are uninsured.	1.1 By October 31, 2000, at least 1,600 previously uninsured low-income eligible children will be enrolled in Healthy Steps.	Data Sources: Healthy Steps remittance advice Methodology: number of premiums paid for the month of October 2000. Progress Summary: Healthy Steps paid for 2,078 premiums for children for the month of October 2000. This is 478, or 30% more than projected.
	1.2 By December 31, 2000, the number of Medicaid eligible children younger than 19 years of age who are enrolled in Medicaid will be increased by 10% or about 500 children.	Data Sources: HCFA 64.21E and 64EC Methodology: Comparison of 4 th quarter 1999 to 2000 as the information is not available for the December 31, 2000 as of yet. Progress Summary: We have seen a slight decrease in the number of individuals that were ever enrolled in the Medicaid Program, including Medicaid-SCHIP, compared to the prior year. The decrease is 112 children, but overall, the increase has been an increase of 2,155 children in both the Medicaid and Healthy Steps programs.

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.)
	1.3 By December 31, 2000, the percentage of children from birth to 19 years of age without health insurance will be decreased from 14,663 to 13, 000 or a reduction of 11.4%	<p>Data Sources: HCFA 21E, HCFA-64EC, HCFA – 64 21E and internal Medicaid Eligible reports.</p> <p>Methodology: Compare the increase in the number of individuals ever enrolled in the Medicaid Program, the SCHIP Medicaid Program and the Healthy Steps program from one year to the next. As an additional source, compare the number of children identified on the Internal Medicaid Eligible report from September 1998 to the September 2000 report plus the Healthy Steps program.</p> <p>Progress Summary: Comparison of the HCFA reports indicate that there is an increase in the number of individuals with Medicaid and Healthy Steps insurance from FFY 1999 to FFY 2000 of 2,155 ever enrolled individuals, exceeding the proposed reduction of 1,663 (14,663-13,000). Additionally, for a point in time snapshot of September 1998 to September 2000, the increase is 2,168 individuals, exceeding the proposed increase of 1,663 by 505 children or 30 percent.</p>
	1.4 By November 1, 1999, a coordinated statewide outreach program for the identification and enrollment of Healthy Steps eligible children into the program will be established.	<p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary: A Robert Wood Johnson Grant has been implemented in the State with the focus on two Native American Indian Tribes and the statewide rural population. To avoid duplication, the Department has directed it's outreach to other areas such as school age children, working with the school districts, and is currently in the process of working with two Native American Indian Tribes directly for outreach and identification on their respective tribes.</p>
OBJECTIVES RELATED TO SCHIP ENROLLMENT		

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.)
		Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
		Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		

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.)
Objective 2: Improve access to health care services for North Dakota children enrolled in Healthy Steps	2.1 By September 30, 2000, at least 90% of children enrolled in Healthy Steps will have an identified primary care location.	Data Sources: Medical Care Provider Information Methodology: Compare the number of eligible children identifying a medical care provider with the total number of eligible children. Progress Summary: Our goal was to have 90% of eligible children with an identified primary care location. The actual number reporting a primary care location was 87%.
	2.2 By June 30, 2000, there will be a decrease in the proportion of Healthy Steps enrolled children who were unable to obtain needed medical care during the preceding year.	Data Sources: Quarterly information reports from Noridian Insurance Company and information received from recipients. Methodology: Analysis of the data provided by the insurance company. Progress Summary: Based on the information received, there was a great pent up demand in both the Dental and Vision areas as both have greatly exceeded the expected norm identified by the Insurance carrier and, based on information received from applicants, they are applying for the program because of a need that their children have that will be address with the Medical, Dental and Vision insurance provided by the Healthy Steps program.
	2.3. By September 30, 2000, at least 45% of Healthy Steps children will have received dental services prior to kindergarten entry.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:

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 USE OF PREVENTATIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Objective 3: Ensure the children enrolled in Healthy Steps receive timely and comprehensive preventative health care services.	3.1 By September 30, 2001, at least 55% of children who turned 24 months old during the preceding year and were continuously enrolled in Healthy Steps will have received at least four well-child visits with a primary care provider during their first 24 months of life.	Data Sources: Not Applicable - this objective is to set up for review as of September 30, 2001. Methodology: Progress Summary:
	3.2 By September 30, 2000, at least 55% of three through six year old children who were continuously enrolled in Healthy Steps during the preceding year will have received one or more well care visits with a primary care provider during the preceding year.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:

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.)
	3.3 By September 30, 2000, at least 80% of two-year-old children enrolled in Healthy Steps will have received all age appropriate immunizations using the HEDIS measure definition.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:
	3.4 By September 30, 2000, at least 55% of 13 year old children enrolled in Healthy Steps will have received a second dose of MMR using the HEDIS messier definition and a dose of Hepatitis B vaccine	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:
	3.5 By September 30, 2000, at least 45% of Healthy Steps enrolled children eight years of age will have received a periodic oral evaluation.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:

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.)
	3.6 By September 30, 2000, at least 45% of Healthy Steps enrolled children eight years of age will have received one vision screening service.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary: Age specific data is not yet available, but 520 vision exams were performed during the period of 1/1/00 through 8/31/00 based on claims submitted through 11/31/00.
	3.7 By September 30, 2000, at least 80% of children who turned 24 months old during the preceding year and enrolled in Healthy Steps will have received one developmental screening.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:
	3.8 By September 30, 2000, at least 50% of newborns enrolled in Healthy Steps will have received one newborn home nursing visit within the first three months of birth.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:

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.)
	3.9 By September 30, 2000, at least 80% of newborns enrolled in Healthy Steps will have received a hearing screening.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:
OTHER OBJECTIVES		
Objective 4: Ensure the children enrolled in Healthy Steps receive high-quality health care services.	4.1 By September 30, 2001, the annual readmission rate for asthma hospitalizations among Healthy Steps enrolled children will have decreased compared to the rate during the prior year.	Data Sources: Not Available as baseline was only established during this federal fiscal year. Methodology: Progress Summary:
	4.2 By December 31, 1999, a set of quality indicators will be selected and methods established for ongoing data collection and monitoring of the indicators.	Data Sources: Methodology: Progress Summary: The indicators selected are immunizations, well child visits, and prevention screenings.
	4.3 By September 30, 2000, at least 80% of families enrolled in Healthy Steps who are	Data Sources: Not Available – See 1.4 Methodology:

	surveyed will report overall satisfaction with their health care.	Progress Summary:
Objective 5: Improve health status among children enrolled in Healthy Steps	5.1 By September 30, 2000, no more than 25% of Healthy Steps enrolled children ages six through eight years old will have untreated dental caries.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:
	5.2 By June 30, 2000, a method will be established and a survey instrument developed and/or adopted for use in assessing overall health status among Healthy Steps enrollees, over time and as compared to other groups of children.	Data Sources: Not Available – See 1.4 Methodology: Progress Summary:
	5.3 By December 31, 1999, a set of child health status indicators will be selected and methods established for ongoing data collections and monitoring of these indicators. Careful consideration will be given to subgroups such as American Indians and children with special health care needs.	Data Sources: These have been selected and included in our Decision Support System. Based on the information available, we will be able to break down the health status indicators based on paid claims, into demographic information by county, age, race, gender, living arrangement, and plan type (Fee for service, Healthy Steps, HMO etc.). Methodology: Progress Summary:
Objective 6: Ensure a crowd out of employer coverage of children enrolling in Healthy Steps does not occur.	6.1 By December 31, 1999 a mechanism will be established to measure any changes in rates (increase or	Data Sources: This objective was not obtained. Methodology:

	decrease) of individuals purchasing or employers offering private insurance, to identify “crowd out,” that may be due to the implementation of the Healthy Steps program.	Progress Summary:
	6.2 Maintain the proportion of children at 140% of federal poverty level who are covered under an employer-based plan taking into account decreases due to increasing health care costs or a downturn in the economy.	<p>Data Sources: No study was conducted to determine if this objective was met due to the cost and the need to implement the Healthy Steps program.</p> <p>Methodology:</p> <p>Progress Summary:</p>

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them. Some of the goals above were not reported on as the information is not yet available due to timing of information availability from our insurance carrier. Most of the data that is needed for the quality indicators is based on claims payment data and the information to be accurate has about a three month delay in availability to allow for providers to bill for the services provided and for the claims to be paid. Additionally, the surveys indicated above are in the process of being compiled. Therefore, as this information becomes available, this report will be amended to include this information.

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.

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

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.

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. **Not Applicable**

1. 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

Number of children

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

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). **Not Applicable**

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

Number of adults

Number of children

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program? **Crowd out is defined as individuals dropping insurance to become eligible for the Healthy Steps Program.**

2. How do you monitor and measure whether crowd-out is occurring? **The person applying for Healthy Steps self certifies if they have had insurance, if they have had health insurance, when and why the coverage ended. We monitor this information and, to date, we have 386 children who have applied that have indicated they have insurance, 40 children who have had medical insurance within the last six months and 28 individuals who have been referred to the Caring Program (A private limited self insurance program for children**

who do not have insurance) as they have had creditable insurance coverage in the past six months. Additionally, our insurance carrier, Noridan Insurance Company, checks our eligibility file each month against their children in their other insurance products.

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. **We have not conducted any scientific analysis, but based on extemporaneous data, it appears that individuals are not dropping their health insurance to obtain Healthy Steps coverage. Additionally, Blue Cross/Blue Shield, which has the majority of private insurance in the State, only sells single and family policies. Therefore, if the parents drop their coverage for their children, they are, often times, dropping coverage on themselves also.**
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 six months waiting period, as families choose not to go without insurance for six months to qualify for the Healthy Steps program.**

2.4 Outreach:

- A. What activities have you found most effective in reaching low-income, uninsured children? **Direct one on one contact with the eligibility worker, outreach workers or provider workers.** How have you measured effectiveness? **Extemporaneously**
1. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? **Yes** How have you measured effectiveness? **Extemporaneously**
2. Which methods best reached which populations? **Race specific data, such as brochures and frequently asked question material.** How have you measured effectiveness? **Extemporaneously**

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? **We continually monitor individuals who are at risk of losing eligibility for the Healthy Steps program, and when resources are available, perform follow-up contact with the applicants.**
2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?
X 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
- Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe **The State is currently conducting a survey of families not eligible for Healthy Steps but referred to Medicaid who DID NOT complete the Medicaid application. Our purpose is to find out what barriers there are to enrollment in Medicaid. This survey will be complete by January 15th, 2001. The Covering Kids Grantee is also in the process of finalizing a focus group study and written survey to learn why families drop off of Medicaid, never apply for Medicaid or Healthy Steps, and what barriers they encounter in this process. This survey also is to be complete by January 15th, 2001.**

Other, please explain

3. Are the same measures being used in Medicaid as well? If not, please describe the differences. **See above.**
4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled? **Telephone follow-up with individuals who have not applied in a timely manner.**
5. 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. **At this point in time, we have not completed an evaluation of this 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. **No because Medicaid requires verification of age, citizenship, identity and more information on assets. The application for Medicaid is also an application for Temporary Assistance for Needy Families (TANF), and Food Stamps.**
2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. **When an application is received by Medicaid or Healthy Steps and it is determined that they are potentially eligible for the other program, they are informed to apply for that program. Additionally, Healthy Steps notifies Medicaid of the referral and sends the applicant a Medicaid application that they can complete before contacting the county.**

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **Not entirely, but most of the providers are Medicaid providers and Healthy Steps providers.**

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? **No** If so, what have you found?
2. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? **No** If so, what have you found?

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. **Quarterly performance reports based on claims data comparing actual utilization to expected utilization. Based on the claims incurred from 1/1/00 through 8/31/00 paid through November 30, 2000, the institutional inpatient, other institutional and professional per member per month costs have been less than expected, but the institutional outpatient, prescription drugs, vision and dental per member, per month payments have exceeded the expected payment.**
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? **Review of the quarterly reports submitted by the insurance carrier as to actual and expected usage in relation to utilization and payment.**
3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? **Future plans include the incorporating the Healthy Step data and Medicaid Data with a decision support system. When will data be available? February/March 2001**

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 N/A=for not applicable.

1. Eligibility **By making the eligibility process as simple and uncomplicated as possible for families and the eligibility worker, the eligibility and enrollment was less complicated. Enrollment of families was completed in less time than for Medicaid. Families were enrolled faster.**
2. Outreach **By using existing partners we have developed in the Medicaid program, statewide outreach was easier. Directing specific outreach to Native American families has seen some success, the percentage of children enrolled is about 9 to 10% of the entire number of children enrolled in Healthy Steps, this is also about the same percentage of Native Americans statewide. A barrier would be our limited amount of money in our outreach budget and the difficulty in reaching the rest of the eligible children. We have enrolled the “easy” families, the challenge now will be to enroll the remaining children.**
3. Enrollment **Families like the two -page application and the communication they have with the Healthy Steps eligibility worker. The provider enjoys working with a limited number of personnel at the state office instead of a number of individuals at the county offices.**
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 **By communicating with county workers and by using the computer systems a child’s is enrolled on Healthy Steps more efficiently and timely.**
9. Crowd-out N/A
10. Other N/A

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	1,977,233	4,023,000	4,368,000
Managed care			
per member/per month rate X # of eligibles			
Fee for Service		4	
Total Benefit Costs	1,977,233	4,023,000	4,368,000
(Offsetting beneficiary cost sharing payments)		4	
Net Benefit Costs	1,977,233	4,023,000	4,368,000
Administration Costs			
Personnel	46,149	125,340	120,006
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs	58,663		
Other	35,452	62,660	59,994
Total Administration Costs	140,264	188,000	180,000
10% Administrative Cost Ceiling	197,723	402,300	436,800
	79.29%	78.99%	78.91%
Federal Share (multiplied by enhanced FMAP rate)	1,678,982	3,326,269	3,588,827
State Share	438,515	884,731	959,173
TOTAL PROGRAM COSTS	2,117,497	4,211,000	4,548,000

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.

No

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		Healthy Steps
Provides presumptive eligibility for children	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input checked="" 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? Three Months	<input checked="" 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) County Staff	<input checked="" 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 2	Specify months 12
Has joint application for Medicaid and SCHIP	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Can apply for program over internet	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months <u>6</u> What exemptions do you provide? If health insurance is lost through no fault of their own, this provision is waived.
Provides period of continuous coverage <u>regardless of income changes</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months <u>12</u> Explain circumstances when a child would lose eligibility during the time period A child would lose eligibility the month after their nineteenth birthday, they obtain creditable medical insurance through another source or they move out of state.
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 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)
Imposes copayments or coinsurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No <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	<input type="checkbox"/> No <input checked="" 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
	unless income or other circumstances have changed	unless income or other circumstances have changed

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

The only difference between the initial and redetermination process is that the individual receives a redetermination form that includes the demographic information preprinted on the form. They must still complete all other sections of the application that are similar to the initial application form.

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**
100 % of FPL for children aged **6-18**
____ % of FPL for children aged _____

Medicaid SCHIP Expansion

133 % of FPL for children aged **0-5**
100 % of FPL for children aged **6-18**
____ % of FPL for children aged _____

State-Designed SCHIP Program

140 % of FPL for children aged **0-18**
____ % 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 ANA.@

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	\$Count Gross	\$ Count Gross	\$ Count Gross
Self-employment expenses	\$ allow a %	\$ allow a %	\$ Allowed
Alimony payments Received	\$ Total amount	\$ Total amount	\$ Total amount
Paid	\$ Total amount	\$ Total amount	\$ Total amount
Child support payments Received	\$ Total amount minus \$50	\$Total amount minus \$50	\$ Total amount
Paid	\$Total amount	\$ Total amount	\$ Total amount
Child care expenses reasonable	\$out-of-pocket	\$ out-of-pocket	\$ out-of-pocket
Medical care expenses health insurance premium	\$Total pd	\$Total pd	\$ N/A
Gifts occasional small gifts disregard otherwise count	\$	\$	\$ N/A
Other types of disregards/deductions (specify) mandatory payroll deductions on earned income or \$90 whichever is greater	\$	\$	\$

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

Title XIX Poverty-related Groups No Yes, specify countable or allowable level of asset test **\$6,000 for two and add \$25 for each additional household member**

Medicaid SCHIP Expansion program No Yes, specify countable or allowable level of asset test **\$6,000 for two**

and add \$25 for each additional household member _____

State-Designed SCHIP program No Yes, specify countable or allowable level of asset test _____
Other SCHIP program _____ No Yes, specify countable or allowable level of asset test _____

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

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage
2. Employer sponsored insurance buy-in
3. 1115 waiver
4. Eligibility including presumptive and continuous eligibility: **The only proposed change currently under consideration is to use only one year of income rather than three years for eligibility determination for families that have self employment income. This change is planned to make the application process easier for applicants that are self employed and because the last year is more than likely more representative of current income potential than a three year average.**
5. Outreach **Media campaigns during targeted times rather than program service announcements as used in the past to directly target specific audiences.**
6. Enrollment/redetermination process
7. Contracting
8. Other