All Kids Final Report

215 ILCS 170/45
and
94 HR1063

July 2010

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ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

Pat Quinn, Governor
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July 2010

Governor Pat Quinn
Members of the Illinois General Assembly

Greetings:

On behalf of Healthcare and Family Services (HFS), I present this report on the Illinois All Kids program as required by the Covering All Kids Health Insurance Act [215 ILCS 170/45]. This is the final report of two required by law. The preliminary report was submitted in July 2008.

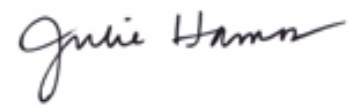
This report presents the results of a statewide survey which HFS commissioned the University of Illinois at Chicago to conduct. The survey was designed to collect information from Illinois families concerning the extent to which Illinois children have health insurance, as well as addressing specific questions established in the law.

The results of the survey are very positive as they show that approximately 95.5 percent of Illinois children now have health insurance coverage. All Kids now covers over 1.6 million children. Illinois was the first state in the nation to provide healthcare benefits for all uninsured children. Our efforts to reduce the number of uninsured children were rewarded last year with a $9.1 million bonus payment from the U.S. Department of Health and Human Services.

While we should all be proud of this accomplishment, since becoming director just two months ago, I have made a clear commitment to strengthening the department's policies and procedures to enhance the integrity of the program. In order to preserve All Kids for those who need it, especially in these trying financial times, I intend to ensure that the agency is fully transparent and accountable to the public.

I look forward to continuing our joint efforts to assure that no child in Illinois goes without the healthcare they need to grow up healthy.

Sincerely,



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INTRODUCTION

OVERVIEW

All Kids is the umbrella name for the range of healthcare benefits that the Illinois Department of Healthcare and Family Services (HFS) administers to assure that all uninsured children in the state have access to affordable, comprehensive healthcare. Because of Illinois' commitment to its children as shown in its expansions of healthcare, enrollment levels for children grew by over 33% from June 30, 2006 to March 31, 2010. All Kids now covers more than 1.6 million Illinois children.

As detailed fully in Part I of this report, while All Kids grew, the proportion of uninsured children in the state shrank. Through the survey it conducted for HFS, the University of Illinois at Chicago (UIC) estimated that 4.5 percent of Illinois children lacked health insurance at the time of the survey. Thus, despite difficult economic conditions in the state and nation, most Illinois children are insured. All Kids has been fundamentally successful in expanding coverage as well as reducing disparities in coverage rates across the state.

The survey found further that, for the most part, when it is available, parents take up employer-sponsored insurance for their children. Nonetheless, it is of concern that the proportion of children who have employer-sponsored coverage has dropped. It is likely that such coverage is less available than it has been previously.

UIC also found that children enrolled in All Kids as a group are not more likely to have chronic health conditions than Illinois children not enrolled in All Kids. The success of Illinois Health Connect, the state's primary care case management program may be seen in the finding that more than 80 percent of the parents with children enrolled in All Kids report that their child had a well-child visit within the past 12 months. Also, All Kids families are more likely to know what a medical home is than other families.

The survey results also suggest that work needs to be done to improve access to services and to discourage families from relying upon emergency room visits for nonemergency care.

The comprehensive health insurance provided by All Kids covers doctor visits, hospital stays, prescription drugs, vision care, dental care and eyeglasses. All Kids also covers regular check-ups and immunizations. The program covers special services like medical equipment, speech therapy and physical therapy for children who need them. The Department is providing access for clients to these services by successfully linking them with a medical home through Illinois Health Connect, Illinois' primary care case management program.

[See Appendix A for links to Web pages pertaining to All Kids.]

All Kids operates under the authority of three separate state laws. The *Public Aid Code* [305 ILCS 5/5 and 5/12] governs All Kids benefits for children in families with income up to 133 percent of the federal poverty level and non-citizen children in families with income up to 200 percent of the federal poverty level. The *Children's Health Insurance Program Act* governs All Kids benefits for children in families with income above 133 percent of the federal poverty level up to and including 200 percent of the federal poverty level. The last expansion of the program, authorized by the *Covering All Kids Health Insurance Act* [215 ILCS 170], expanded the program to cover all uninsured children in families with income above 200 percent of the federal poverty level effective July 1, 2006.

The expansion built upon the existing All Kids programs for children when, effective July1, 2006, two key changes occurred. First, under the *Covering All Kids Health Insurance Act,* the income limit for all *uninsured* children was removed and they became eligible for All Kids regardless of family income as long as they had been uninsured for 12 months or met certain exceptions established in rule. Second, under the authority of the *Public Aid Code,* All Kids was made available to previously ineligible non-citizen children in families with income at or below 200 percent of the federal poverty level.

All Kids is funded by a blend of state and local government revenue, federal reimbursement, and contributions from higher income families in the form of premiums and co-payments. Federal reimbursement is received under both Title XIX and Title XXI of the Social Security Act commonly known as Medicaid and the State Children's Health Insurance (SCHIP), respectively. HFS administers All Kids with the assistance of the Department of Human Services (DHS) in processing applications, providing customer services and providing certain behavioral health services.

In December 2009, Illinois qualified for a Bonus grant of $9.1 million from the U.S. Department of Health and Human Services for its efforts to cover children. The state satisfied two sets of criteria for receipt of the grant. First, Illinois adopted six enrollment features that are identified in federal law as promoting enrollment of children in health coverage. These include continuous enrollment, no asset test, in-person interviews not required, same forms used for Medicaid and CHIP enrollment, administrative renewal and presumptive eligibility. Second, Illinois demonstrated significant growth in the number of children enrolled. In its notice of the award, the federal Centers for Medicare & Medicaid Services commended Illinois' ongoing efforts to enroll children in health insurance coverage programs and for the state's commitment to a simplified and family friendly enrollment and renewal process.

REPORTING REQUIREMENTS

The *Covering All Kids Health Insurance Act* [215 ILCS 170-45] requires that HFS conduct a study of the problem of lack of insurance among Illinois children including

assessing access to employer-sponsored dependent coverage and measuring the health outcomes and other benefits for children as a result of receiving health benefits.

215 ILCS 170-45

(a) *The department shall conduct a study that includes, but is not limited to, the following:*

(1) Establishing estimates, broken down by regions of the State, of the number of children with and without health insurance coverage; the number of children who are eligible for Medicaid or the Children's Health Insurance Program, and, of that number, the number who are enrolled in Medicaid or the Children's Health Insurance Program; and the number of children with access to dependent coverage through an employer, and, of that number, the number who are enrolled in dependent coverage through an employer.

(2) Surveying those families whose children have access to employer-sponsored dependent coverage but who decline such coverage as to the reasons for declining coverage.

(3) Ascertaining, for the population of children accessing employer-sponsored dependent coverage or who have access to such coverage, the comprehensiveness of dependent coverage available, the amount of cost-sharing currently paid by the employees, and the cost-sharing associated with such coverage.

(4) Measuring the health outcomes or other benefits for children utilizing the Covering All Kids Health Insurance Program and analyzing the effects on utilization of healthcare services for children after enrollment in the Program compared to the preceding period of uninsured status.

(b) *The studies described in subsection (a) shall be conducted in a manner that compares a time period preceding or at the initiation of the program with a later period.*

HR1063 of the 94th General Assembly requested that HFS, as part of the All Kids study, to assess the extent to which the availability of the *Covering All Kids Health Insurance* program has increased the movement of families into the state.

This final report fulfills the requirements of the statutory provisions. Because HFS administers All Kids' healthcare benefits for children in a totally integrated manner regardless of family income, this report encompasses the coverage authorized under all three statutes: the *Covering All Kids Health Insurance Act,* the *Children's Health Insurance Program Act,* and the *Public Aid Code.*

The final report of the population survey is included in Part I. A description of All Kids including enrollments and expenditures is included in Part II. The detailed analyses required to be reported under 215 ILCS 170/47 by September 1 of each year will be submitted later under separate cover.

PART I: POPULATION SURVEY

The *Covering All Kids Health Insurance Act* directs HFS to study several specific topics and to conduct a survey. For this report, HFS engaged the services of Health Evaluation Collaborative and Institute for Health Research and Policy, School of Public Health, University of Illinois - Chicago. The report of the population survey follows.

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Dianne Rucinski, PhD

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All Kids Final Report: Health Insurance Coverage of Illinois Children

A report of research activities of the 2009/2010 population survey of families and of All Kids enrollees conducted pursuant to 215 ILCS 170/45 and 94 HR1063

June 2010

All Kids Final Report:

Health Insurance Coverage of Families in Illinois

Executive Summary

Under contract with the Illinois Department of Healthcare and Family Services, UIC conducted primary and secondary research to describe health insurance dynamics, characteristics and impact on families and children residing in the state of Illinois.

To estimate the number and proportion of children residing in Illinois with private, public and no health insurance coverage, UIC directed a random sample population survey of families in Illinois and a list-based sample of families with children enrolled in All-Kids. The survey was conducted over several months in late 2009 to early 2010.

Based on the random sample population survey of families in Illinois, we estimate there are approximately 148,000 children without health insurance in Illinois, reflecting 4.5% percentage of the total population of children. The majority of Illinois children, 1,746,400 or 53.4%, have private coverage, including employer-sponsored, group-based, and other types of coverage. Government-sponsored coverage, including All Kids, Medicare, and military coverage, provides insurance for 42.0% of Illinois children.

By region, 4.6% of children residing in Cook county lack health insurance, as do 5.0% of those residing in the collar counties, and 4.0% of children residing in other regions of the state. By income, approximately 5.3% of children living in families with incomes at or below 133% of the FPL lacked health insurance, as did 5.7% of children living in families with incomes between 134-200%, and 2.8% of children living in families with incomes over 200% of the FPL.

Of the 2,034,200 Illinois children living in families with an income less than 200% of the poverty level in 2009, approximately 1,262,400 or 62% have government sponsored insurance, 663,900 or 32.8% had private health insurance coverage, and 107,800 or 5.3% had no health insurance coverage.

When asked to compare the ease of seeing providers before and after enrolling their children in All Kids, significantly more respondents reported it was “no problem” seeing a provider as “soon as a child needed care” or “for a check-up or physical” as well as seeing a specialist after enrolling in All Kids.

Of the estimated 113,000 families reporting a move to Illinois after 2005, the most common reasons were associated with family reasons. Compared to families with no children enrolled in All Kids, families with children enrolled in All Kids were more likely to move to Illinois to be close to family members. Families with no children enrolled in All Kids respondents indicated a change in marital status prompted the move. Both families with and without children enrolled in All Kids mentioned employment related reasons, although non-All Kids families were significantly more likely to report a new job or job transfer as the reason for moving to Illinois. None of the respondents reported access to health insurance coverage as a reason for moving to Illinois.

Objectives

Under contract with the Illinois Department of Healthcare and Family Services, UIC conducted primary and secondary research to describe health insurance dynamics, characteristics and impact on families and children residing in the state of Illinois. The project includes several components. Unless otherwise specified, the estimates are provided on a statewide level. The study assesses:

- the impact of government sponsored health insurance coverage in Illinois on children's health insurance coverage by comparing coverage type and lack of coverage of children at the baseline (prior to *Covering All Kids Health Insurance Act* effective July 1, 2006) to current coverage rates and types 2009 (Table 2);

- current health insurance coverage estimates, broken down by three regions of the state of Illinois (Cook county, the collar counties (DuPage, Kane, Lake, McHenry, Will, Grundy, Kankakee, and Kendall) and the remainder of the state), of the number of children with and without health insurance coverage (Table 3);

- current health insurance coverage estimates, broken down into three income categories (0-133% FPL, above 133-200% FPL, and over 200% FPL) (Table 4);

- the number of children who are eligible for All Kids at three income levels (0-133% FPL, above 133-200% FPL, and over 200% FPL), and, of that number, the number who are enrolled in All Kids (Table 5);

- the number of children with access to dependent coverage through an employer, and, of that number, the number who are enrolled in dependent coverage through an employer as well as the reasons for declining coverage (Table 6);

- for the population of children accessing employer-sponsored dependent coverage or who have access to such coverage, the comprehensiveness of dependent coverage available, the amount of cost-sharing currently paid by the employees, and the cost-sharing associated with such coverage (Tables 7-8);

- measuring the health care utilization and health status for children utilizing services under any of the All Kids plans and analyzing the effects on utilization of healthcare services for children after enrollment in All Kids compared to the preceding period of uninsured status (Tables 9-19);

- Assessing migration rates and patterns for families with children utilizing the All Kids and families whose children have not utilized All Kids (Table 20).

Background

"All Kids" encompasses a range of health care benefits that the Illinois Department of Healthcare and Family Services (HFS) administers to assure that all uninsured children in the state have access to affordable, comprehensive health care.

All Kids operates under the authority of three separate state laws. The *Public Aid Code* [305 ILCS 5/5 AND 5/12] governs All Kids benefits for children in families with income up to 133 percent of the federal poverty level and non-citizen children in families with income up to 200 percent of the federal poverty level. The *Children's Health Insurance Program Act* [215 ILCS 106] governs All Kids benefits for children in families with income above 133 percent of the federal poverty level up to and including 200 percent of the federal poverty level. The *Covering All Kids Health Insurance Act* [215 ILCS 170], expanded the program to cover all uninsured children in families with income above 200 percent of the federal poverty level. *Covering All Kids Health Insurance Act* became effective July 1, 2006.

Several sections of state law specify reporting requirements related to All Kids.

The *Covering All Kids Health Insurance Act* [215 ILCS 170] requires that HFS conduct a study of the problem of lack of insurance among Illinois children including assessing access to employer-sponsored dependent coverage and measuring the health outcomes and other benefits for children as a result of receiving health benefits. In HR 94-1063, the Illinois House of Representatives requested that HFS include in the study an assessment of the extent to which the availability of the Covering All Kids Health Insurance program has increased the movement of families into the state.

Method

To meet the reporting requirements specified in the law, this report provides data from multiple sources. To describe current health insurance and health status of Illinois children, we conducted a population surveys in which we interviewed approximately 1850 families residing in Illinois. For each family we asked to speak with the caregiver most knowledgeable about the children's health care. In almost all instances, the caregiver most knowledgeable about the children's health care was the mother or father. Interviews were conducted in English and in Spanish.

Results of this 2009/2010 survey were compared to existing state-specific data sources. These existing sources and reports include data from the 2005/2006 Current Population Surveys as reported by Mathematica Policy Research in the *The All Kids Preliminary Report, July 2008.* Estimates reported by Mathematica Policy Research, Inc. based on Illinois sample data from the 2005/2006 Current Population Surveys are the most proximate available population estimates prior to the implementation of the *Covering All Kids Health Insurance Act* [215 ILCS 170].

In designing the 2009/2010 survey, we had to balance the known issues associated with surveys of health insurance status against the dollars available for the study. The estimates of health insurance coverage from the Current Population Surveys underestimate the enrollment in publicly sponsored health insurance programs, like Medicaid.[1] In its report to the State of Illinois, Mathematica Policy Research, Inc., acknowledged its 2005/2006 estimates of health insurance in Illinois based on the Current Population Surveys probably understates enrollment in publicly sponsored plans and overstates the proportion of children uninsured.

To control costs, the 2009/2010 survey employed telephone interviewing. Typically, the cost of telephone interviewing is a fraction of the cost of personal interviews. For example the average cost of telephone interviews in the American Community Survey (ACS) conducted by the U.S. Census Bureau is 11% of the average cost of personal interviews for the ACS. Thus, the primary data collection for the 2009/2010 study involved a random-digit dial (RDD) telephone survey (N~1,000) with a cell phone supplement (N~200) (RDD+cell), and a list-based sample (N~650) of caregivers of children enrolled in the All Kids program (List Sample). With over 1200 cases in the RDD sample we can provide planned comparisons based on region and income separately as well as state wide estimates. A smaller sample would have reduced our ability to make such comparisons However, even with a random sample of over 1000 families, it is not always possible to conduct sub-sample analyses because of an insufficient number of cases.

RDD surveys involve a random selection of telephone numbers using a random number generator for the telephone suffix. This process gives each telephone number a known probability of selection. The All Kids RDD+cell and List Sample surveys were designed to provide population estimates of broken down by three regions of the state of Illinois (Cook county, the eight collar counties and the remainder of the state) with approximately equal number of survey participants in each region. Consistent with earlier reports to the Department of HealthCare and Family Services the eight collar counties are defined as including DuPage, Kane, Lake, McHenry, Will, Grundy, Kankakee, and Kendall. To produce reliable estimates for small areas, such as for each of Illinois' 102 counties, would have required each and every county to have a sufficiently large sample, ranging from 500-800, to develop point estimates with acceptable margins of error (see below).

The RDD+cell survey was designed to provide population estimates, broken down into three income categories (0-133% FPL, above 133-200% FPL, and over 200% FPL. The List Sample survey was designed to provide reliable population estimates based on enrollees in the All Kids Assist, Share and Premium Levels 1-8 programs.

[1] Klerman, J.A., J.S., Ringel, and B. Roth (2005). Under-reporting of Medicaid and Welfare in the Current Population Surveys. RAND working paper WR-169-3. Santa Monica, CA: RAND; Lewis, K.M., M. Elwood, and J. Czajka, (1998). Counting the uninsured: a review of literature. Washington, DC: The Urban Institute.

Within each cell in most of the tables in this report percentage "point estimates" are followed by "confidence intervals" in parentheses, usually below the point estimates. A confidence interval provides the likely location of the "true" population value according to probability theory. It means that 95 times out of 100, the "true" population value falls somewhere between the lower and upper boundary of the confidence interval. Five times out of 100, it is likely that the observed value actually falls outside of the lower and upper boundaries of the confidence intervals. When comparing two point estimates it is necessary to consider the margin of error, given by the confidence interval, to determine if observed differences in point estimates are highly unlikely or due to chance. For example, if 82% (Confidence Interval=77.9%– 85.8%) of respondents reporting their children are enrolled in All Kids said they brought their youngest child in for a well child check up in the last twelve months, while only 75% (Confidence Interval=68.8% – 79.5%) of respondents reporting private coverage of their children brought their youngest child in for a well child check up in the last twelve months, one could not conclude that more All Kids enrollees had a well child visit compared to those privately covered because the confidence intervals overlap--All Kids Confidence Interval=77.9%– 85.8%) and Private Coverage (Confidence Interval=68.8%– 79.5%). This report only uses the term "significant" or "significantly" when the difference between two estimates or values is *statistically significant*. Policy significance may require more pronounced differences in absolute value in addition to statistical significance.

The 2009/2010 data collection is used throughout this report as "current" data regarding health insurance, health status, and other important variables of interest. For data from secondary sources, we report using the best available data which is closest to the period prior to the *Covering All Kids Health Insurance Act,* noting any exceptions when data are not available. Like all estimates based on surveys, there may be errors and biases associated with the estimates arising from sample design, respondent recall and awareness, and survey non-response. Through survey design, statistical adjustments and weighting we have attempted to minimize errors and biases. In addition, under ideal circumstances and with unlimited resources the telephone survey methodology employed in the 2009/2010 study would have been supplemented with an area probability survey conducted in person. An in-person interview would permit verification of health insurance type through visual examination of insurance cards or administrative record matches. Because of cost constraints the 2009/2010 study relies instead on respondent verbal reports. It is also well established that telephone surveys tend to underrepresent uninsured persons, and for this reason our study included a subsample of cell phone users to ensure inclusion of respondents who may not have a landline phone. A detailed methodology report of the primary population survey is provided separately.

RESULTS

Based on the random sample population survey of families in Illinois, we estimate there were approximately 148,000 children without health insurance in Illinois in late 2009 or early 2010, reflecting 4.5% of the total population of children. At the time of the interview most Illinois children had private health insurance coverage. An estimated 1,596,400 or 48.9% had employer-based or group-based coverage, 79,800 or 2.4% were covered by a health insurance policy purchased directly from an insured company, and 70,200 or 2.1% had other types of coverage. All Kids covered an estimated 1,309,900 or 40.1% of Illinois children, Medicare covered an estimated 60,600 or 1.9%, and military coverage provided health insurance for 2,500 or less than 1.0% of Illinois children.

Table 1: Coverage status of Illinois children by coverage type in 2009/2010[2]		
	2009/2010	
	Number of children	Percent of children
Employer or Group-based Coverage	1,596,400	48.9% (45.6-52.1%)
Direct Purchase	79,800	2.4% (1.8-3.4%)
All Kids	1,309,900	40.1% (36.9-43.4%)
Medicare	60,600	1.9% (1.1-3.1%)
Military	2,500	<1% (0-1.0%)
Other type of coverage	70,200	2.1% (1.3-3.9%)
Uninsured	148,000	4.5% (3.5-5.6%)

Some caregivers reported children had more than one type of coverage. If more than one kind of coverage is mentioned, cases are assigned to coverage type in the following order: employment or group-based coverage, other private coverage, public coverage (Medicare, military coverage, Indian Health Service and All Kids), and uninsured. That is, if a parent reports a child has both employment-based coverage and All Kids, the child is classified as having employment-based coverage. When multiple types of coverage are considered, the estimated number of children covered by All Kids is 1,416,800 (confidence interval=1,310,200-1,525,900).

As a matter of policy, in most instances in which children have All Kids and another source of private coverage, the private coverage pays first and All Kids may cover the eligible residual charges for medical care. Only income eligible children may have private and All Kids

[2] Estimates are for the civilian, non-institutionalized population. Survey respondents may report coverage from more than one source

coverage. With some exceptions, children in families with income above 200% of Federal Poverty Level may not enroll in All Kids if private coverage insures a child.

As described later in this report, despite the care taken to assist survey respondents to identify All Kids coverage when their children were enrolled, we believe we still experienced undercounting at a rate of about 10%. Taking into account the point estimate of 1.4 million children enrolled in All Kids (including children with multiple sources of coverage) and undercounting of approximately 140,000, these survey results are consistent with enrollment reported by HFS from administrative data.

Table 2 provides estimates of the number and proportion of children by major coverage type (employer, other, public, and uninsured) in 2005/2006 and 2009/2010. As noted previously, if survey respondents reported coverage from more than one source (e.g., employment-based coverage and All Kids) the following hierarchy is used to assign coverage category on all subsequent tables in this report: Employer, Other type of coverage, and Public. Public coverage includes All Kids, Medicare, and military coverage. This hierarchy is used to facilitate comparisons with the 2005/2006 estimates reported in the All Kids Preliminary Report July 2008 based on data from the Current Population Surveys and analyzed by Mathematica Policy Research, Inc.

Prior to the implementation of Covering All Kids Health Insurance Act an estimated 10% of children in Illinois lacked health insurance coverage in 2005/2006. As of 2009/2010, about 5% lacked coverage. Employer-based or group-based coverage declined from 68% in 2005/2006 to 49% in 2009/2010. Government sponsored coverage increased from 18% in 2005/2006 to 42.0% in 2009/2010.

Caution should be exercised when comparing these estimates over time. As previously noted, the estimates of health insurance coverage from the Current Population Surveys underestimate the enrollment in publicly sponsored health insurance programs, like Medicaid.[3] In the All Kids Preliminary Report July 2008, Mathematica Policy Research, Inc., acknowledged its 2005/2006 estimates of health insurance in Illinois based on the Current Population Surveys understates enrollment in publicly sponsored plans and overstates the proportion of children uninsured.

In addition, two different methods of data collection were used in developing estimates in 2005/2006 and 2009/2010. The Current Population Surveys are area probability household surveys conducted for the U.S. Department of Labor Statistics. The primary purpose of the survey is not to measure health insurance, but to gather information related to employment of the civilian population. The All Kids survey conducted in 2009/2010 was a telephone survey focused on measuring health insurance status of Illinois children. Numerous efforts were made to ensure that respondents accurately reported health insurance status of children, especially participation in the All Kids program. Specifically, respondents who reported their children were not insured were asked directly if their children had All Kids or a medical card. All of the known past and current names of components of the All Kids program (i.e., Kid Care, Medicaid, public aid, Mediplan, and names of HMO plans for Medicaid enrollees) were used to assist respondents in recalling this information. We believe that this approach provided many opportunities to recall children's coverage type, an opportunity not available for respondents to the Current Population Surveys. Even with higher proportions of respondents indicating All Kids coverage, our estimate of 1,416,800 children enrolled in All Kids (including those with multiple sources of coverage), the survey results show continued undercounting when compared to HFS's administrative data. This fact is relevant to analysis of data from any survey attempting to determine the level of enrollment of children or adults in public health care programs.

[3] Klerman, J.A., J.S., Ringel, and B. Roth (2005). Under-reporting of Medicaid and Welfare in the Current Population Surveys. RAND working paper WR-169-3. Santa Monica, CA: RAND; Lewis, K.M., M. Elwood, and J. Czajka, (1998). Counting the uninsured: a review of literature. Washington, DC: The Urban Institute.

Table 2: Coverage status of Illinois children by coverage type in 2005/2006[4] and 2009/2010[5]				
	2005/2006		2009/2010	
	Number of children	Percent of children	Number of children	Percent of children
Employer or Group-based Coverage	2,319,000	68%	1,596,000	49%
Government Sponsored Coverage	618,000	18%	1,373,000	42%
Other Coverage[6]	130,000	4%	146,000	5%
Uninsured	339,000	10%	148,000	5%
Total	3,406,000	100%	3,263,000	100%

The survey found notable shifts in the proportion of children covered by employer or group-based plans. However, the reasons for this change cannot be ascertained from the study. Many factors affect insurance status. In addition to the aforementioned caveats regarding survey design issues, it must also be noted that economic environment in 2005/2006 was quite different than the environment of 2009/2010. The seasonally adjusted unemployment rate in Illinois in 2005 was about 5.8% and 4.8% in 2006.[7] In the months in which 2009/2010 survey was conducted seasonally adjusted unemployment rates were between 10.9% and 11.3%.[8] A recent analysis of employment-based coverage during the current recession indicates a continued erosion of employment-based coverage and finds those most likely to lose employment-based coverage are younger workers and more likely to be Hispanic.[9] Thus, the decline in employment-based coverage of children should be considered in context. Such decline may be due to changes in insurance offer and changes in employment conditions driven by the economic climate in the state.

[4] Mathematica Policy Research, Inc., used the March 2007 and March 2006 Current Population Surveys which ask respondents about their coverage in 2006 and 2005, respectively. Responses could include some early enrollment into All Kids expanded coverage, which was launched July 1, 2006. Estimates are a two year average.
[5] If more than one kind of coverage was reported, cases were assigned to a single coverage status based on the following hierarchy: employer/group, other private, public and uninsured.
[6] Includes direct purchase and other types of insurance
[7] Labor Statistics from the Current Population Surveys (May 2010), Date extracted May 18, 2010. Available at http://data.bls.gov/PDQ/servlet/SurveyOutputServlet?series_id=LNS14000000. Available at http://www.bls.gov/lau/lastrk06.htm http://www.bls.gov/lau/lastrk05.htm
[8] Labor Statistics from the Current Population Surveys (May 2010), Date extracted May 18, 2010. http://www.bls.gov/eag/eag.il.htm
[9] Paul Fronstin, "The Impact of the Recession on Employment-Based Health Coverage," EBRI Issue Brief, no. 342 (May 2010).

Health insurance coverage estimates by three regions of the state of Illinois (Cook county, the collar counties and the remainder of the state) indicate both an overall reduction in the proportion of uninsured children and greater similarity among the regions in 2009/2010 than was found in 2005/2006. By region, in 2009/2010 4.6% of children residing in Cook county lacked health insurance, as did 5.0% of those residing in the collar counties, and 4.0% of children residing in other regions of the state. In 2005/2006, disproportionately more uninsured children resided in the city of Chicago than in the collar counties and remainder of the state.

Table 3: Uninsured children by region in 2005/2006 and 2009/2010[10]

	2005/2006		2009/2010	
	Number of children uninsured (in thousands)	Percent of children uninsured	Number of children uninsured (in thousands)	Percent of children uninsured
Chicago	101,000	17%	--	--
Cook County	--	--	62,000	4.6%
Collar Counties	132,000	8%	46,000	5.0%
Remainder of the state of Illinois	107,000	10%	39,000	4.0%

Comparisons between 2005/2006 and 2009/2010 are not entirely comparable because the All Kids Preliminary Report July 2008 was based on the 2005/2006 Current Population Surveys. For those national surveys, results for the city of Chicago are reported separately from Cook County and results for suburban Cook County are combined with the collar counties.

[10] In the All Kids Preliminary Report July 2008 Mathematica Policy Research, Inc. defines Collar Counties as those outside the city of Chicago, including suburban Cook County in addition to Du Page, Grundy, Kane, Kendall, Lake, McHenry, and Will counties. As defined in the 2009/2010 population survey the Collar Counties include DuPage, Grundy, Lake, Kane, Kendall, McHenry, Will, and Kankakee Counties. The city of Chicago is included as part of Cook County in the 2009/2010 population survey.

As shown in Table 4, in 2009/2010, the proportion of uninsured children was similar across income categories. Approximately 5.3% of children living in families with incomes below 134% of the FPL lacked health insurance, as did 5.7% of children living in families with incomes between 134-200%, and 2.8% of children living in families with incomes over 200% of the FPL. This is in contrast to 2005/2006, when approximately 20.4% of children living in families with incomes below 134% of the FPL lacked health insurance, 12.0% of children living in families with incomes between 134-200%, and 5.5% of children living in families with incomes over 200% of the FPL lacked health insurance.

Table 4: Uninsured children by income in 2005/2006 and 2009/2010

	2005/2006		2009/2010	
	Number of children uninsured	Percent of children uninsured	Number of children uninsured	Percent of children uninsured
<134% FPL	170,000	20.4%	75,000	5.3%
134-200% FPL	51,000	12%	41,000	5.7%
>200% FPL	118,000	5.5%	32,000	2.8%
Total	339,000		148,000	

As noted earlier, the All Kids Preliminary Report July 2008 acknowledges underreporting of Medicaid enrollment, which may have resulted in overestimating the number of uninsured children with family income less than 134% of the FPL.

In Illinois, approximately 2,034,200 of the state's children are potentially eligible for All Kids Assist, Share, and Premium Level 1 or Rebate based on family income at or below 200% of the FPL. Of that number, 1,210,200, or 59.5%, reported that they were enrolled in All Kids Assist, Share, or Premium Level 1. About 600,800 children eligible for All Kids Assist, Share, and Premium Level 1 or Rebate based on family income were enrolled in private coverage and 107,800 of Illinois children in this income group were uninsured.

Table 5: All Kids Assist/Share/Premium Level 1, Rebate eligible children by coverage type in 2009/2010[11]

	2009/2010	
	Number of children	Percent of children
Private Coverage		
Employer Sponsored or Group	575,500	28.3% (24.6-32.3%)
Direct Purchase	25,300	1.2% (0-2.1%)
Other type	63,200	2.9% (1.9-4.6%)
Government Sponsored Coverage		
All Kids	1,210,200	59.5% (55.2-63.6%)
Medicare	49,700	2.4% (1.4-4.3%)
Military	2,500	<1%
Uninsured	107,800	5.3 (3.9-7.2%)
Total Medicaid/SCHIP eligible children	2,034,200	100.00%

[11] Includes children in families with annual family income at or below 200% FPL.

In 2009/2010 in Illinois, approximately 1,793,100 of the state's children are eligible for employer-sponsored or group-based dependent coverage through an employed caregiver and, of that number, 1,596,400 or 89.0% reported that they were enrolled in employer-sponsored or group based dependent coverage, 6,500 or less than 1% had directly purchased policies, 18,800 or 1% had another kind of coverage, and 150,800, or 8.4% were enrolled in All Kids Assist, Share, or Premium Levels 1-8 or Rebate.

Table 6: Employer or group-sponsored dependent care eligible children by coverage type in 2009/2010

	2009/2010	
	Number of children	Percent of children
Private Coverage		
Employer Sponsored or Group	1,596,400	89.0% (85.9 – 91.5%)
Direct Purchase	6,500	<1% (0 – 1.2%)
Other coverage	18,800	1% (0 – 2.2%)
Government Sponsored Coverage		
All Kids	150,800	8.4% (6.2 – 11.3%)
Medicare	7,100	<1% (0 – 1.9%)
Military	--	--
Uninsured	13,800	<1% (0 – 1.7%)
Total eligible for employer-or group-based dependent coverage	1,793,400	100.00%

A relatively small number of children, about 13,800, with access to employment-based or group-based coverage remain uninsured. The reasons given by caregivers for not taking up available insurance are primarily based on cost-to-value or cost issues. Specifically, 41.0% of caregivers with access to employment-based coverage for dependents whose dependents were not covered by employment-based plans reported that the employment-based plan was not worth the cost and co-pays to provide coverage for dependents and 46.4% reported that they could not afford the premiums. Less than 10% cited problems associated with choice of physician or prompt access to services as reasons for declining coverage. Thus, these estimates indicate that when caregivers have access to employment-based coverage for their children, they use it.

Table 7 includes respondents with employment-based or group-based plans that covered dependents. Included are families using All Kids Rebate to help pay for private coverage.

In 2009/2010 the mean lifetime maximum benefit was $1,658,777, the median was $100,000 and ranged from $5,000-$8,000,000. The mean annual maximum benefit was $477,875, the median was $150,000, and ranged from $100-$5,000,000. Nearly 40% of respondents did not know whether their plans had a lifetime or annual benefit, and thus these estimates should be interpreted with caution.

Monthly premiums are the total amount paid by families for family coverage that includes dependents. Respondents reported mean monthly premiums of $328.88, and ranged from $10-3,500 a month. The premium figures do not include employer or group contributions.

Table 7: Characteristics of dependent employer-sponsored or group-based coverage in 2009/2010: Benefits and Cost

	2009/2010
Mean Lifetime Maximum Benefit	$1,658,777 ($1,317,783-$1,999,821)
Median Lifetime Maximum Benefit	$100,000
Lifetime Maximum Benefit Range	$5,000-$8,000,000
Mean Annual Maximum Benefit	$477,875 ($89,653-$866,096)
Median Annual Maximum Benefit	$150,000
Annual Maximum Benefit Range	$100-$5,000,000
Mean Monthly Premium	$328.88 ($271.54-$386.22)
Monthly Premium Range	$10-$3,500

Respondents with employer-sponsored or group-based coverage in which dependents were enrolled were asked about a variety of plan characteristics. Nearly all the plans covered doctor's office visits (96.8%), hospitalization (98.2%), well-child check-ups (89.7%), and immunizations (84.5%). The majority of plans also covered dental services (70.7%), vision or eye exams (65.6%) and mental health services (77.4%). Mental health services were limited in 37.6% of the plans.

It should be noted that beyond asking if various services were covered, adequacy of coverage, co-pays and deductibles were not ascertained in the survey.

Table 8: Characteristics of dependent employer-sponsored or group-based coverage in 2009/2010: Percentage reporting services covered

	2009/2010
Plan covers doctor office visits	96.8% (94.9-98.1%)
Plan covers hospitalization	98.2% (96.5-99.1%)
Plan covers dental services	70.7% (66.7-74.3%)
Plan covers vision or eye exams	65.6% (61.6-69.4%)
Plan covers mental health office visits	77.4% (73.7-80.8%)
Plan limits mental health office visits	37.6% (33.2-42.2%)
Plan covers immunizations	84.5% (81.2-87.3%)
Plan covers well-child check-ups	89.7% (86.9-91.9%)

For Tables 9-20, respondents were asked to think about and report on the youngest child in the family. This approach was taken to reduce the burden of answering each series of questions for all children in a family or to avoid the possibility that certain respondents might systematically select the sickest or healthiest children on which to report. Asking all respondents to report on the youngest child only reduces the potential for non-random selection by caregivers while reducing reporting burden. Because the age of the youngest child in any given family may range from infancy to late adolescence, children of all ages are included through this approach.

Compared with All Kids enrollees, privately insured children were no less or more likely to have a well child visit in the previous twelve months. All Kids enrollees were significantly more likely to have a well-child visit in the past twelve months compared with uninsured children. Roughly two-thirds of both All Kids enrollees and privately insured children had acute care visits in the past twelve months, while just over one-third of uninsured children had an acute visit. A similar pattern holds for dental visits in the past 12 months: 60.1% of All Kids enrollees and 69.4% of children with private coverage visited the dentist compared with only 44.9% of uninsured children. All Kids enrollees were significantly more likely to have an emergency room visit (33.6%) than were privately insured children (15.5%) or uninsured children (13.1%).

Table 9: Health care service utilization for youngest child in families with adjusted annual incomes less than 200% of the federal poverty level: All Kids enrollees, Private Coverage Enrollees, Uninsured[12]

	All Kids Enrollees	Private Coverage Enrollees	Uninsured
Well child visit in previous 12 month	81.9% (77.7– 85.5%)	74.7% (69.0 – 79.6%)	51.8% (36.6 – 66.6%)
Acute visit in previous 12 months	68.9% (63.6 –73.7%)	70.1% (64.2 – 75.5%)	36.0% (23.0 – 51.6%)
Dental visit in previous 12 months	60.1% (54.7 –65.2%)	69.4% (63.3 – 74.9%)	44.9% (30.5 –60.2%)
Emergency room visits in previous 12 months	33.6% (28.8 –38.7%)	15.5% (11.6 – 20.5%)	13.1% (5.6 – 27.9%)

[12] Due to small cell sizes, this table excludes children with either Medicare and military coverage alone. If a child has more than one type of coverage, the child is classified according to the following hierarchy: Private (includes employer, direct purchase, and other type of coverage), All Kids coverage, or uninsured.

As noted in Table 9, All Kids enrollees were more likely to have an emergency room visit in the past 12 months compared with privately insured and uninsured children. However, they were not significantly more or less likely to visit the emergency room due to an accident, injury, poisoning or breathing difficulties.

Table 10: Reason for emergency room visit: All Kids enrollees, Private Coverage Enrollees, Uninsured

	All Kids Enrollees	Private Coverage Enrollees	Uninsured
ER visit due to an accident, injury, poisoning or breathing difficulties	45.2% (36.5 – 54.2%)	60.9% (44.6 – 75.0%)	68.2% (25.3 – 93.1%)
Other reason	53.2% (44.2 – 61.9%)	37.2% (23.2 – 53.6%)	31.8% (6.9 – 74.7%)

We also found that caregivers of All Kids enrollees were not significantly more or less likely to call the primary care physicians before or after ER visits.

Respondents with children enrolled in All Kids were significantly more likely to report their children had a "medical home" than were caregivers of children enrolled in private health insurance plans and uninsured children. As shown in Table 1, nearly two thirds of caregivers of children enrolled in private health insurance plans and uninsured children asked for a definition of "medical home" or said reported they did not know what was meant by "medical home." Fewer respondents (43.3%) with children enrolled in All Kids were unclear about the meaning of "medical home" compared to respondents with privately insured children.

Table 11: Medical Home: All Kids enrollees, Private Coverage Enrollees, Uninsured

	All Kids Enrollees	Private Coverage Enrollees	Uninsured
Respondent reported youngest child has "Medical Home"	41.9% (37.0 – 46.9%)	16.6% (13.9 – 19.8%)	12.3% (5.8 – 24.2%)
Respondent reported youngest child DOES NOT have "Medical Home"	14.9% (11.5 – 19.1%)	19.0% (15.9 – 22.5%)	27.1% (16.8 – 40.5%)
Respondent asks for definition of "Medical Home"	43.1% (38.2-48.2%)	62.7% (58.7-66.6%)	60.6% (47.0-72.8%)

Table 12 reports the percent of children with any activity-limiting condition or disability diagnosed by a physician in 2009/2010.

Table 12: Health status and conditions of youngest child	
	2009/2010
Any activity-limiting condition or disability diagnosed by physician	19.6%
Asthma	10.2%
Diabetes	0.2%
Chronic ear ache or ear infection	6.8%
Obesity	0.1%
Elevated lead levels	-
Upper respiratory infection	-
Sickle cell anemia	0.2%
Allergies	0.2%
Cancer	-
Pregnancy	-
Behavioral Issues	4.1%
Developmental delays	7.3%
Emotional issues	0.4%
Toothache/dental problems	-

There were no significant differences in the physician diagnosis of activity-limiting conditions or disabilities across All Kids enrollees, children with private health insurance coverage, and uninsured children.

Table 13: Health status and conditions of youngest child by insurance coverage 2009/2010			
	All Kids Enrollees	Private Coverage	Uninsured
Any activity-limiting condition or disability diagnosed by physician	22.7% (18.8 – 27.1%)	17.9% (15.1– 21.2%)	15.3% (7.9 -27.7%)
Asthma	12.0% (9.2 – 15.5%)	8.8% (6.7 – 11.4%)	8.8% (3.7 -19.5%)
Diabetes	0.4% (0.1 – 1.6%)	-	-
Chronic ear ache or ear infection	8.3% (6.0 – 11.3%)	5.6% (3.9 – 8.0%)	4.2% (1.3 –13.1%)
Obesity	0.2% (0 – 1.2%)	-	-
Elevated lead levels	-	-	-
Upper respiratory infection	-	-	-
Sickle cell anemia	0.1% (0 – 1.0%)	0.1% (0 – 0.8%)	1.0% (0.1 – 6.6%)
Allergies	0.3% (0.1 – 1.3%)	0.2% (0 – 1.2%)	-
Cancer	-	-	-
Pregnancy	-	-	-
Behavioral Issues	5.9% (3.9 – 8.8%)	2.2% (1.2 – 4.0%)	7.4% (2.4 –20.6%)
Developmental delays	8.4% (6.1 – 11.5%)	5.8% (4.1 – 8.0%)	8.1% (3.1 –19.8%)
Emotional issues	0.3% (0 – 2.1%)	0.5% (0.1 – 1.5%)	-
Toothache/dental problems	-	-	-

This suggests that children covered through All Kids are no more or less likely to have chronic health conditions than are privately or uninsured children.

There were few significant differences in the physician diagnosis of activity-limiting conditions or disabilities across income categories. Specifically, fewer children in the 134-200% FPL had chronic ear infections compared with children in families with more and less income, and fewer children in the over 200% FPL had behavioral issues than children under 200% of FPL.

Table 14: Health status and conditions of youngest child by income			
	Under 133% FPL	134-200% FPL	Over 200% FPL
Any activity-limiting condition or disability diagnosed by physician	20.6% (16.9 – 24.9%)	18.8% (14.2 – 24.5%)	19.7% (16.1 – 23.9)
Asthma	12.2% (9.3-15.9%)	8.4% (5.3-13.0%)	9.9% (7.3-13.3%)
Diabetes	0.2% (0 – 1.6%)	0.3% (0 – 2.0%)	-
Chronic ear ache or ear infection	9.9% (7.3-13.4%)	3.1% (1.6 – 6.1%)	5.9% (4.0-8.7%)
Obesity	0.2% (0 – 1.1%)	-	-
Elevated lead levels	-	-	-
Upper respiratory infection	-	-	-
Sickle cell anemia	0.1% (0 – 0.9%)	0.2% (0 – 1.7%)	0.2% (0 – 1.2%)
Allergies	0.1% (0.1 – 1.9%)	0.4% (0.1 – 2.7%)	-
Cancer			
Pregnancy			
Behavioral Issues	6.7 % (4.4-10.2%)	3.0% (1.5-6.0%)	2.0% (1.0-4.2%)
Developmental delays	8.2% (5.8 –11.5%)	7.0% (4.5 – 10.7%)	5.8% (3.9-8.5%)
Emotional issues	0.4% (0.1 – 1.8%)	0.5% (0.1 – 3.2%)	0.2% (0 – 1.3%)
Toothache/dental problems	-	-	-

Compared with respondents whose children had private health insurance coverage, Table 15 shows that respondents whose children are enrolled in All Kids were significantly more likely to report delays in treatment for their youngest child for a number of reasons: because they could not get through on telephone; couldn't get an appointment soon enough; had to wait too long to see the doctor; clinic was too far away; doctor would not take patient without insurance; did not have a way to pay for the visit; did not have transportation; doctor/clinic would not take the child's insurance, and; child needed to see a specialist and respondent could not find a specialist who would take the child's insurance.

Table 15: Reasons for delaying any treatment for youngest child in past 12 months 2009/2010 by type of coverage

	All Kids Enrollees	Private Coverage	Uninsured
Could not get through on telephone	5.8% (3.7 – 8.9%)	1.2% (0.6 – 2.3%)	3.6% (0.5 – 21.5%)
Couldn't get an appointment soon enough	13.7% (10.4 – 17.9%)	4.3% (3.0 – 6.2%)	10.1% (3.7 – 24.8%)
Had to wait too long to see the doctor	17.8% (14.2 – 22.2%)	3.9% (2.6 – 5.7%)	16.3% (8.1 – 30.2%)
Clinic/office was not open when caregiver could get there	12.3% (9.2 – 16.2%)	7.1% (5.0 – 9.9%)	12.8% (5.6 – 26.7%)
Could not get a babysitter to care for other children	6.4% (4.0 – 10.1%)	2.9% (1.2 – 6.7%)	-
Clinic/office too far away	8.0% (5.7 – 11.2%)	0.6% (0.2 -1.6%)	9.4% (3.4 – 23.5%)
Could not take off work for appointment	10.7% (7.8 – 14.7%)	5.4% (3.6 – 8.0%)	6.9% (2.6 – 17.2%)
Doctor would not take patient without insurance	8.3% (5.9 – 11.5%)	2.2% (1.1 – 4.4%)	22.9% (12.9 – 37.2%)
Did not have a way to pay for the visit	8.6% (6.2 –11.9%)	3.6% (2.3 – 5.8%)	28.2% (17.3 – 42.5%)
Did not have transportation	11.0% (8.2 – 14.7%)	0.5% (0.2 – 1.4%)	9.3% (4.1 – 19.6%)
Doctor/clinic will not take child's insurance	12.1% (9.1 – 15.9%)	2.4% (1.4 – 4.1%)	-
Child needed a specialist and caregiver could not find specialist who would take the child's insurance	11.2% (8.5 – 14.6%)	2.3% (1.2 – 4.5%)	-

For families with income less than 200% of the FPL, compared with respondents whose children had private health insurance coverage, respondents whose children are enrolled in All Kids were significantly more likely to report delays in treatment for their youngest child for a number of reasons: because they could not get through on telephone; couldn't get an appointment soon enough; had to wait too long to see the doctor; clinic was too far away; did not have transportation. and; child needed to see a specialist and respondent could not find a specialist who would take the child's insurance.

Table 16: Reasons for delaying any treatment for youngest child in past 12 months families under 200% FPL			
	All Kids Enrollees	Private Coverage	Uninsured
Could not get through on telephone	5.8% (3.7-9.0%)	1.0% (0-3.2%)	5.5% (0 – 30.0%)
Couldn't get an appointment soon enough	13.0% (9.7 – 17.2%)	4.3% (2.2 – 8.3%)	15.3% (5.7 – 35.2)
Had to wait too long to see the doctor	19.5% (15.4 – 24.3%)	5.8% (3.0 – 10.8%)	24.7% (12.5–43.1%)
Clinic/office was not open when caregiver could get there	11.4% (8.5 – 15.1%)	6.2% (3.2 – 11.7%)	13.9% (5.0 – 33.3%)
Could not get a babysitter to care for other children	6.4% (3.9 – 10.4%)	2.2% (1.0 – 9.4%)	5.5% (1.0 – 30.4%)
Clinic/office too far away	8.6% (6.0 – 12.2%)	1.5% (1.0 – 4.9%)	14.3% (5.2 – 33.4%)
Could not take off work for appointment	10.0% (7.1 - 13.9%)	5.5% (2.9 –10.3%)	8.2% (2.6 – 22.9%)
Doctor would not take patient without insurance	8.2% (5.7 – 11.7%)	2.4% (1.0 – 5.7%)	31.3% (17.3–49.0%)
Did not have a way to pay for the visit	9.8 % (7.0 – 13.5%)	4.7% (2.5 – 8.7%)	29.5% (16.1–47.7%)
Did not have transportation	11.5% (8.5 – 15.5%)	1.5% (1.0 - 4.4%)	11.6% (4.7- 25.8%)
Doctor/clinic will not take child's insurance	11.7% (8.7 – 15.4%)	4.0% (1.7 – 8.9%)	--
Child needed a specialist and caregiver could not find specialist who would take child's insurance	12.5% (9.5 – 16.3%)	1.2 % (0.0 – 4.8%)	--

Overall, across all groups in four specific categories where coverage is often limited, services were delayed less than 10% of the time due to inability to pay for service or because insurance would not cover treatment.

Table 17: Services delayed for youngest child in past 12 months due to inability to pay for service or insurance would not cover: 2009/2010	
	2009/2010
Prescription medicine	5.1% (3.9 – 6.6%)
Mental health care or counseling	1.7% (1.0 – 2.7%)
Dental care	6.7% (5.4 – 8.4%)
Eye glasses	3.5% (2.6 – 4.9%)

However, as shown in Table 18, compared with respondents whose children had private health insurance coverage, respondents whose children are enrolled in All Kids were significantly more likely to report delaying prescription drugs and dental care in the past 12 months, due to inability to pay or because insurance would not cover service.

Table 18: Services delayed for youngest child in past 12 months due to inability to pay for service or insurance would not cover 2009/2010

	All Kids Enrollees	Private Coverage	Uninsured
Prescription medicine	7.4% (5.2 – 10.4%)	2.5% (1.6 – 3.9%)	13.7% (6.6 – 26.4%)
Mental health care or counseling	2.5% (1.2 – 5.1%)	1.1% (0.6 – 2.2%)	-
Dental care	9.8% (7.3 – 13.0%)	3.5% (2.4 – 5.1%)	18.9% (10.4 – 31.9%)
Eye glasses	4.7% (3.1 – 7.1%)	2.2% (1.2 – 3.8%)	8.1% (3.0 – 20.2%)

When asked to compare the ease of seeing a provider before and after enrolling their children in All Kids, significantly more respondents reported it was "no problem" seeing a provider as "soon as a child needed care" or "for a check-up or physical" as well as seeing a specialist after enrolling in All Kids. As shown in Table 19, prior to enrolling in All Kids 59.2% respondents reported "no problem" seeing a provider as soon as a child needed care compared with 80.3% after enrolling in All Kids. Similarly, prior to enrolling in All Kids 58.6% respondents reported "no problem" seeing a provider for a child's check-up or physical compared with 82.7% after enrolling in All Kids. Lastly, 39.3% respondents reported "no problem" seeing a specialist prior to enrolling their child in All Kids compared with 50.6% after enrolling in All Kids.

Table 19: Ease of seeing a medical provider for youngest child prior to and after enrollment in All Kids 2009/2010

	Prior to All Kids Enrollment	After All Kids Enrollment
Respondent reported "no problem" seeing a health care provider as soon as child needed care.	59.2% (54.0-64.1%)	80.3% (75.9 – 84.0%)
Respondent reported "no problem" seeing a health care provider for a child's check-up or physical.	58.6% (53.5 – 63.6%)	82.7% (78.5 – 86.3%)
Respondent reported "no problem" child seeing a specialist	39.3% (34.4 – 44.4%)	50.6% (45.5 – 55.7%)

In sum, these figures indicate significantly improved access to health care providers after enrolling in All Kids.

Table 20 displays results from respondents who reported moving to Illinois after the implementation of *Covering All Kids Health Insurance Act* [215 ILCS 170] in 2006. The most common reasons for the move were associated with family reasons. Compared to families with no children enrolled in All Kids, families with children enrolled in All Kids were more likely to move to Illinois to be close to family members. Families with no children enrolled in All Kids respondents indicated a change in marital status prompted the move. Both families with and without children enrolled in All Kids mentioned employment related reasons, although non-All Kids families were significantly more likely to report a new job or job transfer as the reason for moving to Illinois. None of the respondents reported access to health insurance coverage as a reason for moving to Illinois.

Table 20: Reasons for moving to Illinois among respondents reporting a move to Illinois after 2006 (Random Sample)) N=73 families		
	All Kids families	Non-All Kids Families
Family related reasons		
Change in marital status	-	11.6% (3.5 – 32.5%)
To establish own household	1.8% (0.2 –12.0%)	-
To be close to family member	54.5% (36.7 -71.2%)	17.9% (7.8 – 35.7%)
To care for family member in Illinois	2.3% (0.3 –15.1%)	3.4% (0.5 – 20.7%)
To have baby in Illinois	3.0% (0.4 –18.8%)	-
Other family reason	6.6% (2.0 –19.1%)	-
Employment reasons		
New job or job transfer	10.8% (4.1 –25.2%)	46.7% (30.1 -64.1%)
Look for work or lost job	6.7% (2.0 –20.2%)	-
Closer to work/easier commute	-	-
Housing related		
Wanted to own home, not rent	1.7% (0.2 –11.6%)	-
Wanted new or better home	-	-
Wanted better neighborhood or less crime	-	-
Other housing reason	-	-
Other reasons		
To attend or leave college	-	-
Change of climate	-	3.2% (0.4 – 19.6%)
To get health insurance for children	-	-
Other health reason	2.3% (0.3 –14.7%)	1.3% (0.2 – 9.2%)
Natural disaster	--	--

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PART II: PROGRAM DESCRIPTION

The All Kids program's eligibility criteria, cost sharing, covered services, application process, enrollment and expenditures are described in this part.

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PROGRAM DESCRIPTION

ELIGIBILITY CRITERIA

Children can get All Kids if they live in Illinois, are age 18 or younger and meet certain insurance requirements. Children qualify for All Kids Assist, Share and Premium Level 1 even if they have had insurance within the last 12 months as long as their family's income is less than 200% of the Federal Poverty Level consistent with federal Medicaid rules and the Illinois Plan for SCHIP as federally approved. Children whose family income is greater than 200% of the Federal Poverty Level can get medical benefits under All Kids Premium Levels 2 through 8 if they have been uninsured for 12 months or meet certain exceptions.

All Kids' monthly premiums and co-pays are based on the family's household size and monthly income. [See Appendix B]

ALL KIDS PLANS and COST SHARING

All Kids Assist

Coverage for children in families with countable income at or below 133% of the Federal Poverty Level (FPL) is available at no cost.

All Kids Share

Families with countable income that is more than 133% FPL but less than or equal to 150% FPL pay no premiums. Co-pays for Share are listed below.

- $2 for each physician office visit;
- $2 for each emergency room visit;
- $2 for each generic or brand name prescription drug;
- $2 for each inpatient hospital admission;
- $2 for each outpatient hospital service;
- $100 annual out-of-pocket maximum on co-pays for the family.

All Kids Premium Level 1

Families with countable income that is more than 150% FPL but less than or equal to 200% FPL pay $15.00 per month for one family member, $25.00 per month for two, $30.00 per month for three, $35.00 per month for four and $40.00 per month for five or more family members. Co-pays for Premium Level 1 are listed below.

- $5 for each physician office visit;
- $25 for each emergency room visit for non-emergency use;
- $3 for each generic and $5 for each brand name prescription drug;
- $5 for each inpatient hospital admission;
- $5 for each outpatient hospital service;
- $100 annual out-of-pocket maximum on co-pays for the family.

All Kids Rebate
Families with countable income that is more than 133% FPL but less than or equal to 200% FPL whose children have health insurance may choose to enroll in All Kids Rebate. With All Kids Rebate, HFS pays the policyholder lesser of $75 per month per child or the monthly cost of the premium for the child's insurance. Benefits and cost sharing are set by the insurance plan covering the child.

All Kids Premium Level 2
Families with countable income that is more than 200% FPL but less than or equal to 300% FPL pay $40.00 a month premium for each child with a maximum monthly premium of $80 for two or more children. Co-pays for Premium Level 2 are listed below.

- $10 for each physician office visit;
- $30 for each emergency room visit;
- $3 for each generic and $7 for each brand name prescription drug;
- $100 per inpatient hospital admission;
- 5% of the All Kids payment rate for each outpatient hospital service; and
- $500 annual out-of-pocket maximum on co-pays for hospital inpatient and outpatient services per child each plan year.

All Kids Premium Level 3
Families with countable income that is more than 300% FPL but less than or equal to 400% FPL pay $70.00 a month premium for each child with a maximum monthly premium of $140.00 for two or more children. Co-pays for Premium Level 3 are listed below.

- $15 for each physician office visit;
- $50 for each emergency room visit;
- $6 for each generic and $14 for each brand name prescription drug;
- $150 per inpatient hospital admission;
- 10% of the All Kids payment rate for each outpatient hospital service; and
- $750 annual out-of-pocket maximum on co-pays for hospital inpatient and outpatient services per child each plan year.

All Kids Premium Level 4
Families with countable income that is more than 400% FPL but less than or equal to 500% FPL pay $100.00 a month premium for each child with a maximum monthly premium of $200.00 for two or more children. Co-pays for Premium Level 4 are listed below.

- $20 for each physician office visit;
- $75 for each emergency room visit;
- $9 for each generic and $21 for each brand name prescription drug;
- $200 per inpatient hospital admission;
- 15% of the All Kids payment rate for each outpatient hospital service; and
- $1,000 annual out-of-pocket maximum on co-pays for hospital inpatient and outpatient services per child each plan year.

All Kids Premium Level 5
Families with countable income that is more than 500% FPL but less than or equal to 600% FPL pay $150.00 a month premium for each child with no maximum monthly premium. Co-pays for Premium Level 5 are listed below.

- $25 for each physician office visit;
- $100 for each emergency room visit;
- $12 for each generic and $28 for each brand name prescription drug;
- 10% of the All Kids payment rate per inpatient hospital admission;
- 20% of the All Kids payment rate for each outpatient hospital service; and
- $5,000 annual out-of-pocket maximum on co-pays for hospital inpatient and outpatient services per child each plan year.

All Kids Premium Level 6
Families with countable income that is more than 600% FPL but less than or equal to 700% FPL pay $200.00 a month premium for each child with no maximum monthly premium. Co-pays for Premium Level 6 are listed below.

- $25 for each physician office visit;
- $100 for each emergency room visit;
- $12 for each generic and $28 for each brand name prescription drug;
- 10% of the All Kids payment rate for the inpatient hospital services;
- 20% of the All Kids payment rate for each outpatient hospital service; and
- $5,000 annual out-of-pocket maximum on co-pays for hospital inpatient and outpatient services per child each plan year.

All Kids Premium Level 7
Families with countable income that is more than 700% FPL but less than or equal to 800% FPL pay $250.00 a month premium for each child with no maximum monthly premium. Co-pays for Premium Level 7 are listed below.

- $25 for each physician office visit;
- $100 for each emergency room visit;
- $12 for each generic and $28 for each brand name prescription drug;
- 10% of the All Kids payment rate for the inpatient hospital services;
- 20% of the All Kids payment rate for each outpatient hospital service; and
- $5,000 annual out-of-pocket maximum on co-pays for hospital inpatient and outpatient services per child each plan year.

All Kids Premium Level 8
Families with countable income that is more than 800% FPL pay a $300.00 a month premium for each child with no maximum monthly premium. Co-pays for Premium Level 8 are listed below.

- $25 for each physician office visit;
- $100 for each emergency room visit;
- $12 for each generic and $28 for each brand name prescription drug;
- 25% of the All Kids payment rate for the inpatient hospital services;
- 25% of the All Kids payment rate for each outpatient hospital service; and

- There is no out-of-pocket maximum per child for each plan year.

There are no co-pays for well-baby care, well-child care, or immunizations.

Families with children enrolled in All Kids Share or Premium Level 1 pay only $100 in co-payments per year. Once the co-payment maximum is met, families send co-payment receipts to HFS. The state data system is updated to eliminate co-payments by the family members for the balance of the year. The next All Kids card sent to the family carries a message that providers can no longer collect co-payments from the family. When a new 12-month eligibility period is begins, the family must again pay co-payments until they reach the limit again.

For All Kids Premium Levels 2 through 7, maximum out-of-pocket medical expenses for hospital services only are limited per child. Out-of-pocket expenses are tracked by "plan year" which is the same as the state fiscal year (July through June). Effective every year on July 1, HFS resets the co-payment tracking to zero for the next plan year. The plan year is July through June regardless of when a case is approved. HFS centrally tracks the out-of-pocket hospital costs for each child enrolled in Premium levels 2 through 7.

COVERED SERVICES

All Kids covers comprehensive benefits for children at all income levels.

- Inpatient and outpatient hospital services
- Physician services
- Inpatient and outpatient surgical services
- Clinic services
- Prescription drugs
- Laboratory and x-ray services
- Inpatient and outpatient mental health services
- Inpatient and outpatient substance abuse treatment services
- Dental services
- Medical supplies, equipment, prosthesis and orthoses
- Nursing care services
- Hospital emergency room
- Long term care (nursing homes)
- Hospital emergency room
- Physical therapy, occupational therapy, and speech therapy
- Hospice care
- Transportation to get emergency medical care (children in families with lower income also receive non-emergency transportation)
- Home health care services
- Audiology (hearing) services
- Optical (eye) services and supplies
- Optometrist (eye) services
- Family planning services and supplies
- Podiatric services
- Chiropractic services
- Maternity care
- Renal dialysis services
- Healthy Kids services (checkups, screenings and shots)
- Respiratory equipment and supplies

ALL KIDS APPLICATION AGENTS

Use of All Kids Application Agents (AKAAs) continues to be one of Illinois' most effective outreach strategies. Community-based organizations, including faith-based organizations, day care centers, local governments; medical providers of any kind in good standing; school districts; and licensed insurance agents have enrolled as AKAAs. HFS pays AKAAs a $50 Technical Assistance Payment (TAP) for each completed application that results in new coverage.

AKAAs operate throughout the state. Continuous training has been essential to maintaining their effectiveness. They generate almost half of the applications received centrally in HFS's All Kids unit. More than 90 % of the applications from AKAAs qualify for TAP.

The AKAAs helped get out the word on the All Kids expansion by extending outreach efforts to schools, numerous diverse communities and businesses.

APPLICATION PROCESS

Families have multiple avenues through which to apply:

- By Mail – Applications can be requested by phone (1-866-ALL-KIDS (1-866-255-5437; TTY: 1-877-204-1012), downloaded from the website, picked up at many providers or community-based organizations.
- Online – Completed and submitted online, signature and verifications submitted by mail or fax.
- In person through an All Kids Application Agent
    - AKAAs are community-based organizations, including faith-based organizations, day care centers, local governments, unions, medical providers and licensed insurance agents.
- In person at the Department of Human Services Family and Community Resource Center (FCRC) in nearly all counties. Families can also apply at the same time for TANF and Food Stamps at FCRCs.

HFS has worked to simplify the application:

- One easy-to-read application for all All Kids plans.
- User-friendly interactive online application – Can be accessed from any personal computer with Internet access 24 hours a day, 7 days a week.
- AKAAs are available throughout the state to assist families in applying.
- The integrated eligibility system assures that children are enrolled in the most advantageous plan without requiring separate applications for each income level. This system also facilitates more efficient program operation.

HFS and DHS cooperate to manage the workload:

- Both agencies process any All Kids application they receive.

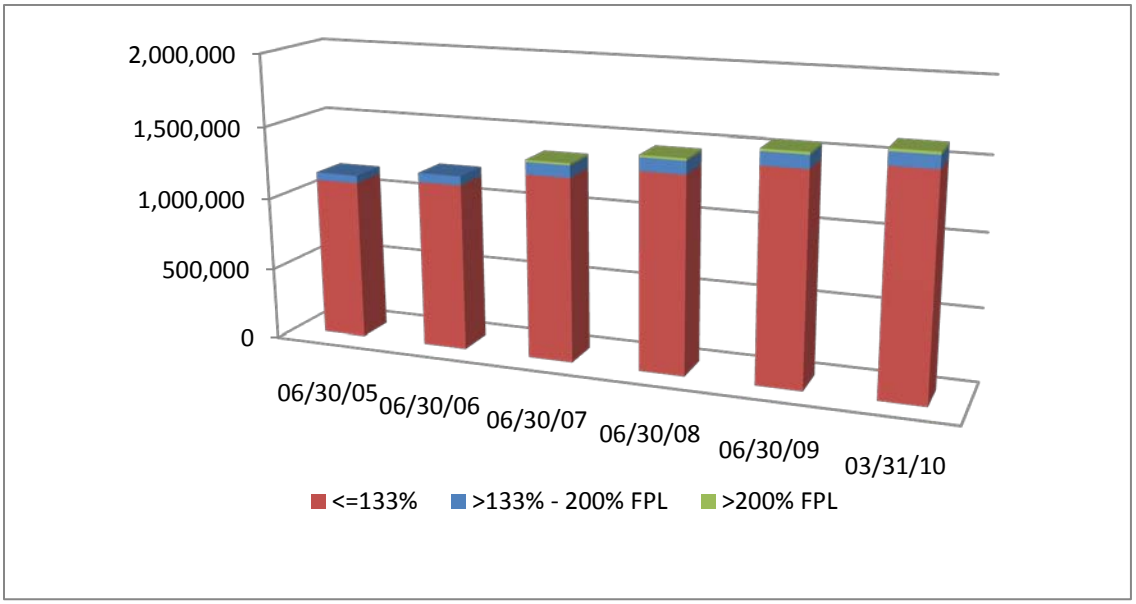
- DHS Family Community Resource Centers provide ongoing case management for children enrolled in All Kids Assist. Many of these families are also eligible for Supplemental Nutrition Assistance Program (SNAP).
- HFS provides ongoing case management for children enrolled in all other All Kids plans.

[See Appendix A for links to Web pages providing more detailed information.]

ENROLLMENT and EXPENDITURES

Enrollment of children in All Kids grew by 33% from 1,214,903 on June 30, 2006 to 1,611,735 on March 31, 2010. By far the largest enrollment growth occurred among children who were eligible but not enrolled under criteria in place prior to the expansion. Total enrollment grew by over 396,900 children. About 351,600 of those children, 88.6%, are children in families with income at or below 133% of poverty. About 25,800 of the enrollment growth occurred among children with family income above 133% of poverty up to and including 200% of poverty. Finally, about 19,500 or 4.9% of the total enrollment growth occurred among children in families with income greater than 200% FPL. Figure 1 shows enrollment in All Kids since the expansion.

Figure 1: All Kids Enrollment by Income Group



Enrollment in All Kids clearly shows the significance of the program to low-income families. As of March 31, 2010, about 93% of the children enrolled live in families with income below 133% of poverty. For a family of four, that's $2,444 per month or about $29,000 per year. About 5.5% of enrolled children live in families with income above 133% and at or below 200% of poverty. For a family of four, 200% of poverty is $3,675 month or about $44,000 year. Only a little more than one percent of enrolled children live in families with income above 200% of poverty. A small proportion of all enrolled

children are undocumented noncitizens. They represent about 3.4% of all enrolled children. Overwhelmingly, these children live in very low-income families.

Table 1 shows the daily average enrollment of children for direct coverage during FY2009 and the resulting expenditures made only by HFS as well as total expenditures by all state agencies.

Table 1: SFY2009 All Kids Medical Services Cost – HFS Spending and All Agency Spending

Income Group	Daily Average Enrollment *	SFY 2009 Services Based on HFS Spending ** ($000's)	SFY 2009 Services Based on HFS and Other Agency Spending ** ($000's)
≤ 133% of FPL	1,397,499	$2,193,994.6	$2,440,955.5
>133%-200% FPL	88,673	$177,668.6	$185,889.5
> 200% FPL	17,989	$22,353.3	$24,131.3
All income levels	1,504,161	$2,394,016.4	$2,650,976.3

* Daily Average Enrollment calculated based on total eligible days of enrollment by class within the state fiscal year, divided by 365.25 to calculate annual average number enrolled on any given day

** Total spending is reported in the thousands and includes federal matching funds

Children enrolled in All Kids Rebate are not displayed in the table because HFS does not pay for their services directly. In FY2009, HFS paid $2.6 million in rebate payments for a monthly average of 3,462 children. That equates to an average rebate per child of about $63 per month.

WEB LINKS

All Kids Web Site
www.allkids.com

All Kids Application
http://www.allkids.com/assets/hfs2378kcc.pdf

All Kids Questions and Answers Booklet
www.allkids.com/assets/hfs8269.pdf

Healthcare Programs for Families - Member Handbook
www.allkids.com/assets/hfskc3793.pdf

All Kids Income Guidelines and Cost Sharing
www.allkids.com/assets/hfs3711ak.pdf

Illinois Health Connect Web Site
www.illinoishealthconnect.com

Illinois Client Enrollment Broker Web Site
www.illinoisceb.com

Your Healthcare Plus
http://www.hfs.illinois.gov/dm

State Statutes

The following State Statutes can be found at: www.ilga.gov/legislation/ilcs/ilcs.asp
Chapter 305 ILCS 5/5 and 5/12 – *Public Aid Code*
Chapter 215 ILCS 106 – *Children's Health Insurance Program Act*
Chapter 215 ILCS 170 - *Covering All Kids Health Insurance Act*

94th General Assembly, HR 1063
www.ilga.gov/legislation/fulltext.asp?DocName=09400HR1063ham001&GA=94&SessionId=50&DocTypeId=HR&DocNum=1063&GAID=8

All Kids Premiums and Out-of-Pocket Costs

Family Size	All Kids Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2	All Kids Premium Level 3	All Kids Premium Level 4	All Kids Premium Level 5-7	All Kids Premium Level 8
1	Up to $1,200 per month	$1,201 - 1,354 per month	$1,355 - 1,805 per month	$1,806 - 2,708 per month	$2,709 - 3,610 per month	$3,611 - 4,513 per month	$4,514 - 7,220 per month	$7,221 or more per month
2	Up to $1,615 per month	$1,616 - 1,821 per month	$1,822 - 2,428 per month	$2,429 - 3,643 per month	$3,644 - 4,857 per month	$4,858 - 6,071 per month	$6,072 - 9,713 per month	$9,714 or more per month
3	Up to $2,029 per month	$2,030 - 2,289 per month	$2,290 - 3,052 per month	$3,053 - 4,578 per month	$4,579 - 6,103 per month	$6,104 - 7,629 per month	$7,630 – 12,207 per month	$12,208 or more per month
4	Up to $2,444 per month	$2,445 - 2,756 per month	$2,757 - 3,675 per month	$3,676 - 5,513 per month	$5,514 - 7,350 per month	$7,351 – 9,188 per month	$9,189 – 14,700 per month	$14,701 or more per month
5	Up to $2,858 per month	$2,859 - 3,224 per month	$3,225 - 4,298 per month	$4,299 - 6,448 per month	$6,449 - 8,597 per month	$8,598 -10,746 per month	$10,747-17,193 per month	$17,194 or more per month
COST BOX	↓	↓	↓	↓	↓	↓	↓	↓
Monthly Premium per child	None	None	1 child: $15 2 children: $25 Ea. add'l child: $5	$40 per child	$70 per child	$100 per child	$150 – 250 per child	$300 per child
Max Monthly Premium	N/A	N/A	$40 for 5 or more children	$80 for 2 or more children	$140 for 2 or more children	$200 for 2 or more children	No cap	No Cap
Max Co-Payments per Year	No co-payments	$100 per family for all services	$100 per family for all services	$500 per child for hospital services	$750 per child for hospital services	$1,000 per child for hospital services	$5,000 per child for hospital services	No Max