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This is an analysis of the progress through 2001 on the recommendations of the Governor's Task Force on Children's Health Insurance. It was prepared by Brooks Cotton, a second-year Master's level student from the University of Alabama School of Social Work.

Update on the Governor's Task Force on Children's Health Insurance

Recommendation 1: Establish and implement a statewide system for coordinated children's health insurance program outreach.

July 31, 2001

- Agencies partnered to support community health fairs and enrollment events.
- Agencies partnered to provide training to other agencies.
- ALL Kids staff conducted over 50 in-service trainings
- ALL Kids brochures were given out by Medicaid and SOBRA staff, as well as staff from other agencies.
- CHIP hired regional directors to aid in outreach efforts.

September 30, 2001

- Medicaid brochures were handed out at CHIP presentations and vice versa.
- Covering Alabama Kids coordinated meetings of outreach partners.
- SOBRA supervisors began participating in Covering Alabama Kids meetings.
- CHIP outreach coordinators visited SOBRA supervisors meetings.
- Medicaid and ALL Kids held joint training meetings.

December 31, 2001

- Medicaid, ALL Kids, and Covering Alabama Kids held joint staff meetings.
- Jefferson County SOBRA supervisor attended Jefferson County Child Development Council meeting.
- Dothan SOBRA supervisor attended VOICES meeting.
- Medicaid, CHIP, Covering Alabama Kids staff met to discuss Covering Alabama Kids and Families Grant.

Overall Progress

Agencies appear to be making adequate strides and have accomplished much toward the completion of the recommendation.

Recommendation 2: Provide a more seamless enrollment process for the following four children's health insurance programs: Medicaid for Low-Income Families.

July 31, 2001

- Joint paper application for ALL Kids, SOBRA Medicaid, and Alabama Child Caring Foundation complete. MLIF was left off due to the length of information required to determine eligibility for this program.
- Joint renewal for CHIP, SOBRA, and Child Caring Foundation is complete. The renewal form is similar to the application, which allows information to be pre-printed on the renewal form.
- Alabama Department of Public Health and Medicaid revised the joint application, omitting the “opt out” box.
- CHIP began to no longer require verification of birth date.
- Joint application and wrap around materials were translated into Spanish.
- Internal data changes were made to Medicaid’s data system to allow for seamless transition between Medicaid and CHIP.
- Procedures were being coordinated between agencies to insure that involuntary loss of coverage does not result in loss of coverage for children.
- ALL Kids’ database was redesigned to facilitate easier data entry.
- All agencies took part in the Robert Wood Johnson *Supporting Families after Welfare Reform* grant, which looked at ways to alleviate barriers to low-income families being eligible and retaining Medicaid.

September 30, 2001

- Agencies revised application to make it more family-friendly.
- ALL Kids staff began mailing Medicaid applications directly to SOBRA supervisors.
- DHR proposed MLIF be added to the joint application. They suggested that the application be used as a starting point for MLIF even if the information was insufficient to completely determine eligibility.

December 31, 2001

- Agencies have met to discuss how a Robert Wood Johnson Foundation grant may aid in completing the recommended changes.
- More revisions were made to the joint applications. Agencies will begin to hold quarterly meetings to review application.
- The General Eligibility Handout for Medicaid was revised and posted on the web site, along with the Spanish application and the revised joint application.
- Approval was gained to staff an outstation Medicaid unit in the ALL Kids office.
- A Central Processing Unit was added to the Medicaid Central Office.

Overall Progress

All the aspects of this recommendation have been addressed, except for the need to compare data from Alabama to states that serve similar populations. No reference was made in the reports to collecting this data, or comparing it to other states.

Recommendation 3: Transfer the Medicaid for Low-Income Families (MLIF) program from the Department of Human Resources to the Alabama Medicaid Agency.

July 31, 2001

- Medicaid and DHR had meetings to discuss transfer.
- DHR provided a system demo for Medicaid workers to decide which data fields would be transferred.
- Medicaid is aiming for a paperless transfer.
- DHR will use the money that Medicaid pays them to determine eligibility will be used to add additional staff once the transfer is complete. The dilemma that is being raised now is where to house this new staff, and how will the needed equipment for this staff be bought.
- Money is needed to upgrade Medicaid's computer system.

September 30, 2001

- Requests were made and granted for the computer screens used by DHR in eligibility determination of MLIF.
- DHR conference call discussed the use of food stamp information/ verification to determine eligibility for MLIF.
- Medicaid had a meeting to view DHR food stamp screens.
- DHR agreed to provide manual information to decipher codes within the food stamp system. They are planning to revise the food stamp automation manual and will give out copies when they are complete.
- DHR coordinated inter-agency agreement for this exchange.

December 31, 2001

- Medicaid visited DHR to see on-line application process.
- Meetings were held to discuss needed information from DHR to populate Medicaid screens.

Overall Progress

Although agencies seem to be making progress in the completion of their goals, it is difficult to determine exactly how far they are in the process. No reference was made to how much longer the transfer is expected to take, or what other steps need to be taken to complete the transfer. There is also no reference to whether Medicaid has actually begun to handle any applications yet, or if they are still in the planning stages.

Recommendation 4: Develop and implement public awareness activities coordinated by the Alabama Department of Public Health and the Alabama Medicaid Agency for the four children's health insurance programs.

July 31, 2001

- Types of outreach included the use of a mass-media campaign including television, radio, and news releases.
- ALL Kids redesigned their web page.
- Outreach effort were started to target Hispanic populations.
- Agencies continued efforts in school and state agency campaigns.

- Both ADPH and ALL Kids have written newsletter articles and given speeches to community groups.

September 30, 2001

- ADPH and Medicaid worked to set up a large public awareness campaign and enrollment event, which was scheduled for October 14, 2001.

December 31, 2001

- Agencies attended various outreach events around the state including health fairs and screening events.
- Medicaid Central Office provided 14 trainings to various agencies and Medicaid departments.

Overall Progress

Medicaid and ALL Kids seem to have created and implemented outreach efforts commensurate with the task force recommendation.

Recommendation 5: Establish an official policy of ongoing strategies, which can be implemented by hospitals and health care providers to identify uninsured children and educate families about programs availability.

July 31, 2001

- ADPH assisted Alabama Hospital Association with development of internal and external outreach packets for use in hospitals.
- ADPH supported hospitals with outreach by providing training and collateral.
- Twenty-five hospitals were using the outreach packets at this time.
- Two hospitals had hired full-time outreach workers.
- ADPH gave two presentations the Health Care Financial Management Association, and one presentation to the Alabama Hospital Auxiliary Board.
- Alabama Pediatric Association Immunization Project provided collateral to field representatives who distribute it to pediatricians and their staffs.
- Medicaid presented at meetings of various state boards and provider association groups.

September 30, 2001

- Medicaid's toll free help line will be featured in up-coming public service announcements.

December 31, 2001

- Medicaid's toll free number will be published in several phone books around the state.

Overall Progress

The reports made no mention of the following three aspects of the original recommendation:

1. Identification of uninsured children through hospital admission and discharge processes.
2. Identification of uninsured children through physicians' offices.
3. Identification of statewide systems of referral and follow up of those children identified.

Recommendation 6: Establish "Outreach for children's health insurance" as an official policy within the Department of Education.

July 31, 2001

- School Health Network was established. This consisted of three people per school system.
- There was no money available for general health screenings.

September 30, 2001

- A structure was created for Alabama's early learning programs, which was created by Governor Siegelman's Commission on Early Learning, the Department of Children's Affairs, and the Office of School Readiness. The report from this group gave recommendations for public awareness and outreach among all partners.

December 31, 2001

- Same report as September 30, 2001.

Overall Progress

No reference was made to the following two aspects of the original recommendation:

1. Promote access to children's health insurance for each child in the public schools of Alabama.
2. Explore the feasibility of using the subsidized school lunch form to identify children who may be eligible for health insurance for low-income families.

All other areas of the recommendation have been addressed or completed.

Recommendation 7: Develop and provide education, awareness, in-service training and outreach tools for the Department of Education's School Health Cadre and all appropriate public school staff.

July 31, 2001

- Medicaid established a new training unit within the Certification Support Division.
- ADPH and the Department of Education proceeded with partnership strategies for outreach and enrollment.
- Outreach packets were given to all public school students. School nurses followed up with all requests for information.
- Alabama Association for School Nurses received updates annually, and training and newsletter articles periodically.

- ADPH gave annual information on the three programs to Alabama School Health Cadre.

September 30, 2001

- No report

December 31, 2001

- No Report

Overall Progress

All areas of the recommendation were addressed in the initial report.

Recommendation 8: Conduct a recruitment campaign to increase primary care physicians' participation in the Patient First program to provide better access for children enrolled in Medicaid.

July 31, 2001

- Medicaid kept on-going communication with providers in order to educate them on CHIP information.
- Agency-wide outreach and education unit was made possible by reorganization of the agency.
- Medicaid offered provider training in hopes of increasing the number of providers who accept Medicaid patients and an increase in caseloads.
- Medicaid staff attended two state physician meetings to increase visibility and answer questions.

September 30, 2001

- Medicaid staff made outreach visits to increase the number of providers and the size of caseloads.
- Medicaid monitored areas with low provider participation and targeted these areas for outreach activities.

December 31, 2001

- Medicaid participated in several state association meetings of various provider groups.
- Medicaid planned outreach and educational activities to help current providers can the perception of Medicaid.
- Medicaid reported an increase in the number of dental providers

Overall Progress

All areas of the original recommendation were addressed by activities described in the reports.

Recommendation 9: Develop an outreach and education strategy directed toward childcare providers and families with children in both center and home day care.

July 31, 2001

- Medicaid coordinated with appropriate agencies to coordinate potential strategies.
- CHIP staff participated in Health Subcommittee of the Governor's Commission on Early Learning. The purpose of this subcommittee was to design and implement a distribution system for the Childcare Director's Health Insurance Outreach Kit.
- ADPH supplied the Department of Education Child Nutrition Program with packets to distribute at recertification training of childcare directors.
- ALL Kids materials/pamphlets were mailed to various childcare facilities and offices.

September 30, 2001

- No Report

December 31, 2001

- No Report

Overall Progress

All of the aspects of the original recommendation were addressed by the activities described in the report.

Recommendation 10: Simplify and coordinate the eligibility for SOBRA Medicaid, Medicaid for Low-Income Families, and ALL Kids.

July 31, 2001

- Medicaid held weekly meetings to discuss current needs and future goals and priorities.
- Effective May 1, 2001, Medicaid eliminated the requirement of verification of age, dependent care expenses, application for other benefits. Self-declaration is now accepted for these.
- Common disregards were applied to Medicaid and ALL Kids.
- ALL Kids enrollment was changed from SEIB to ADPH.
- Staff representatives visited Georgia to observe other ways to coordinate CHIP and Medicaid.

September 30, 2001

- Reviewed Kaiser paper and submitted memo to the Commissioner to request resources be excluded in eligibility determination.
- Teleconference was held to discuss the joint application and backup application.
- Medicaid conducted a quality control review of the effects of no income verification for eligibility.
- Medicaid trained ALL Kids staff in order to facilitate the use of the same policy rules by both agencies.
- A survey of SOBRA workers and supervisors was conducted to gather input on improving eligibility and relations between ADPH and Medicaid.
- Joint trainings, newsletters, and referral letters began to be used.

December 31, 2001

- Medicaid, Department of Public Health, and Department of Human Resources met to discuss the possibility of a Robert Wood Johnson grant.

Overall Progress

There was no mention of the removal of the requirement for an interview for SOBRA Medicaid eligibility, which was one of the strategies outlined in the original recommendation. This was the only strategy that was not discussed; all other strategies appear to be adequately addressed.

Recommendation 11: Streamline the annual renewal processes for SOBRA Medicaid and ALL Kids in order to reduce the number of children who lose healthcare coverage.

July 31, 2001

- The implementation date for this recommendation was changed to match that of number five (4-01-01).
- Medicaid wanted to move to a passive review. This was contingent on upgrades AMAES system.
- Medicaid and ALL Kids worked to create a joint renewal form.
- ALL Kids changes the computer system to allow Medicaid to inquire about ALL Kids clients, which avoided double coverage of clients.
- ALL Kids revised the renewal form and began to send reminder cards.

September 30, 2001

- Medicaid dropped the interview requirement at the time of review.
- The Medicaid renewal form began to be used as a joint application for ALL Kids when the client was judged to no longer be eligible for Medicaid.

December 31, 2001

- Medicaid renewal notice began to provide more information, due to the interview being dropped.

Overall Progress

All of the aspects of the original recommendation seem to be addressed by the activities discussed in the reports.

Recommendation 12: Ensure an efficiently functioning system with adequate number of ALL Kids enrollment workers and support staff so that applications are processed within 10 working days, and require a commitment to ensure that staffing levels for both eligibility workers and support staff are kept commensurate with the number of enrollees and the workload requirement.

July 31, 2001

- Additional staff was hired, which allowed for application processing in under ten days.
- ALL Kids redesigned the enrollment unit and assigned new staff to areas of critical need.
- ALL Kids worked to reduce duplication to increase the efficiency of transfers between Medicaid and ALL Kids.

September 30, 2001

- ALL Kids reported the annual enrollment goal had been reached as of September 21, 2001.

December 31, 2001

- No report

Overall Progress

All aspects of the original recommendation appear to be addressed by the activities discussed in the reports.

Recommendation 13: Ensure an efficiently functioning system with adequate number of Medicaid Outstationed SOBRA workers and support staff, and require a commitment to ensure that staffing levels for both eligibility workers and support staff are kept commensurate with the number of beneficiaries and the workload requirement.

July 31, 2001

- Medicaid reported that a lack of funding stalled efforts to achieve this goal.

September 30, 2001

- Medicaid reported they could not hire any workers due to a lack of funding.

December 31, 2001

- Medicaid determined the number of workers needed.

Overall Progress

This recommendation has not been met, due to the lack of funding.

Recommendation 14: Establish an “adjunct eligibility” system for Medicaid based on the income eligibility determination of other needs-based programs such as Food Stamps and Subsidized Child Care.

July 31, 2001

- A Beneficiary Services and Information Systems workgroup decided that establishing the adjunct eligibility system was not feasible in the current system, but efforts will be made to work it into the updated system.

- ADPH, Medicaid, and DHR looked for ideas through the Robert Wood Johnson Foundation grant.
- AN initial study was conducted to find a match between children receiving Medicaid or ALL Kids, and those receiving Food Stamps. Preliminary results showed that are uninsured received food stamps, which gives reason for adjunct eligibility.

September 30, 2001

- Medicaid requested and was granted access to food stamp files.
- Medicaid worked to find out if HCFA could grant the necessary waiver.

December 31, 2001

- Same report as September 30, 2001.

Overall Progress

Although the goals of the recommendation have not been completed, it appears that all of them have been addressed and are in the process of being completed.

Recommendation 15: Secure funding for and upgrade the Medicaid computer system based on the results of a comprehensive requirements analysis and system definition, to allow for easy access to data, program enhancement, and decision support capability.

July 31, 2001

- A timeline of 18 to 24 months was estimated for the completion of the project once funding is secured.
- Medicaid and ADPH explored ways to enhance computer capabilities.

September 30, 2001

- Two ISD contracts were secured to assess the possibility of updating the system (as opposed to buying a new system).

December 31, 2001

- Medicaid contracted to update the computer system.

Overall Progress

Medicaid seems to be addressing all the aspects of the original recommendations. No report was given regarding how far along the upgrading process is, or if the upgrading will be completed within the estimated time frame.

Recommendation 16: In order to meet the needs of Alabama's children and encourage the growth in number of health providers, increase Medicaid reimbursement to 100 percent of the Medicare reimbursement rates for physician office codes and 80 percent of the Medicare reimbursement rates for other non-office codes, as soon as the budget allows.

July 31, 2001

- Governor Siegelman announced that reimbursement rates for office codes would increase to 90 percent of Medicare levels and rates for other codes would increase to 70 percent of Medicare rates as of October 1, 2000.
- Medicaid reported that funding did not currently allow for the rates described in the original recommendation.

September 30, 2001

- Medicaid reported that budget constraints again prohibited the recommended rate increases.

December 31, 2001

- Same reports as September 30, 2001

Overall Progress

The rate increases announced by Governor Siegelman allowed for the partial completion of this recommendation; however, budget constraints kept the goals from being fully completed.

Recommendation 17: To assure children's medical needs continue to be met, a system should be developed by Medicaid, with input from stakeholders, for regular annual periodic review and reimbursements are maintained at levels which will sustain an adequate network of health care providers. Dental codes should likewise be reviewed and adjusted, as needed, in relation to adjustments in the Blue Cross Blue Shield of Alabama reimbursement rates for these codes.

July 31, 2001

- Medicaid reported that the review would be done when the budget is prepared.

September 30, 2001

- Four dental procedures no longer required prior authorization.
- One hundred new dental providers were recruited due to the increased reimbursement rates.

December 31, 2001

- The annual review was scheduled to be conducted as part of the annual budget analysis.

Overall Progress

All of the aspects of the original recommendation have been completed.

Recommendation 18: With the assistance of a provide representative committee, develop a time frame and education program requiring that all Medicaid provider billing be submitted in an electronic format compatible with Medicaid. Exceptions for low volume providers and other criteria should be considered.

July 31, 2001

- EDS was scheduled to complete a gap analysis in August 2001.
- Medicaid awarded contracts to Software Engineering Services to complete the Health Insurance Portability and Accountability Act assessment.
- EDS provider bulletin contained information about advantages of electronic billing.

September 30, 2001

- EDS continued to educate providers through newsletters and visits.

December 31, 2001

- Same report as September 30, 2001.

Overall Progress

No reference is made to how many providers have begun to file electronically as a result of the EDS education. The reports also did not mention the results of the gap analysis or the HIPAA assessment. It is unclear whether these have been completed. It is difficult to determine from these reports the extent to which progress has been made in this recommendation.

Recommendation 19: Encourage and promote the expansion of the number of health insurance plans for children, especially for those in underserved areas, which include mid-level health providers (Certified Registered Nurse Practitioners, and Physician's Assistants), operating within the scope of current practice acts, with appropriate reimbursement.

July 31, 2001

- No Report

September 30, 2001

- No Report

December 31, 2001

- No Report

Overall Progress

No updates have been given regarding the progress of this recommendation.

Recommendation 20: Design, develop, and implement a fully computerized, web-enabled, enrollment system that can be used to enroll children for ALL Kids and Medicaid. New technology should be examined to find a user friendly and cost-effective solution. The project should be broken into phases to complete portions that are well defined first with other portions coming in later phases.

July 31, 2001

- ADPH contracted to design a new system, which will include the web-enabled application.
- Medicaid reported that other activities included those described in the report for recommendations 2, 10, 11, and 15. These recommendations related to upgrading the computer system to allow for a more seamless transition between Medicaid and ALL Kids.

September 30, 2001

- Medicaid and ADPH visit Georgia to see the system used in its Medicaid and CHIP program, and to discuss the possibility of using it as a model.
- Medicaid secured two contractors to assess the computer system needs.
- ADPH reported they would be ready to meet with Medicaid about the web-enabled application when the transfer of public health's computer system from SEIB is complete.

December 31, 2001

- Medicaid and ADPH meet to discuss the possibility of a Robert Wood Johnson grant funding the web enabled application.
- Medicaid and ADPH discussed ways to increase support to outstationed workers.
- Medicaid and ADPH attended workshops on web-enabled applications.

Overall Progress

While much of the original recommendation has been addressed, some of the original aspects have not been referenced in the reports. Staff have discussed and contracted for new technologies, but no reference was made to developing phases. There was no discussion about a timeline in which to complete the various phases, or assignment of tasks to these phases.

Recommendation 21: Encourage all health insurance providers and employees in Alabama to assume an active role in statewide public education with regard to the following issues:

- **The importance of a medical home for each child in Alabama**
- **The importance of immunizations and preventive health care**
- **The importance of maintaining health insurance when employment ends and the available options to assist with this**
- **Other affordable coverage options**

July 31, 2001

- Information on the importance of preventive medicine and a medical home was included in videos, handbooks, and other client materials.
- Staff met with the Rapid Response Team of ADECA for in-service, which is an effort to extend outreach activities into "nontraditional" areas.

September 30, 2001

- The Governor's Early Learning Commission reported several strategies that reflect this Task Force's recommendation.
- Public Service Announcements from Medicaid and ALL Kids promoted dental checkups
- Dental outreach workers pushed free materials for provider use.

December 31, 2001

- No report

Overall Progress

Many of the aspects of the original recommendation have been addressed by the activities listed in the report. There was no reference, however, to education regarding the importance of maintaining health coverage when employment ends.

Recommendation 22: Encourage the development of options for intermediate, comprehensive, individual health insurance coverage products taking into consideration currently available catastrophic coverage, COBRA and other coverage based on work history of the parent or individual, and potential expansion of existing programs.

July 31, 2001

No Update

September 30, 2001

- Agencies met to discuss ways to align eligibility so that people do not fall through the cracks.
- Medicaid and DHR recommended that the resource requirements for MLIF be dropped.
- Medicaid announced a new eligibility group for women with breast and cervical cancer.

December 31, 2001

- Same report as September 30, 2001.

Overall Progress

While there is reference to Medicaid expanding its services, no mention was made of CHIP or other programs expanding their programs. It is difficult to determine the progress of this recommendation because the reports do not give specific details of how the expanding of eligibility budgets has affected the adequacy of coverage.

Recommendation 23: Review, evaluate, and develop appropriate mechanisms for the reimbursement of services provided to children who receive certain special pediatric services outside the current reimbursement systems.

July 31, 2001

- No Report

September 30, 2001

- No Report

December 31, 2001

- Medicaid reported that they evaluate issues as they arise.
- No formal discussion between Medicaid and ADPH.
- ADPH reported that they tried to expand coverage as needs arise.
- ADPH began a needs analysis for HIPAA compliance. Adequacy and appropriateness of codes are to be explored in this analysis.

Overall Progress

No formal system was reported for dealing with services that are not currently covered. Rather, Medicaid and ADPH chose to address needs as they arise. It is difficult to determine the adequacy of this choice, because it is unknown whether these problems are dealt with in a timely manner, as well as if the process of reporting these problems is adequate.

Recommendation 24: Increase access to dental care for children.

July 31, 2001

- Smile Alabama campaign resulted in the recruitment of two dental outreach workers and 50 dentists since October 2000.
- Medicaid began a support program to assist providers with recipient communications.
- Medicaid is planning an Oral Health Summit to call attention to barriers to service.

September 30, 2001

- Smile Alabama recruited 100 new dental providers.

December 31, 2001

- No Report

Overall Progress

The following three aspects of the original recommendation were not discussed in the reports:

1. Encouraging the establishment of rural rotations for dental residents
2. Recruiting dentists to the state
3. Making emergency pediatric dentistry available regardless of provider network

Recommendation 25: Define demographics of uninsured children for each county in the state using appropriate data from the US Census and other programs.

July 31, 2001

- ALL Kids reported an on-going effort to collect data from various sources including the US Census, the Urban Institute, and Blue Cross.

September 30, 2001

- No Report

December 31, 2001

- No Report

Overall Progress

Efforts are ongoing to address this recommendation. The activities described in the report appear to address all the original aspects of the recommendations.

Recommendation 26: Encourage new industries in Alabama to offer health insurance for employees and children.

July 31, 2001

- No Report

September 30, 2001

- No Report

December 31, 2001

- No Report

Overall Progress

No reports were made on this recommendation.

Recommendation 27: To increase the availability of health care for children, continue direct communication with the Medicaid provider community to identify and address barriers (other than reimbursements for provider participation).

July 31, 2001

- Medicaid met with various provider associations to discuss issues related to this recommendation.

September 30, 2001

- Medicaid staff discussed this recommendation at the quarterly provider meeting.

December 31, 2001

- Same report as September 30, 2001.

Overall Progress

This recommendation has been discussed at several different times, but no results of these discussions were reported. There was also no action reported as a result of these conversations, so it is difficult to assess if availability has actually been increased.

Recommendation 28: Address the adequacy of long-term financing of the Alabama Medicaid program by forming a task force, which will includes representatives from stakeholders participating in or affected by the Medicaid program.

July 31, 2001

- No Report

September 30, 2001

- No Report

December 31, 2001

- No Report

Overall Progress

No report was given in regard to the progress of this recommendation.

Recommendation 29: Following the conclusion of the Governor’s Task Force on Children’s Health Insurance on January 15, 2001, the Alabama Department of Public Health and the Alabama Medicaid Agency should form a joint committee to monitor the progress of implementation of the recommendations of the Task Force and make periodic reports to the governor.

July 31, 2001

- Medicaid and ADPH met monthly to discuss this recommendation.
- Quarterly reports were scheduled to give to the governor.

September 30, 2001

- Medicaid and ADPH continued to meet monthly.

December 31, 2001

- Medicaid and ADPH continued to meet monthly.

Overall Progress

The meetings that Medicaid and ADPH have had fulfill all the aspects of this recommendation. Medicaid and ADPH report that “much work has occurred” through these meetings and quarterly reports.