

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

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

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

The following State Evaluation is submitted in compliance with Title XXI of the
Social Security Act (Section 2108(b)).

Garry L. McKee, Ph.D., M.P.H., Director Wyoming Department of Health	Date
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Date March 2000

Reporting Period Wyoming did not implement the Wyoming S-CHIP, Wyoming Kid Care, until December 1, 1999. This report will consist of information pertinent to the required reporting period of October 1, 1997 through September 30, 1999, as well as available information from the point of implementation, December 1, 1999 through February 29, 2000.

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SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

This section is designed to highlight the key accomplishments of your CHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the CHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

- **38,920 Wyoming children are estimated to be uninsured and 11,442 of these uninsured children live at 150% of the Federal Poverty Level.**
- **Wyoming did not submit a 1998 HCFA Annual Report because Wyoming Kid Care was not implemented until December 1, 1999.**

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

- **U.S. Census Data and GAO estimates of the uninsured. The number of children with creditable coverage were estimated by the Division of Economic Analysis of the Wyoming Department of Administration and Information using a combination of U.S. Census sources. The number of children eligible for Wyoming's Medicaid and Wyoming Kid Care was determined using population and uninsured data adjusted to capture income and age eligible children.**

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

- **The reliability of this estimate of uninsured Wyoming children is unknown at this time.**

1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME FRAME:

- **897 uninsured children were enrolled into Wyoming Kid Care as of February 29, 2000. An estimated 1,154 children were enrolled in Medicaid as a result of Title XXI Outreach Efforts as well as the supporting Robert Wood Johnson Foundation Covering Kids grant to do outreach, coordination and simplification for all children's health care plans and programs.**
- **Since Title XXI implementation and enrollment began in December of 1999, an estimated 2,051 children have received creditable coverage.**

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

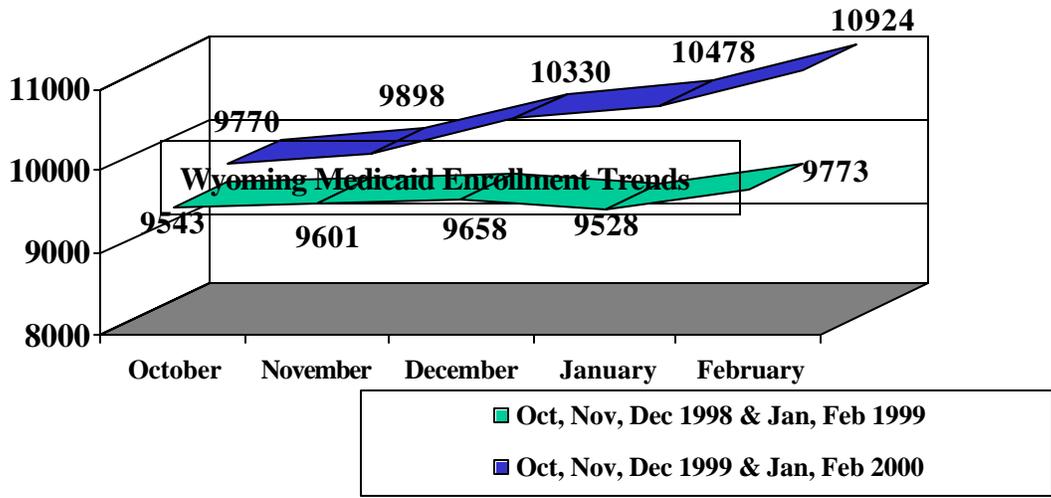
DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME FRAME:

- **This data is derived from the Wyoming Department of Health's Medicaid Management Information System.**
- **Title XXI enrollment means those children enrolled in the Wyoming Kid Care Plan at the end of February 2000.**
- **Title XIX enrollment increase is estimated by subtracting the number of poverty level children enrolled since October 31, 1999, from the number of children enrolled (in these groups) as of February 29, 2000.**

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

DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME FRAME:

- **As shown in the graph, Wyoming compared Medicaid enrollment trends from the previous year for the same time period (October through February) to the current time period and used October of 1999 as the point of comparison, thus, subtracted the total enrollment through February 2000 from the total enrollment reported in October of 1999. For the time period of October 1998 through February of 1999, Medicaid enrollment was somewhat static except slight drops and increases in enrollment. Since the implementation of Wyoming Kid Care and the Wyoming Covering Kids grant, enrollment has had a steady climbed with an average of 289 children enrolled each month. For the previous (October 1998 through February 1999) time period an average of 58 children were enrolled each month.**



Stats based on the MMIS System for Poverty Level Medicaid children only.

1.3 What progress has been made to achieve the State’s strategic objectives and performance goals for its CHIP program(s)?

Please complete Table 1.3 to summarize your State’s strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List the State’s strategic objectives for the CHIP program, as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
<p>1. Provide an application and enrollment process which is easy for targeted low-income families to understand and use.</p>	<p>a.) Modify the current Medicaid application to be a user friendly application for poverty level Medicaid children and CHIP by December 1999.</p> <p>b.) Ninety percent of parents or guardians of enrolled children surveyed will state the enrolled children surveyed will state the enrollment process is easy to understand and use.</p>	<p><u>DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME PERIOD:</u></p> <p>Data Sources:</p> <p>a.) The number of questions required for Wyoming Kid Care and Medicaid for Children was reduced to nine questions. The Wyoming Department of Health developed an Instruction Sheet to be used in conjunction with completing the Application. (Please see attached.)</p> <p>b.) Survey to be sent out to parents or guardians of participating children is currently under development.</p> <p>Methodology: a and b.) Under development</p> <p>Numerator: N/A</p> <p>Denominator: N/A</p> <p>Progress Summary: a.) An improved Application prototype (that considers recommendations made</p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO CHIP ENROLLMENT		
2. Decrease the number of children in Wyoming who are uninsured.	a.) By December 2001 decrease the portion of uninsured children either at or below 133% of FPL by 60%	<p><u>DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME PERIOD:</u></p> <p>Data Sources: U.S. Census Bureau and Wyoming Department of Health MMIS data</p> <p>Methodology: 1996 Census Survey reported that 9,959 children that live at or below 133% of FPL in Wyoming were uninsured. 9,959 has been established as the baseline figure, therefore, the number of children (that live at or below 133% of FPL) enrolled into health care programs will be subtracted from this baseline figure to measure progress.</p> <p>Numerator: 9,959</p> <p>Denominator: 2,051</p> <p>Progress Summary: Reduced rate of the uninsured under 133% of FPL by 21%, as of February, 2000.</p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
3. Coordinate and consolidate with other health care programs providing services to children.	<p>a.) 100% of children applying for CHIP will be screened for Medicaid eligibility.</p> <p>b.) Enrollment applications and materials will be available at programs and agencies serving children by March of 2000.</p>	<p><u>DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME PERIOD:</u></p> <p>Data Sources: a.) The Wyoming Department of Health Medicaid Management Information System will serve as the source. b.) The Wyoming Covering Kids Application Site Data Base.</p> <p>Methodology: a.) All applications are screened by the Department of Family Services to determine Medicaid prior to enrolling a child into Wyoming Kid Care. b.) 333 Application Sites have been established as of February 29, 2000, across the state of Wyoming to include schools, providers, churches, mental health and substance center, WIC Offices, Public Health Offices, Indian Health Services, human service agencies, day care centers, businesses and other government agencies.</p> <p>Numerator: Data not available at this time. Denominator: 897 (as February 29, 2000)</p> <p>Progress Summary: a.) A case by case review is underway to assure that children applying for Wyoming Kid Care are also screened for Medicaid eligibility.</p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
4. Increase enrollment of currently eligible, but not participating children in the Medicaid program.	a.) Increase number of children enrolled in Medicaid by 2,500 by December of 2000.	<p><u>DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME PERIOD:</u></p> <p>Data Sources: Wyoming Department of Health Medicaid Management Information System.</p> <p>Methodology: The number of children enrolled in Medicaid (Poverty Level Groups) at the inception of the Wyoming Kid Care was 9,770 in October of 1999. 9,770 is the baseline figure for which Wyoming will measure the increase in Medicaid enrollment for children.</p> <p>Numerator: 1154</p> <p>Denominator: 2500</p> <p>Progress Summary: Increased the number of children enrolled in Medicaid (Poverty Level Groups) by 46% as of February 2000.</p>
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
5. Expand CHIP 2 by February 1, 2000	a.) Submit an amendment for CHIP 2 by November 1.	Data Sources: N/A Methodology: N/A Numerator: N/A Denominator: N/A Progress Summary: A Wyoming Kid Care Voucher Position Paper has been submitted to HCFA for review. The State Plan Amendment for Wyoming Kid Care Voucher program is currently under development.
OTHER OBJECTIVES		

<p>6. Market the Children’s Health Insurance Program</p>	<p>a.) Conduct 7 pilot community outreach projects through the “Covering Kids” grant</p> <p>b.) Create CHIP information materials targeted to potential eligibles, health care providers, and other professional that have contact with families with children.</p>	<p><u>DATA BASED ON DECEMBER 1, 1999- FEBRUARY 29, 2000 TIME PERIOD:</u></p> <p>Data Sources:</p> <p>a.) Established Pilot Communities and currently these Sites are in full operation and conducting outreach activities. (Please see attached Covering Kids Steering Committee Evaluation of Marketing Materials.)</p> <p>b.) Please see attached presentations and materials.</p> <p>Methodology: Currently a marketing plan is under development to improve effectiveness.</p> <p>Numerator: N/A</p> <p>Denominator: N/A</p> <p>Progress Summary: The 7 Pilot Communities have been established and currently conducting outreach, the State is also conducting outreach in areas where a Pilot does not exist.</p> <p>As year 1 enrollment goals have been exceeded, early indicators suggest that the outreach and education strategies implemented through February 29, 2000 have been effective.</p>
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SECTION 2. BACKGROUND

This section is designed to provide background information on CHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

Providing expanded eligibility under the State's Medicaid plan (Medicaid CHIP expansion)

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (State-designed CHIP program)

Name of program: Wyoming Kid Care

Date enrollment began (i.e., when children first became eligible to receive services): December 1, 1999

Other - Family Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

Other - Employer-sponsored Insurance Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

services): _____

___ Other - Wraparound Benefit Package

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other (specify) _____

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

2.1.2 If State offers family coverage: Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.

2.1.3 If State has a buy-in program for employer-sponsored insurance: Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.

**2.2 What environmental factors in your State affect your CHIP program?
(Section 2108(b)(1)(E))**

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your CHIP program(s)?

Wyoming Kid Care program was designed as a “Medicaid Look-Alike.” It was believed that utilizing the existing infrastructure would make the program easier to administer. Further, as Medicaid covers children from 0-6 at 133% of the FPL and children 6-19 at 100% FPL and Wyoming Kid Care covers all children at 133% of FPL (thus, just children from 6-19 due to Medicaid eligibility) it is likely that a family may have a younger child on Medicaid and an older child on Wyoming Kid Care. Thus, it seemed logical to try make these programs similar to assist families with accessing health care for their children.

2.2.2 Were any of the preexisting programs “State-only” and if so what has happened to that program?

X No pre-existing programs were “State-only”

One or more pre-existing programs were “State only” ! Describe current status of program(s): Is it still enrolling children? What is its target group? Was it folded into CHIP?

2.2.3 Describe changes and trends in the State since implementation of your Title XXI program that “affect the provision of accessible, affordable, quality health insurance and healthcare for children.” (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your CHIP program.

X Changes to the Medicaid program

- Presumptive eligibility for children
- Coverage of Supplemental Security Income (SSI) children
- Provision of continuous coverage (specify number of months)
- Elimination of assets tests
- Elimination of face-to-face eligibility interviews
- Easing of documentation requirements

Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify) _____

Changes in the private insurance market that could affect afford ability of or accessibility to private health insurance

- Health insurance premium rate increases
- Legal or regulatory changes related to insurance
- Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
- Changes in employee cost-sharing for insurance
- Availability of subsidies for adult coverage
- Other (specify) _____

Changes in the delivery system

- Changes in extent of managed care penetration (e.g., changes in HMO, IPA, PPO activity)
- Changes in hospital marketplace (e.g., closure, conversion, merger)
- Other (specify) _____

Development of new health care programs or services for targeted low - i n c o m e c h i l d r e n (s p e c i f y)

The Blue Cross Blue Shield of Wyoming Caring Program for Children increased their acceptable income level from 150% to 165% of the Federal Poverty Level.

___ **Changes in the demographic or socioeconomic context**

___ **Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify)** _____

___ **Changes in economic circumstances, such as unemployment rate (specify)** _____

___ **Other (specify)** _____

___ **Other (specify)** _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter “NA.”

<i>Table 3.1.1</i>			
	Medicaid CHIP Expansion Program N/A	State-designed CHIP Program	Other CHIP Program* <hr/> N/A
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))		State of Wyoming	
Age		6-18	
Income (define countable income)		All countable household income must be equal to or less than 133% of Federal Poverty Level. Countable income applies the same disregards as used for Medicaid.	
Resources (including any standards relating to spend downs and disposition of resources)		None	
Residency requirements		U.S. Citizen and Wyoming Resident	
Disability status		None	

Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))		1 month without creditable coverage	
Other standards (identify and describe)_____		A child who is a resident of an institution for mental disease or a public institution will not be eligible at application or redetermination for Wyoming Kid Care.	

***Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

3.1.2 How often is eligibility redetermined?

Table 3.1.2			
Redetermination	Medicaid CHIP Expansion Program N/A	State-designed CHIP Program	Other CHIP Program* N/A
Monthly			
Every six months			
Every twelve months		X	
Other (specify)_____			

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

Yes Which program(s)? Wyoming Kid Care

For how long? 12 months

No

3.1.4 Does the CHIP program provide retroactive eligibility?

Yes Which program(s)? _____

How many months look-back? _____

No

3.1.5 Does the CHIP program have presumptive eligibility?

Yes Which program(s)? _____

Which populations? _____

Who determines? _____

No

3.1.6 Do your Medicaid program and CHIP program have a joint application?

Yes **No** **Is the joint application used to determine eligibility for other State programs? If yes, specify.**

All public assistance programs and food stamps

No

3.1.7 Evaluate the strengths and weaknesses of your *eligibility determination* process in increasing creditable health coverage among targeted low-income children

Strengths of Wyoming Kid Care:

Self-declaration for income, age, and citizenship is a strength of Wyoming Kid Care eligibility determination process. Further, there is not an interview required to determine eligibility for Wyoming Kid Care and this is considered a strength.

The weakness of Medicaid for Children Health:

Verification is required for income, age and citizenship at the time of application in order to be considered for enrollment. A Face to face or telephone interview is required for eligibility determination.

The weakness of both the Medicaid and Wyoming Kid Care eligibility process:

As these two health care programs for children are marketed and often applied for simultaneously and as families could very easily have a child eligible for both programs it would be useful and logical if these programs had a more similar eligibility determination processes.

3.1.8 Evaluate the strengths and weaknesses of your *eligibility redetermination* process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

Not applicable at this time

**3.2 What benefits do children receive and how is the delivery system structured?
(Section 2108(b)(1)(B)(vi))**

3.2.1 Benefits

Please complete Table 3.2.1 for each of your CHIP programs, showing which benefits are covered, the extent of cost-sharing (if any), and benefit limits (if any).

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Table 3.2.1 CHIP Program Type

Benefit	Is Service Covered? (T = yes)	Cost-Sharing (Specify) N/A	Benefit Limits (Specify)
Inpatient hospital services	X		
Emergency hospital services	X		
Outpatient hospital services	X		
Physician services	X		
Clinic services	X		
Prescription drugs	X		
Over-the-counter medications	X		
Outpatient laboratory and radiology services	X		
Prenatal care	X		
Family planning services	X		
Inpatient mental health services	X		
Outpatient mental health services	X		
Inpatient substance abuse treatment services			
Residential substance abuse treatment services			
Outpatient substance abuse treatment services	X		

Table 3.2.1 CHIP Program Type _____

Benefit	Is Service Covered? (T = yes)	Cost-Sharing (Specify) N/A	Benefit Limits (Specify)
Durable medical equipment	X		
Disposable medical supplies	X		
Preventive dental services	X		
Restorative dental services	X		
Hearing screening	X		
Hearing aids	X		
Vision screening	X		
Corrective lenses (including eyeglasses)	X		
Developmental assessment	X		
Immunizations	X		
Well-baby visits	X		
Well-child visits	X		
Physical therapy	X		
Speech therapy			
Occupational therapy			
Physical rehabilitation services	X		
Podiatric services			

Table 3.2.1 CHIP Program Type _____			
Benefit	Is Service Covered? (T = yes)	Cost-Sharing (Specify) N/A	Benefit Limits (Specify)
Chiropractic services			
Medical transportation	X		
Home health services	X		
Nursing facility	N/A		
ICF/MR	N/A		
Hospice care	X		
Private duty nursing			
Personal care services			
Habilitative services			
Case management/Care coordination	X		
Non-emergency transportation	X		
Interpreter services	X		
Other (Specify)_____			
Other (Specify)_____			
Other (Specify)_____			

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to CHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

Wyoming Kid Care offers a comprehensive range of health care coverage and benefits. There is no cost sharing with this plan. A full range of EPSDT services are also provided. Enabling and non-emergency services are provided as needed.

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply.

Table 3.2.3			
Type of delivery system	Medicaid CHIP Expansion Program N/A	State-designed CHIP Program	Other CHIP Program* N/A
A. Comprehensive risk managed care organizations (MCOs)			N/A
Statewide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mandatory enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of MCOs			
B. Primary care case management (PCCM) program			
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)			
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)		X	
E. Other (specify)_____			
F. Other (specify)_____			

Table 3.2.3

G. Other (specify) _____

***Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

3.3 How much does CHIP cost families?

3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost sharing includes premiums, enrollment fees, deductibles, coinsurance/ copayments, or other out-of-pocket expenses paid by the family.)

No, skip to section 3.4

Yes, check all that apply in Table 3.3.1

Table 3.3.1

Type of cost-sharing	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Premiums			
Enrollment fee			
Deductibles			
Coinsurance/copayments* *			
Other (specify) _____			

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

****See Table 3.2.1 for detailed information.**

3.3.2 If premiums are charged: What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lock-out) before a family can re-enroll? Do you have any innovative approaches to premium

collection?

3.3.3 If premiums are charged: Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))

- Employer**
- Family**
- Absent parent**
- Private donations/sponsorship**
- Other (specify) _____**

3.3.4 If enrollment fee is charged: What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria?

3.3.5 If deductibles are charged: What is the amount of deductibles (specify, including variations by program, health plan, type of service, and other criteria)?

3.3.6 How are families notified of their cost-sharing requirements under CHIP, including the 5 percent cap?

3.3.7 How is your CHIP program monitoring that annual aggregate cost-sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach.

- Shoebox method (families save records documenting cumulative level of cost sharing)**
- Health plan administration (health plans track cumulative level of cost sharing)**
- Audit and reconciliation (State performs audit of utilization and cost sharing)**
- Other (specify) _____**

3.3.8 What percent of families hit the 5 percent cap since your CHIP program was implemented? (If more than one CHIP program with cost sharing, specify for each program.)

3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost sharing on utilization, and if so, what have you found?

3.4 How do you reach and inform potential enrollees?

3.4.1 What client education and outreach approaches does your CHIP program use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your CHIP program(s). Specify which approaches are used (T=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.1						
Approach	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program*	
	Y = Yes	Rating (1-5)	Y = Yes	Rating (1-5)	Y = Yes	Rating (1-5)
Billboards						
Brochures/flyers			X	5		
Direct mail by State/enrollment broker/administrative contractor						
Education sessions			X	4		
Home visits by State/enrollment broker/administrative contractor						
Hotline			X	4		
Incentives for education/outreach staff						
Incentives for enrollees						
Incentives for insurance agents						
Non-traditional hours for application intake						
Prime-time TV advertisements						
Public access cable TV						
Public transportation ads						

Table 3.4.1						
Radio/newspaper/TV advertisement and PSAs			X	4		
Signs/posters			X	4		
State/broker initiated phone calls						
Other (specify) _____ Other promotional items like pens, refrigerator magnets, and frisbees_			X	5		
Other (specify) _____ The news media has served as an outreach avenue_			X	5		

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

3.4.2 Where does your CHIP program conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used (T=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.2						
Setting	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program*	
	Y = Yes	Rating (1-5)	Y = Yes	Rating (1-5)	Y = Yes	Rating (1-5)
Battered women shelters						
Community sponsored events			X	3		
Beneficiary's home						
Day care centers			X	5		
Faith communities			X	4		
Fast food restaurants						
Grocery stores						
Homeless shelters			X	5		
Job training centers						
Laundromats						
Libraries			X	5		
Local/community health centers			X	4		
Point of service/provider locations						
Public meetings/health fairs			X	5		
Public housing			X	5		
Refugee resettlement programs						

Table 3.4.2						
Schools/adult education sites			X	5		
Senior centers						
Social service agency			X	5		
Workplace						
Other (specify) _____ Health Coalitions			X	4		
Other (specify) _____						

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available.

A mechanism to further monitor and assess outreach effectiveness is currently under development. Currently applications for Wyoming Kid Care and Medicaid for Children are tracked via Application Site Codes, however, there is not enough data to report upon at this time.

3.4.4 What communication approaches are being used to reach families of varying ethnic backgrounds?

The Wind River Indian Reservation is home to both the Shoshone and Northern Arapaho Native American Tribes. Outreach workers from each tribe assist in enrolling Native American children into available health care programs.

All of Wyoming Kid Care marketing materials reflect a diverse population, representing Caucasian, Native American, Asian, Hispanic and African-American children.

A plan to better identify and target Spanish-speaking families is currently under development.

3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available.

N/A

3.5 What other health programs are available to CHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among CHIP programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between CHIP and other programs (such as Medicaid, MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5				
Type of coordination	Medicaid*	Maternal and child health	Other (specify) <u>WIC</u>	Other (specify) <u>Schools</u>
Administration	X The Division of Public Health manages Wyoming Kid Care and Medicaid health care programs for children.	X The Division of Public Health manages the Title V program.	X The Division of Public Health manages the WIC Program	
Outreach	X The Robert Wood Johnson Foundation grant, Wyoming Covering Kids promotes Medicaid along with Wyoming Kid Care and incorporates the information for both programs in materials.	X Coordination has been implemented via programs like Children with Special Health Care Needs, and the State Dental Program	X WIC Clinics serve as Application Sites	X Public School Lunch Program has assisted in identifying and enrolling eligible children
Eligibility determination	X Joint Application			
Service delivery	X Same providers			
Procurement				
Contracting				

Data collection	X Both collected via the Wyoming Department of Health's MMIS			
Quality assurance	X Wyoming Kid Care utilizes the Medicaid Utilization Review mechanisms			
Other (specify) _____				
Other (specify) _____				

***Note: This column is not applicable for States with a Medicaid CHIP expansion program only.**

3.6 How do you avoid crowd-out of private insurance?

3.6.1 Describe anti-crowd-out policies implemented by your CHIP program. If there are differences across programs, please describe for each program separately. Check all that apply and describe.

Eligibility determination process:

- Waiting period without health insurance (specify) 1 month**
- Information on current or previous health insurance gathered on application (specify) See attached Application, Question Number 8**
- Information verified with employer (specify) _____**
- Records match (specify) MMIS and Third Party Liability Record Match**
- Other (specify) _____**
- Other (specify) _____**

Benefit package design:

- Benefit limits (specify) _____**
- Cost-sharing (specify) _____**
- Other (specify) _____**
- Other (specify) _____**

Other policies intended to avoid crowd out (e.g., insurance reform):

- Other (specify) _____**
- Other (specify) _____**

3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your CHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who enrolled in your CHIP program?

4.1.1 What are the characteristics of children enrolled in your CHIP program? (Section 2108(b)(1)(B)(i))

Please complete Table 4.1.1 for each of your CHIP programs, based on data from your HCFA quarterly enrollment reports. Summarize the number of children enrolled and their characteristics. Also, discuss average length of enrollment (number of months) and how this varies by characteristics of children and families, as well as across programs.

States are also encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. Use the same format as Table 4.1.1, if possible.

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Table 4.1.1 CHIP Program Type _____ N/A _____						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children						
Age						
Under 1						
1-5						

Table 4.1.1 CHIP Program Type _____ **N/A** _____

Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
6-12						
13-18						
Countable Income Level*						
At or below 150% FPL						
Above 150% FPL						
Age and Income						
Under 1						
At or below 150% FPL						
Above 150% FPL						
1-5						
At or below 150% FPL						
Above 150% FPL						
6-12						
At or below 150% FPL						
Above 150% FPL						
13-18						
At or below 150% FPL						

Table 4.1.1 CHIP Program Type _____ N/A						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Above 150% FPL						
Type of plan						
Fee-for-service						
Managed care						
PCCM						

***Countable Income Level is as defined by the states for those that impose premiums at defined levels other than 150% FPL. See the HCFA Quarterly Report instructions for further details.**

SOURCE: HCFA Quarterly Enrollment Reports, Forms HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA Statistical Information Management System, October 1998

4.1.2 How many CHIP enrollees had access to or coverage by health insurance prior to enrollment in CHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i))

N/A

4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C))

N/A

4.2 Who disenrolled from your CHIP program and why?

4.2.1 How many children disenrolled from your CHIP program(s)? Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected? How do CHIP disenrollment rates compare to traditional Medicaid disenrollment rates?

N/A

4.2.2 How many children did not re-enroll at renewal? How many of the children who

did not re-enroll got other coverage when they left CHIP?

N/A

4.2.3 What were the reasons for discontinuation of coverage under CHIP? (Please specify data source, methodologies, and reporting period.)

N/A

Table 4.2.3		N/A				
Reason for discontinuation of coverage	Medicaid CHIP Expansion Program		State-designed CHIP Program		Other CHIP Program*	
	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total
Total						
Access to commercial insurance						
Eligible for Medicaid						
Income too high						
Aged out of program						
Moved/died						
Nonpayment of premium						
Incomplete documentation						
Did not reply/unable to contact						
Other (specify) _____						
Other (specify) _____						
Don't know						

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll?

N/A

4.3 How much did you spend on your CHIP program?

N/A

4.3.1 What were the total expenditures for your CHIP program in federal fiscal year (FFY) 1998 and 1999? N/A

FFY 1998 _____

FFY 1999 _____

Please complete Table 4.3.1 for each of your CHIP programs and summarize expenditures by category (total computable expenditures and federal share). What proportion was spent on purchasing private health insurance premiums versus purchasing direct services?

Table 4.3.1 CHIP Program Type _____ N/A				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures				
Premiums for private health insurance (net of cost-sharing offsets)*				
Fee-for-service expenditures (subtotal)				
Inpatient hospital services				
Inpatient mental health facility services				

Table 4.3.1 CHIP Program Type _____ N/A _____

Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Nursing care services				
Physician and surgical services				
Outpatient hospital services				
Outpatient mental health facility services				
Prescribed drugs				
Dental services				
Vision services				
Other practitioners' services				
Clinic services				
Therapy and rehabilitation services				
Laboratory and radiological services				
Durable and disposable medical equipment				
Family planning				
Abortions				
Screening services				
Home health				
Home and community-based services				
Hospice				
Medical transportation				

Table 4.3.1 CHIP Program Type _____ N/A _____

Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Case management				
Other services				

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap? _____

Not enough data at this time.

What role did the 10 percent cap have in program design?

Table 4.3.2		N/A				
Type of expenditure	Medicaid Chip Expansion Program		State-designed CHIP Program		Other CHIP Program*	
	FY 1998	FY 1999	FY 1998	FY 1999	FY 1998	FY 1999
Total computable share						
Outreach						
Administration						
Other						
Federal share						
Outreach						
Administration						
Other _____						

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

4.3.3 What were the non-Federal sources of funds spent on your CHIP program (Section 2108(b)(1)(B)(vii))

 X State appropriations

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

4.4 How are you assuring CHIP enrollees have access to care?

4.4.1 What processes are being used to monitor and evaluate access to care received by CHIP enrollees? Please specify each delivery system used (from question 3.2.3) if approaches vary by the delivery system withing each program. For example, if an approach is used in managed care, specify ‘MCO.’ If an approach is used in fee-for-service, specify ‘FFS.’ If an approach is used in a Primary Care Case Management program, specify ‘PCCM.’

The process to monitor and evaluate access to care received by S-CHIP Enrollees is currently under development.

Approaches to monitoring access	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*
Appointment audits			
PCP/enrollee ratios			
Time/distance standards			
Urgent/routine care access standards			
Network capacity reviews (rural providers, safety net providers, specialty mix)			
Complaint/grievance/ disenrollment reviews			
Case file reviews			
Beneficiary surveys			
Utilization analysis (emergency room use, preventive care use)			
Other (specify) _____			

Table 4.4.1			
	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*
Approaches to monitoring access			
Other (specify) _____			
Other (specify) _____			

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

4.4.2 What kind of managed care utilization data are you collecting for each of your CHIP programs? If your State has no contracts with health plans, skip to section 4.4.3.

N/A

Table 4.4.2			
Type of utilization data	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*
Requiring submission of raw encounter data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Other (specify)_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

4.4.3 What information (if any) is currently available on access to care by CHIP enrollees in your State? Please summarize the results.

Data not available at this time.

4.4.4 What plans does your CHIP program have for future monitoring/evaluation of access to care by CHIP enrollees? When will data be available?

A comprehensive evaluation is currently being structured through the Wyoming Covering Kids program to monitor access to health care as well as other issues that affect the given population, that data will be available in State Fiscal Year 2000-01.

4.5 How are you measuring the quality of care received by CHIP enrollees?

4.5.1 What processes are you using to monitor and evaluate quality of care received by CHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality within each delivery system (from question 3.2.3). For example, if an approach is used in managed care, specify ‘MCO.’ If an approach is used in fee-for-service, specify ‘FFS.’ If an approach is used in primary care case management, specify ‘PCCM.’

Data not available at this time.

Table 4.5.1			
Approaches to monitoring quality	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program
Focused studies (specify)			
Client satisfaction surveys			
Complaint/grievance/ disenrollment reviews			
Sentinel event reviews			
Plan site visits			
Case file reviews			
Independent peer review			
HEDIS performance measurement			
Other performance measurement (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

***Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.**

4.5.2 What information (if any) is currently available on quality of care received by CHIP enrollees in your State? Please summarize the results.

N/A

4.5.3 What plans does your CHIP program have for future monitoring/evaluation of quality of care received by CHIP enrollees? When will data be available?

A comprehensive evaluation is currently being structured through the Wyoming Covering Kids program to monitor quality of care as well as other issues that affect the given population. Data will be available in State Fiscal Year 2000-01.

4.6 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the State during the early implementation of its CHIP program as well as to discuss ways in which the State plans to improve its CHIP program in the future. The State evaluation should conclude with recommendations of how the Title XXI program could be improved.

5.1 What worked and what didn't work when designing and implementing your CHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

5.1.1 Eligibility Determination/Redetermination and Enrollment

Wyoming is continuing to look at ways to simplify the enrollment and redetermination process.

5.1.2 Outreach

It is believed that the Robert Wood Johnson Foundation grant, Wyoming Covering Kids, has been instrumental in identifying and enrolling children into Wyoming Kid Care and Medicaid programs. Wyoming Covering Kids has seven Pilot Sites that serve as "laboratories" as to what works and what does not for outreach. As Wyoming Kid Care exceeded its first year enrollment goal in less than three months, early indicators suggest outreach efforts are effective.

5.1.3 Benefit Structure

N/A

5.1.4 Cost-Sharing (such as premiums, copayments, compliance with 5% cap)

N/A

5.1.5 Delivery System

Wyoming Kid Care is working closely with the Medicaid Office of Primary Care to increase Medicaid Reimbursement rates, as many physicians expressed a concern that the current rates, that have not been increased in several years, would "put them out of business" when serving increasing numbers of Medicaid and Wyoming Kid Care enrolled children.

5.1.6 Coordination with Other Programs (especially private insurance and crowd-out)

The Blue Cross Blue Shield of Wyoming Caring Program for Children has coordinated with Wyoming Kid Care by serving as referral source as well as by increasing the income eligibility to 165% of FPL. Wyoming Kid Care serves as a referral source for the Caring

Program, as well.

5.1.7 Evaluation and Monitoring (including data reporting)

5.1.8 Other (specify)

5.2 What plans does your State have for “improving the availability of health insurance and health care for children”? (Section 2108(b)(1)(F))

Wyoming Kid Care Voucher State Plan will be submitted shortly, which would increase the income eligibility from 133% to 150% of FPL

5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G))

The continued allowance of flexibility amongst states would be helpful in facilitating effective and innovative ways to provide creditable coverage for low-income, under-insured and uninsured children.