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

Preamble

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

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

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

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

State/Territory: **WY**
(Name of State/Territory)

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

Signature:

Brent D. Sherard, M.D., M.P.H.

SCHIP Program Name(s): **All, Wyoming**

SCHIP Program Type:

- ☐ SCHIP Medicaid Expansion Only
- ☒ Separate Child Health Program Only
- ☐ Combination of the above

Reporting Period: **2006** *Note: Federal Fiscal Year 2006 starts 10/1/05 and ends 9/30/06.*

Contact Person/Title: **Patricia J. Guzman**

Address: **6101 Yellowstone Rd, Ste 210**

City: **Cheyenne** State**:** **WY** Zip**:** **82002**

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Submission Date: **12/30/2006**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

~~1)~~ To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From		% of FPL for **infants**		% of FPL	**From**	134	% of FPL for **infants**	200	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	134	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	101	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	101	% of FPL for children ages **17 and 18**	200	% of FPL

Is presumptive eligibility provided for children?	☐	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☐	No
		☒	Yes
		☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program on-line?	☐	No	☒	No
	☐	Yes – please check all that apply	☐	Yes – please check all that apply
	☐	Signature page must be printed and mailed in	☐	Signature page must be printed and mailed in
	☐	Family documentation must be mailed (i.e., income documentation)	☐	Family documentation must be mailed (i.e., income documentation)
	☐	Electronic signature is required	☐	Electronic signature is required
			☐	No Signature is required
	☐	N/A	☐	N/A

Does your program require a face-to-face interview during initial application	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	1
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			Child moves out of state, turns 19, enters an institution, becomes eligible for Medicaid and requests that their policy be cancelled.	

	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☒	No
	☐	Yes	☐	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

Does your program require income disregards?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	☐	No	☒	No
	☐	Yes	☐	Yes
		☐ We send out form to family with their information pre-completed and ask for confirmation		☐ We send out form to family with their information pre-completed and ask for confirmation
		☐ We send out form but do not require a response unless income or other circumstances have changed		☐ We send out form but do not require a response unless income or other circumstances have changed
	☐	N/A	☐	N/A

Enter any Narrative text below.

~~2.~~ Is there an assets test for children in your Medicaid program?	☐ Yes	☒ No	☐ N/A
~~3.~~ Is it different from the assets test in your separate child health program?	☐ Yes	☐ No	☒ N/A
~~4.~~ Are there income disregards for your Medicaid program?	☒ Yes	☐ No	☐ N/A
~~5.~~ Are they different from the income disregards in your separate child health program?	☒ Yes	☐ No	☐ N/A
~~6.~~ Is a joint application used for your Medicaid and separate child health program?	☒ Yes	☐ No	☐ N/A

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
~~b)~~ Application	☐	☐	☐	☒	☐	☐

~~c)~~ Application documentation requirements	☐	☐	☐	☒	☐	☐
~~d)~~ Benefit structure	☐	☐	☐	☐	☒	☐
~~e)~~ Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
~~f)~~ Crowd out policies	☐	☐	☐	☐	☒	☐
~~g)~~ Delivery system	☐	☐	☐	☐	☒	☐
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	☐	☐	☐	☐	☒	☐
~~i)~~ Eligibility levels / target population	☐	☐	☐	☐	☒	☐
~~j)~~ Assets test in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
~~k)~~ Income disregards in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
~~l)~~ Eligibility redetermination process	☐	☐	☐	☐	☒	☐
~~m)~~ Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
~~n)~~ Family coverage	☐	☐	☐	☐	☒	☐
~~o)~~ Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☒	☐	☐
~~p)~~ Premium assistance	☐	☐	☐	☐	☒	☐
~~q)~~ Prenatal Eligibility expansion	☐	☐	☐	☐	☒	☐
~~r)~~ Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☒	☐
Pregnant women	☐	☐	☐	☐	☒	☐
Childless adults	☐	☐	☐	☐	☒	☐

~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☐	☐
~~t)~~ Other – please specify					
~~a.~~ _____	☐	☐	☐	☐	☐	☒
~~b.~~ _____	☐	☐	☐	☐	☐	☒
~~c.~~ _____	☐	☐	☐	☐	☐	☒

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
~~b)~~ Application	We made quite a few changes to the layout of our application to make it easier for families and eligibility workers. We also added information for Medicaid due to the DRA requirements.
~~c)~~ Application documentation requirements	Due to the DRA requirement of proof of citizenship for Medicaid, we had to change our application to show that this information was required. For SCHIP we did not make this change, however because we have a joint application we are receiving birth certificates, etc since families do not know which program they will be eligible for at application.
~~d)~~ Benefit structure	
~~e)~~ Cost sharing (including amounts, populations, & collection process)	
~~f)~~ Crowd out policies	
~~g)~~ Delivery system	
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
~~i)~~ Eligibility levels / target population	

~~j)~~ Assets test in Medicaid and/or SCHIP	
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	In July 2006 we lost our Covering Kids and Families grant. This grant has done most of the outreach for our SCHIP program for the last 7 years. Because of this loss we are having to re-evaluate our outreach plans.
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is <u>not</u> required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2006). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:
If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure.
- <u>Data not available</u>: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- <u>Small sample size</u>: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- <u>Other</u>: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:
Please indicate the status of the data you are reporting, as follows:

- <u>Provisional</u>: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.
- <u>Final</u>: Check this box if the data you are reporting are considered final for FFY 2006.

– Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims), hybrid data (claims and medical records), survey data, or other source. If another data source was used, please explain the source.

Definition of Population included in the Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small

increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS claims data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims Data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children age 15 mo and below with a well child visit in the reporting period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children age 15 mo and below with a well child visit in the reporting period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children age 15 mo and below with a specified number of well child visits in the reporting period.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

Well Child Visits in the First 15 Months of Life (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 207 Denominator: 352 Rate: 58.8 4 visits Numerator: 7 Denominator: 352 Rate: 2 1 visit Numerator: 99 Denominator: 352 Rate: 28.1 5 visits Numerator: 3 Denominator: 352 Rate: 0.9 2 visits Numerator: 22 Denominator: 352 Rate: 6.3 6+ visits Numerator: 0 Denominator: 352 Rate: 0 3 visits Numerator: 14 Denominator: 352 Rate: 4 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 62 Denominator: 78 Rate: 79.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 73 Denominator: 134 Rate: 54.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 145 Denominator: 352 Rate: 41.2 Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: We hope to be able to increase our well child visits (children with at least one visit) to 40% and decrease our "0 visits" by 10%.

Annual Performance Objective for FFY 2008: We hope to be able to increase our well child visits (children with at least one visit) to 50% "0 visits" by 10%.

Annual Performance Objective for FFY 2009: We hope to be able to increase our well child visits (children with at least one visit) to 60% "0 visits" by 10%.

Explain how these objectives were set: Based on the last few years of data, our overall enrollment for this age group has increased, but our utilization of the well child benefit has decreased. We plan to work with our insurance contractor to encourage the families to take their children in for these much needed visits. We also plan to utilize our newsletters and we are working with with our Contractor on methods to contact these families.

Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims Data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children utlizing well child visits in the 3rd, 4th, 5th and 6th years.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children utlizing well child visits in the 3rd, 4th, 5th and 6th years.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children receiving at least one well child visit in the 3rd, 4th, 5th and 6th years.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 277 Denominator: 1281 Rate: 21.6 Additional notes on measure: Our percentage of well child visits in this age group have almost doubled since our last

FFY 2004	FFY 2005	FFY 2006
		fiscal years data, however the rate is still quite low. We have designed a quarterly newsletter for families to address the need for wellness within this population.

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 84 Denominator: 449 Rate: 18.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 153 Denominator: 1328 Rate: 11.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: We hope to increase our well child visits in this age group to 30% of participants.

Annual Performance Objective for FFY 2008: We hope to increase our well child visits in this age group to 40% of participants

Annual Performance Objective for FFY 2009: We hope to increase our well child visits in this age group to 45% of participants

Explain how these objectives were set: We looked at previous years' data and determined that this group will always be a hard group to encourage to take their children in since immunizations are no longer required after 2. So our objectives have a slow increase that will be meetable versus something that we may never meet.

Other Comments on Measure: We are hoping to find new ways to encourage families to take their children in to their doctor even if they do not require immunizations. We are working closely with the Medical Director at BCBS who is also a pediatrician and is quite familiar with this population as he was the previous medical director for the Dept of Health.

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Data derived from claims data supplied by Blue Cross Blue Shield (BCBS) of Wyoming	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children age 5-9 and 10-17 enrolled during the year (we only have one year of data) with persistent asthma and at least one of the qualified asthma meds.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children age 5-9 and 10-17 enrolled during the year with persistent asthma and at least one dispensed prescription for one of the qualifying asthma meds	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children age 5-9 and 10-17 enrolled during the year with persistent asthma and at least one dispensed prescription for one of the qualifying asthma meds
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 13 Denominator: 14 Rate: 92.9 10-17 years Numerator: 23 Denominator: 27 Rate: 85.2 Combined rate (5-17 years) Numerator: 36 Denominator: 41 Rate: 87.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 2 Denominator: 2 Rate: 100 10-17 years Numerator: 16 Denominator: 18 Rate: 88.9 Combined rate (5-17 years) Numerator: 18 Denominator: 20 Rate: 90 Additional notes on measure: We have found that over the course of this reporting period, the number of children with asthma has decreased in our program.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 90 Denominator: 91 Rate: 98.9 10-17 years Numerator: 147 Denominator: 155 Rate: 94.8 Combined rate (5-17 years) Numerator: 362 Denominator: 372 Rate: 97.3 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: Increase number to 100% and continue to find ways to work with providers

Annual Performance Objective for FFY 2008: Increase number to 100% and continue to find ways to work with providers

Annual Performance Objective for FFY 2009: Increase number to 100% and continue to find ways to work with providers

Explain how these objectives were set: Over the last few years our percent receiving appropriate medications in our 5-9 year old group has increased in '05 but decreased a slight amount in '06. Our 10-17 year olds has continued to increase as has our overall combined rate. We hope to increase this number to 100% and be able to maintain that over the next few years.

Other Comments on Measure: We seem to be increasing the number of children diagnosed with Asthma in our program over the year. We do have a program for Asthma Prescription Drug Utilization Review with BCBS. We are just now starting to see this data and the plan for this program is to send letter's to the providers about the situation with their patient.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims Data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims Data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children accessing a PCP in the reporting period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children accessing a PCP in the reporting period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All children enrolled between 10/05 and 9/06 who accessed primary care practitioners
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: 315 / Numerator: 1337 Denominator: 576 / Denominator: 2731 Rate: 54.7 / Rate: 49 25 months-6 years / 12-19 years Numerator: 1033 / Numerator: 1516 Denominator: 1604 / Denominator: 3045 Rate: 64.4 / Rate: 49.8 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 2598 Denominator: 5525 Rate: 47 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 2292 Denominator: 6037 Rate: 38 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: We hope to increase our PCP utilization and therefore access by 10% in this FFY.

Annual Performance Objective for FFY 2008: We hope to increase our PCP utilization and therefore access by an additional 10% in this FFY

Annual Performance Objective for FFY 2009: We hope to increase our PCP utilization and therefore access by an additional 10% in this FFY

Explain how these objectives were set: We looked at data over the last few years and have found that about half our kids are accessing a PCP. We'd like to find new ways to reinforce to families that having a PCP is essential. We are reviewing ER visits to determine whether families have a medical home, we are utlizing our newsletter and are planning to make personal contact with families that look as if they are in need of assistance.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

~~1.~~ The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	6120	7715	26.06

~~A.~~ Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

In July 2005 we increased our FPL to 200% so we have been able to see additional children due to this increase.

~~2.~~ The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2003-2005. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	13	2.6	9.3	1.8
1998 - 2000	12	2.5	8.7	1.7
2000 - 2002	11	1.7	8.2	1.3
2002 - 2004	8	1.5	6.3	1.1
2003 - 2005	6	1.5	5.2	1.2
Percent change 1996-1998 vs.	-53.8*%*	NA	-44.1**%**	NA

2003-2005				

* Significant at the .05 level, 2-tailed test

** Significantly different from zero at the .10 level, 2-tailed test

~~A.~~ Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

In the last 7 years, we have conducted a large simplification project with Medicaid due to our Covering Kids Grant. We also increased our FPL in our SCHIP program from 133% to 185% in 2003 and then again to 200% in 2005.

~~B.~~ Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

~~3.~~ Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

~~A.~~ Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

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

~~C.~~ What are the limitations of the data or estimation methodology?

~~4.~~ How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Since our SCHIP program was implemented in 1999 we have seen a tremendous growth in Medicaid enrollment. In December 1999, there were 10,330 children enrolled in Medicaid. As of

June 2006, there were 28,405 enrolled. That is an increase of 18,075 children! This information was retrieved from the Medicaid Management Information System (MMIS).

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective.

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.

- Final: Check this box if the data you are reporting are considered final for FFY 2006.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source. For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims), hybrid data (claims and medical records), survey data (specify the survey used), or other source. In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care , please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:
Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for

each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) By December 2005 decrease the proportion of uninsured children at or below 200% by 60%	**Goal #1 (Describe)** By December 2005 decrease the proportion of uninsured children at or below 200% by 60%	**Goal #1 (Describe)** By December 2006 decrease the proportion of uninsured children at or below 200% by 60%
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: We have changed the way we analyze the data as we feel it will more accurately describe where we are at with our uninsured rate.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in the state at or below 200%. Definition of numerator: Number of children enrolled in the program as of 9/30/2004.	**Definition of Population Included in the Measure:** Definition of denominator: Number of uninsured children in the state at or below 200% Definition of numerator: Number of children enrolled in the program as of 9/30/05	**Definition of Population Included in the Measure:** Definition of denominator: Number of uninsured children in the state at or below 200% between 1996 and 1998 Definition of numerator: Number of uninsured children in the state at or below 200% between 2003 and 2005.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Whether the number of uninsured children in the state has decreased due to Kid Care CHIP. Numerator: 3796 Denominator: 9000 Rate: 42.2 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Whether the number of uninsured children in the state has decreased due to Kid Care CHIP. Numerator: 4692 Denominator: 9000 Rate: 52.1 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Whether the number of uninsured children in the state has decreased due to Kid Care CHIP. Numerator: 6000 Denominator: 13000 Rate: 46.2 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007: We plan to continue to find ways to reach families in the state that remain uninsured. Our goal would be to decrease our uninsured rate by another 5%.

Annual Performance Objective for FFY 2008: Our goal would be to decrease our uninsured rate by another 5%.

Annual Performance Objective for FFY 2009: Our goal would be to decrease our uninsured rate by another 5%.

Explain how these objectives were set: Decreasing the number of uninsured can be difficult, as you find new families to be enrolled there are always others becoming uninsured. These families may have never been in the "system" and know nothing about how to obtain this insurance for their families. It takes new educational methods and outreach. We feel our objectives are a small step toward reducing the number of uninsured in our state.

Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Modify the current application to be a user friendly application for poverty level Medicaid children and Kid Care CHIP by December 2003.	**Goal #1 (Describe)** Modify the current application to be a user friendly application for poverty level Medicaid children and Kid Care CHIP by December 2003.	**Goal #1 (Describe)** Modify the current application to be a user friendly application for poverty level Medicaid children and Kid Care CHIP by December 2003.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: We are discontinuing this measure as we feel that it is not providing an actual goal that can be measured.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: n/a Definition of numerator: n/a	**Definition of Population Included in the Measure:** Definition of denominator: n/a Definition of numerator: n/a	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Our application was modified to accomodate the new Kid Care CHIP program and the splitting of the eligibility to DFS for Medicaid and the Department of Health for SCHIP. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Our application continues to be modified as needed to ensure it is easy to understand. Through our Covering Kids & Families Grant, we participated in a Process Improvement Collaborative this year. By participating we were able to have an individual from Maximus who specializes in making applications, etc easy to read for low income people review our application for us. With her help we made minor changes to the application and are now completely revamping it to make it easy to understand Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: We will continue to and have made changes to our application as needed throughout the year.
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Conduct 5 pilot community outreach projects through the Covering Kids and Families grant.	**Goal #2 (Describe)** Conduct 5 pilot community outreach projects through the Covering Kids and Families grant.	**Goal #2 (Describe)** Conduct 5 pilot community outreach projects through the Covering Kids and Families grant
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Coveirng Kids and Families local projects and marketing materials	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Covering Kids and Families local projects and marketing materials.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Covering Kids and Families local projects and marketing materials
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The 5 community projects continue in 7 counties across the state through the Covering Kids and Families Grant and are great contributions to finding uninsured children in the state. Outeach continues to be successful with the program. The grant was vital in getting the word out about the many changes made to the program in October 2003. The application was changed to reflect the new program changes and is again available in English and Spanish across the state. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The 5 local projects continue in 8 counties across the state through the Covering Kids and Families Grant. Between the 5 local projects in 8 counties we have over 500 application/information sites where applications, brochures or posters are available for people in the communities. There are an additional 200+ sites in the remaining 15 counties that have information as well. Numerator: Denominator: Rate: Additional notes on measure: We have been very fortunate to have a Covering Kids Grant housed within our Health Department and right along side the CHIP program. This grant has allowed our state to be successful in outreach especially with increases in eligibility to CHIP.	**Performance Measurement Data:** Described what is being measured: Our Covering Kids Grant ended on June 30, 2006. Therefore we are going to discontinue this goal for next year and recreate a new goal that will reflect what SCHIP is doing specifically without this grant. However, during FFY 2006, our 5 local projects continued in 8 counties across the state through the Covering Kids and Families Grant. Numerator: Denominator: Rate: Additional notes on measure: Between the 5 local projects in 8 counties we have over 500 application/information sites where applications, brochures or posters are available for people in the communities. There are an additional 200+ sites in the remaining 15 counties that have information as well.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Now that our Covering Kids Grant has ended we will be developing new goals to address the loss of our 5 local projects in our communities. We hope to be able to utilize our Coalition to continue the work of helping us enroll eligible children into SCHIP.

Annual Performance Objective for FFY 2008: Until we decide upon what our objective is for 2007, we are unable to put one down for this year.

Annual Performance Objective for FFY 2009: Until we decide upon what our objective is for 2007, we are unable to put one down for this year

Explain how these objectives were set: We are re-evaluating our ability to conduct outreach in our communities and to what extent now that our grant ended in 2006.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) 100% of children applying for Kid Care CHIP will be screened for Medicaid eligibility.	**Goal #1 (Describe)** 100% of children applying for Kid Care CHIP will be screened for Medicaid eligibility	**Goal #1 (Describe)** 100% of children applying for Kid Care CHIP will be screened for Medicaid eligibility
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: All applications received by Kid Care CHIP Definition of numerator: All applications received by Kid Care CHIP	**Definition of Population Included in the Measure:** Definition of denominator: All applications received by Kid Care CHIP Definition of numerator: All applications received by Kid Care CHIP	**Definition of Population Included in the Measure:** Definition of denominator: All applications received by Kid Care CHIP Definition of numerator: All applications received by Kid Care CHIP
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: All applications are screened by either the Department of Family Services or the Department of Health to determine whether the family is eligible for Medicaid first Numerator: Denominator: Rate: Additional notes on measure: Per DFS and Kid Care CHIP quality assurance, 100% of children continue to be screened for Medicaid eligiblity prior to CHIP eligiblity	**Performance Measurement Data:** Described what is being measured: All applications that are received by Kid Care CHIP are first "screened" for Medicaid eligibility. Because of staff turnover, all applications (100%) are currently QA'd for accuracy, which includes Medicaid screening. We continue to monitor all applications received by our office to ensure that all apps are screened for Medicaid eligibility first. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: All applications that are received by Kid Care CHIP are first "screened" for Medicaid eligibility. Because of staff turnover, all applications (100%) are currently QA'd for accuracy, which includes Medicaid screening. Numerator: Denominator: Rate: Additional notes on measure: We continue to monitor all applications received by our office to ensure that all apps are screened for Medicaid eligibility first. To date we have not found any issues with this process. Not only do our eligibility specialists check for Medicaid eligibility, our eligibility system does as well.
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Enrollment applications and materials will be available at programs and agencies serving children by December 2003.	**Goal #2 (Describe)** Enrollment applications and materials will be available at programs and agencies serving children by December 2003.	**Goal #2 (Describe)** Enrollment applications and materials will be available at programs and agencies serving children by December 2003.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Now that our program is fully implemented we no longer need to include this goal.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Covering Kids and Families	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Covering Kids and Families	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Covering Kids and Families
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Over 500 application and information sites continue to be available across the state for families to obtain applications or enrollment materials. Each of these sites continues to receive notice when there is new material for Kid Care CHIP. As new applications or brochures are developed a small sampling is sent out along with an order form. From there, sites can call, fax or email their request in for the exact number their organization needs. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Over 500 application and information sites continue to be available across the state for families to obtain applications or enrollment materials. Each of these sites continues to receive notice when there is new material for Kid Care CHIP. As new applications or brochures are developed a small sampling is sent out along with an order form. From there, sites can call, fax or email their request in for the exact number their organization needs. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Now that our Covering Kids grant has ended we are going to change and/or revisit this goal based on the ability of our SCHIP program. We have continued to advise all sites when there are new materials available and we provide a marketing materials sheet that they can fax, email or mail in to receive new materials. Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Now that our Covering Kids and Families grant has ended, we are developing new performance objectives for this goal. We are hoping to be able to continue to utilize our Coalition to assist the SCHIP and Medicaid programs with our application sites. **Annual Performance Objective for FFY 2008:** Once the goal for 2007 is developed we will be able to complete one for 2008 **Annual Performance Objective for FFY 2009:** Once the goal for 2007 is developed we will be able to complete one for 2009 *Explain how these objectives were set:* We are working to ensure that we have the best objectives set for this program. Now that this grant is over we will be setting new goals and objectives for application dispersement.		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) 60% of counties will have a sufficient network of providers so that participants in Kid Care CHIP will have adequate access to covered services. Sufficient = 50% coverage in each county.	**Goal #1 (Describe)** 60% of counties will have a sufficient network of providers so that participants in Kid Care CHIP will have adequate access to covered services. Sufficient = 50% coverage in each county.	**Goal #1 (Describe)** 60% of counties will have a sufficient network of providers so that participants in Kid Care CHIP will have adequate access to covered services. Sufficient = 50% coverage in each county.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Provider data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Provider Data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Provider Data (HEDIS@2004)
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: BCBS Provider Data	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: BCBS Provider Data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: BCBS Provider data
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Providers in each county compared to the number enrolled as providers in the program.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of providers in each county compared to the number enrolled as providers in the program.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of providers in each county compared to the number enrolled as providers in the program.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 743 Denominator: 867 Rate: 85.7 Additional notes on measure: Every one of our 23 counties has over 50% participation. The lowest was 70% and that was in just one county.

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: *(If reporting with another methodology)* Numerator: 18 Denominator: 23 Rate: 78.3 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 22 Denominator: 23 Rate: 95.7 Additional notes on measure: In this FFY we measured percentages only for the counties, not numbers of physicians. Overall we were still way above our goal of 50%.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: For FFY 2007, we would like to maintain the participation we have and increase individual particiation by 10%

Annual Performance Objective for FFY 2008: For FFY 2008, we would like to maintain the participation we have and increase individual particiation by 10%

Annual Performance Objective for FFY 2009: For FFY 2009, we would like to maintain the participation we have and increase individual particiation by 10%

Explain how these objectives were set: Since our overall participation continues to increase each year, we wanted to continue to be able to meet our goals. We feel that our objectives are modest but meetable.

Other Comments on Measure: Our provider particiation over the last few years has increased greatly. This FFY we have all 23 counties with at least 50% participation which has exceeded our goal.

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) 60% of counties will have a sufficient network of dental providers so that participants in Kid Care CHIp will have adequate access to covered services. Sufficient = 50% coverage in each county.	**Goal #2 (Describe)** 60% of counties will have a sufficient network of dental providers so that participants in Kid Care CHIP will have adequate access to covered services. Sufficient = 50% coverage in each county.	**Goal #2 (Describe)** 60% of counties will have a sufficient network of dental providers so that participants in Kid Care CHIp will have adequate access to covered services. Sufficient = 50% coverage in each county.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Delta Dental provider data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Delta Dental provider data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Delta Dental provider data
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Delta Dental Provider data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Delta Dental provider data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Delta Dental provider data
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of providers in each county compared to the number enrolled as providers in the program.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of providers in each county compared to the number enrolled as providers in the program.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of providers in each county compared to the number enrolled as providers in the program
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 135 Denominator: 220 Rate: 61.4 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 153 Denominator: 223 Rate: 68.6 Additional notes on measure: 153 dentists are participating with Kid Care CHIP and 19 counties have at least 50% participation	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 168 Denominator: 225 Rate: 74.7 Additional notes on measure: We also continue to have 19 out of our 23 counties with at least 50% participation.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Increase dentist paticipation by 10%

Annual Performance Objective for FFY 2008: Increase dentist participation by an additional 10%.

Annual Performance Objective for FFY 2009: Increase dentist participation by an additional 10%.

Explain how these objectives were set: Our overall dentist participation has gone up from 69% to 75% in the last year. Dentists are hard to find and keep on many programs such as this so we are very fortunate to have the participation that we do. Our dental provider (Delta Dental of WY) has gone out of their way to ensure that each time a new dentist arrives in the state that they are there to enroll them into our program.

Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) All children enrolled between 10/03 and 9/04 who accessed primary care providers	**Goal #3 (Describe)** 50% of children particpating in Kid Care CHIP will have a primary care provider as a "medical home"	**Goal #3 (Describe)** 50% of children particpating in Kid Care CHIp will have a primary care provider as a "medical home"
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children accessing PCP.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children with a primary care provider
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 4010 Denominator: 7633 Rate: 52.5 Additional notes on measure: Children up to 24 months: 315/576 = 55% Children 25 mo to 6 yrs: 1033-1604 = 64% Children 7-11 years: 1337/2731 = 49%

FFY 2004	FFY 2005	FFY 2006
		Children 12-19 years: 1516/3045 = 50%
Performance Measurement Data: Numerator: 2598 Denominator: 5525 Rate: 47 Additional notes on measure: Out of the 5525 children enrolled, 2598 children accessed primary care providers.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: We had originally chosen to survey families as to whether they had a medical home for their children. We have found though, that surveys do not work well with this population. Therefore we have chosen to attempt to capture this data differently over this next year.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: We would like to increase this number to 60% for the children up to 24 months, 70% for children up to 6 years, 55% for children up to 11 years and 55% for children up to 19 years.

Annual Performance Objective for FFY 2008: We would like to increase this number to 65% for the children up to 24 months, 75% for children up to 6 years, 60% for children up to 11 years and 60% for children up to 19 years.

Annual Performance Objective for FFY 2009: We would like to increase this number to 70% for the children up to 24 months, 80% for children up to 6 years, 65% for children up to 11 years and 65% for children up to 19 years.

Explain how these objectives were set: It is very important for us to improve on the number of children utilizing their primary care providers. Our numbers are good but they need to be better. We believe it is very important to increase these numbers, but to have realistic goals for the program. Therefore we are going to work towards a 5% increaase in each age group in each year.

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) BCBS will track children who accessed well child and immunization services during the reporting period.	**Goal #1 (Describe)** Well child visit measurement	**Goal #1 (Describe)** Number of children receiving well child visits 15 mo and below
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children under the age of 15 months.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children under the age of 15 months, enrolled during the period of October 2004 to Sept 2005	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children age 15 mo and below
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 73 Denominator: 134 Rate: 54.5 Additional notes on measure: Last year, we only had 62 children enrolled at one time during the program that were	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 145 Denominator: 352 Rate: 41.2 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
	age 15 months and below and had 78 well child visits. This year we have 73 children enrolled and 134 visits. That is a 58% increase in the number of well child visits for children age 15 mo and below. We also were able to find that of the 73 enrolled children, 52 received more than one well child visit	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 78 Denominator: 62 Rate: 125.8 Additional notes on measure: There were 62 children age 15 months and under enrolled in Kid Care CHIP between 10/1/03 and 9/30/04 of those children there were 78 well child visits which indicates that children received more than one visit during the year.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: We hope to be able to increase our well child visits in this age group to 50% of participants

Annual Performance Objective for FFY 2008: We hope to be able to increase our well child visits in this age group to 55% of participants.

Annual Performance Objective for FFY 2009: We hope to be able to increase our well child visits in this age group to 60% of participants.

Explain how these objectives were set: Based on the last few years data, our overall enrollment for this age group has increased, but our utilization of the well child benefit has decreased. We plan to work with our insurance contractor to educate and encourage the families to take their children in for these much needed visits. We plan to utilize our newsletter to reach families as well as some educational materials.

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) BCBS will track children who accessed well child and immunization services during the reporting period.	**Goal #2 (Describe)** Well child visit measurement children age 3-6 years	**Goal #2 (Describe)** Well child visits 3-6 years
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: BCBS Claims data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS@2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: and children age 3, 4, 5 and 6 enrolled during the period of Oct 2003 to Sept 2004	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children age 3, 4, 5 and 6 years old that have had well child visits in the reporting period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Chidlren age 3-6 with well child visits
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 153 Denominator: 1328 Rate: 11.5 Additional notes on measure: There were 602 children age 3 enrolled and 46 well child visits. 46/602 = 8% There were 200 children age 4 enrolled and 37 well child	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 277 Denominator: 1281 Rate: 21.6 Additional notes on measure: Our percentage of well child visits in this age group have almost doubled since our last fiscal year's data, however the rate is still quite low. We have designed a quarterly newsletter for families to address

FFY 2004	FFY 2005	FFY 2006
	visits. 37/200 = 19% There were 201 children age 5 enrolled and 47 well child visits. 47/201 = 23% There were 325 children age 6 enrolled and 23 well child visits. 23/325 = 7%	the need for wellness within this population.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: There were 91 children age 3 enrolled and 21 well child visits. = 21/91 = 23% There were 90 children age 4 enrolled and 14 well child visits. 14/90 = 15% There were 101 children age 5 enrolled and 30 well child visits. 30/101 = 30% There were 167 children age 6 enrolled and 19 well child visits. 19/167 = 11%	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: We hope to increase our well child visits in this age group to 30% of overall participants

Annual Performance Objective for FFY 2008: We hope to increase our well child visits in this age group to 40% of overall participants

Annual Performance Objective for FFY 2009: We hope to increase our well child visits in this age group to 45% of overall participants

Explain how these objectives were set: This age group is a hard group to encourage well child visits for. As children get older and are no longer in need of their immunizations every couple of months, families tend to not feel the necessity to take them in. We are hoping to find new ways to encourage families by working closely with our Medical Director at BCBS – who used to be the state pediatrician at the Dept of Health.

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

We work closely with BCBS of Wyoming and Delta Dental of Wyoming, who provide the health, vision and dental insurance to all our eligible children. Through BCBS and Delta Dental we receive quarterly and annual reports that provide data on wellness, immunizations, ER visits, dental and vision utilization, providers, access, grievances, etc.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

We are planning to change quite a bit of our performance measures with our program. We'd like to focus on things that can be measured and show progress compared to some that we've had that don't.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

None have been conducted.

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

n/a

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

~~1.~~ How have you redirected/changed your outreach strategies during the reporting period?

During this reporting period we have attempted to reach families primarily through advertisements placed in community newspapers, journals, and other publications. Printed ads in trusted community publications seem to be the most cost-effective way to reach families across the entire state. Running a series of ads allowed us to target a different population demographic each week. Each of the individual ads was aimed toward one of the very real situations that families face when their children are uninsured. Some examples of topics used in the ads were school / sports physicals, immunizations, and well-child check-ups. We feel that this strategy is particularly effective because it helps parents to connect to the need for health insurance on a very personal level as well as helping them to see Kid Care CHIP as the non-threatening solution for their problem.

Due to recent budget constraints, we have also begun moving toward more low-cost / no-cost outreach opportunities. This process involved abandoning high levels of sponsorship for certain community events that simply did not seem to yield a reasonable number of interested families. We have continued to participate in many of these events on a smaller scale and have seen similar results as when we spent much more. We have also been looking into more localized and targeted publications to advertise in.

This year we also focused a great deal of time and energy on our Annual Back to School Event. Knowing that the back to school months are a very active enrollment time for Kid Care CHIP anyway, we chose to capitalize on that momentum with printed ads, radio coverage, and an extensive Back to School Event. The Event itself was a collaboration between many community partners. Some partners like City County Health, the YMCA, SafeKids, and the Girl Scouts had booths with information and activities for the children. Other community partners like BlueCross BlueShield, local fraternities, the newspaper and a radio station, donated money, services, and/or prizes. With the donated funds, Kid Care CHIP purchased more than 500 backpacks filled with school supplies for the children who participated. The backpacks also applications and information about Children's Health Insurance as well as other health related topics.

~~2.~~ What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

There are several ways in which we measure effectiveness of our outreach methods. One is to ask "How did you hear about us" and "Where did you get your application" as part of each application. We have a far from perfect response rate to these questions, as many people do not see it as an essential part of the application and do not fill it out. When the question is answered on the application, the responses are recorded in the database along with all the other client information. In this way, queries can be completed to determine what the most common way is for people to find out about the program and where they feel most comfortable going to pick up an application. (It is important to note here that more than half of all applicants fail to indicate where they heard or where they got their application, so the results we use are based on the people who actually respond.)

We have found that, by a very wide margin, the most common source of information about the program and program applications is actually through the Department of Family Services, with the vast majority of respondents saying they both got their application from DFS and heard about us through DFS. With this in mind, we have implemented a series of training sessions in all DFS offices around the state to make sure that DFS workers understand the Kid Care CHIP program and are giving accurate information. Because DFS has workers in each county, they are able to have personal contact with many families and it is essential that they not confuse the families. These trainings have been very well received by the DFS offices and they have requested that the training be repeated at least on a yearly basis. This action will help them to keep up to date on program changes and issues as well as help to train new workers. (Many of the DFS positions have a very high turnover rate and do not always receive adequate training on all of the available programs, including Kid Care CHIP.)

The second most prevalent source of applications and information seems to now be our website. We keep the website updated at least on a monthly basis with all of the current information and relevant enrollment statistics. We try to make the website very user-friendly by adding new information as needed and are sure to provide the application in an easy to download format in an obvious location. We believe that this method of reaching families will continue to increase in popularity as more and more families use the Internet as a primary source of information. As the website becomes even more important in our outreach efforts and our relationship with families, we will continue to seek better and more user-friendly ways to engage our online customers.

Schools are the third highest category of responses for how families hear. We work primarily through the school nurses and the school lunch program to reach out to families. We make sure they have applications, brochures and at least a rudimentary understanding of Kid Care CHIP and how to help families apply. We also work from a state level every year to make sure that each school district includes an information request form about health care coverage to include in their free and reduced school lunch packets. That way, families up to 185% of the federal poverty level, the income guideline for reduced price lunches, will be caught in the same net for Kid Care CHIP or Medicaid if appropriate. A significant number of people also say that they hear about us through their doctor's office and that they receive applications there as well.

A second way that we measure which outreach methods have the greatest effect is by always asking "how did you hear" about the program when people call in to the hotline to request an application. A log is kept by each person who answers the phone. This measure is slightly different in that these are people who have made the commitment to call and get an application in the mail, but who still have a choice to make in whether or not they will sit down and fill out the application once it arrives. It is also important to note that these are people who did not pick up an application in person from another source. With this measurement tool, the top sources are in a slightly different order.

Calls to the hotline show that many of the people requesting applications have previously been on the program. (Of course, for these people, that doesn't tell us much about how they found out the first time, but that seems to be as far as people go when they have prior experience with the program. It is interesting to see how many people get off the program and reapply later.) The next most common response when asked how callers heard about us was from their healthcare provider. We provide up-

to-date information about Kid Care CHIP through direct mailings to providers, advertisements in professional publications, and some personal contacts at association meetings like the Wyoming Hospital Association and the Wyoming Medical Society. We feel that this is a very important group to reach with our information, but also very hard to reach at times. We continue to look for new and better ways to communicate with our provider network.

The third most common way to hear about the program for those calling in for applications is printed advertisements. Often, callers did not specify whether it was a newspaper ad or an article that they saw, and they were not asked to give more detail, so these categories were lumped together. We attribute this statistic to our extensive advertising campaigns in several printed publications this year as well as media pushes during Cover the Uninsured Week and Back to School. “Marketing Materials” were the next most common response. This would include everything from brochures and posters to the pens, pencils, bandage dispensers, and other giveaway items that we provide to hundreds of locations throughout the state. The brochures and other materials are of course most often associated with an organization of some kind, but it made us realize how much having a brochure and “trinkets” can help other organizations do some of your marketing for you! Also, we don’t believe that these results (which are somewhat different than the results from the same question when asked on the application) in any way invalidate the answers we have for the question. For example, DFS is more likely to give people an application, so therefore, less people will be calling and saying they heard from DFS and that they want an application. Many callers list more than one source, and this also confirms the fact that people usually have to hear something multiple times before they act on the message.

~~3.~~ Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

Yes, we are now advertising in rural / farming publications to try to reach out to farming and ranching families who have traditionally not participated in programs such as Kid Care CHIP. They are especially in need because they are often self-employed or work for someone else who cannot provide benefits for them. These are proud people who are used to making do and are suspicious in general of the government and government programs. We felt that perhaps if we advertised in long-standing, respected publications, they would see Kid Care CHIP as being more accepted in their social circle or possibly as being endorsed in some way by the publication.

One of our significant minority populations in Wyoming is comprised of Hispanic / Latino families. Many of these people have lived in Wyoming for generations and are fairly integrated into mainstream culture. Still, much of our print advertising is designed with pictures that we hope will appeal to Hispanic / Latino families. These ads are used in much of our mainstream or statewide advertising. Our local project coordinators also conduct outreach at events such as Cinco de Mayo, which usually attract Hispanic and Latino residents, along with many other Wyomingites.

Hispanic and Latino Immigrants are concentrated more in certain parts of the state than others. In order to address the needs of this population, all of our posters, brochures and applications are printed in Spanish as well as English. People from all across the state, particularly those living in areas with high concentrations of Spanish speaking immigrants, order these materials to display.

Locations most likely to order and display these materials include Public Health Offices, Department of Family Service Field Offices, Schools, WIC offices, the Latino Resource Center in Jackson, WY and many more. We have not specifically run any ads in Spanish, either on the radio or in printed publications, as our Spanish speaking population is much smaller than the English speaking population, and we are not sure about our cost to benefit ratio.

An important step in our efforts to reach out to the Spanish speaking population was realized this year as we produced new brochures, applications, and posters in Spanish. These new materials were first produced in English using simple language and ample space to create a less intimidating look. Then we partnered with a community organization called El Puente (The Bridge) to have these materials translated into Spanish. El Puente specializes in health and medical translation and interpretation, and deals with our program on a daily basis, so we are very confident in the quality of their translation work. We expect that we will see a significant increase in Hispanic / Latino enrollment with the continued use of these materials. In order to provide better service to these customers who speak very little or no English at all, we have also contracted with El Puente to translate our letters, notices, and the renewal application.

One difficulty that we have experienced in the past with receiving Spanish applications in our office is that if they are not filled out completely, it is difficult to get the remaining information since no one in our office speaks fluent Spanish. However, this year we have also contracted with a local interpreter to respond to these situations. When we receive calls or incomplete applications in Spanish, we relay the necessary information to our interpreter and have her call them to find out the specific piece of information that we need to complete the eligibility determination. This arrangement has been working quite well since retaining a reliable and responsible interpreter.

Wyoming also has a significant Native American population, which is concentrated in Fremont County and on the Wind River Indian Reservation. There is a local project Coordinator working full-time in Fremont County. She works tirelessly to attend culturally important community events, to visit with organizations on the Reservation who help connect people with coverage, and to create culturally appropriate and appealing materials to use in her area.

In Laramie County, the Covering Kids Local Project Coordinator participates in Juneteenth activities in an attempt to reach out to our very small African American population. Also, although not targeted only to minority populations, any events we hold at places such as the YMCA and Boys and Girls Clubs generally reach many minorities, as they often utilize these facilities and services. Safe Kids Day events are an example of outreach that reaches people from many different backgrounds, both ethnic and socioeconomic, since all parents are generally concerned with safety issues and how they affect their children.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

~~1.~~ Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

- ☐ Yes
- ☐ No
- ☒ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

~~2.~~ Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
- ☐ No
- ☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

All States must complete the following 3 questions

~~3.~~ Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

We continuously work with Blue Cross Blue Shield to ensure that families do not have insurance 30 days prior to applying. If it is found that a family had insurance at application then they are removed from the program. We have found that most of the time it is a non-custodial parent that has insurance on the child and the custodial parent has no knowledge of the insurance or the access to it.

~~4.~~ At the time of application, what percent of applicants are found to have insurance?

Over the course of the last FFY, we had 707 applications denied and 35% of them were denied for children having insurance.

~~5.~~ Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

We have not really found that many people are dropping their insurance to be on CHIP, they actually seem to still have the insurance at the time of application. Usually they indicate that they would like to drop it because it is too expensive, but don't because they don't want to have to go without insurance on their children for 30 days.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

~~1.~~ Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

We have similiar procedures. For SCHIP in Wyoming we send the family their renewal form 60 days prior to their renewal date. If we do not hear from them, we send a second form at 30 days prior to renewal. The form is a blank form that they must fill in and return. There are no interviews required and everything is self declaration. We do however, pull a random sample for Quality Control.

For Medicaid, they do not send out the form as early as we do, however their form is similiar and is blank for the family to mail back in. Due to the new DRA requirements, they are requiring copies of Birth Certificates on those children/families that they do not already have the information on. Everything else is self declaration for them also.

~~2.~~ Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

At renewal (CHIP): If a child is found to be ineligible for CHIP because their income has lowered, then CHIP staff forward the application to the child's local Department of Family Services office by fax or mail for Medicaid determination. Medicaid Renewal: The Department of Family Services will forward the Medicaid renewal to CHIP if the child is found to be over income at renewal.

During course of 12 months eligibility: If a family's income changes enough to make them eligible for Medicaid, then the family can be switched back to Medicaid at the end of the month in which the family has requested the change. If the family's income changes to make them above the income guidelines for Medicaid during their 12 months of eligibility, they remain on Medicaid until their 12 months of eligibility is up and they complete their renewal form. If they are above income at that time, then they are sent to CHIP.

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

In Wyoming, our Medicaid and SCHIP programs are two entirely different programs. The provider networks are maintained separately. Blue Cross Blue Shield of Wyoming is in charge of the provider network for SCHIP and Medicaid utilizes ACS. Both programs have their own provider networks, however most providers are the same as most providers in the state accept both Medicaid and SCHIP. Our Dental provider network seems to be slightly different, as some dentists in the state have chosen not to accept Medicaid or SCHIP, but are accepting the other.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
  There are three notices that are sent to the families.
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  A notice is sent at 60 days prior to the renewal date, a second one is sent at 30 days prior if we have not received anything after the first notice and a final notice is sent out at 10 days prior to the end of eligibility to advise of the closure of the child's eligibility.

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)

We have created a one page renewal form for families to return.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:*

☐ Other, *please explain*:

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

As in years past, we continue to struggle with the return on renewals. We close many children's policies because the parents fail to renew. This year we have developed a family newsletter that is sent out each quarter. Within this newsletter we are reminding families about the importance of renewing their child's health insurance.

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted?

We have tried surveys on this in the past but found that families did not respond.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

COST SHARING

~~1.~~ Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

We do not have premiums or enrollment fees in our SCHIP program.

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

We have not undertaken any assessments on the effects of cost sharing. We have heard through conversations with parents, that they like the fact that they get to pay something as it makes them feel that they are contributing to the cost of their children's health care… even though it is a small amount.

~~3.~~ If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

We have not increased or decreased cost sharing in our state.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

~~1.~~ Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan
☐ Family Coverage Waiver under the State Plan

- ☐ SCHIP Section 1115 Demonstration
- ☐ Medicaid Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

- ☐ Yes, Check all that apply and complete each question for each authority.

- ☐ Premium Assistance under the State Plan (Incidentally)
- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Medicaid Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

~~2.~~ Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults

~~3.~~ Briefly describe your program (including current status, progress, difficulties, etc.)

~~4.~~ What benefit package does the program use?

~~5.~~ Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
For Eligibility: We have a plan that allows us to conduct quality control on any and all applications for eligibility that we see necessary. We do randomly select 20% of our applications for a qualitycontrol check each month. We are currently working with our program integrity unit to establish a new policy that will allow them to take on any cases of fraud and abuse in eligibility for us. This new procedure will likely take effect some time in 2007.

For providers: If a complaint comes in, it is routed to the appropriate department

(provider relations for a licensing / credentialing issue) or operations for

a claim issue. Our contractor researchs the issue, obtains documentation, and then makes a

determination. Depending on the issue, they may bring in their legal counsel,

medical director or others to assist.

Licensing issues are brought to the attention of the appropriate licensing

board.

Most of the billing issues really go back to lack of

education of the coding staff so our contractor ends up doing a lot of education as well.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

~~a)~~ Provider credentialing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~b)~~ Provider billing

Number of cases investigated 3

Number of cases referred to appropriate law enforcement officials 0

~~c)~~ Beneficiary eligibility

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
Yes, we do rely on contractors for "a" and "b" -- which is currently Blue Cross Blue Shield and Delta Dental. We require annual reporting of all cases of fraud and abuse.

For "c", our SCHIP program conducts eligibility within our office so that is done w/out contractors.

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments	8,717,695	10,374,142	10,693,381
Managed Care			
per member/per month rate @ # of eligibles			
Fee for Service			
Total Benefit Costs	8,717,695	10,374,142	10,693,381
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 8,717,695	$ 10,374,142	$ 10,693,381

Administration Costs			
Personnel	328,373	496,347	513,719
General Administration	150,681	80,200	83,007
Contractors/Brokers (e.g., enrollment contractors)	167,355	78,750	78,750
Claims Processing			
Outreach/Marketing costs		6,000	6,000
Other Rent and Indirect costs	14,770	88,222	88,222
Health Services Initiatives			
Total Administration Costs	661,179	749,519	769,698
10% Administrative Cap (net benefit costs ÷ 9)	968,633	1,152,682	1,188,153

Federal Title XXI Share	6,373,883	7,457,302	7,451,001
State Share	3,004,991	3,666,359	4,012,078

TOTAL COSTS OF APPROVED SCHIP PLAN	9,378,874	11,123,661	11,463,079

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement

☐ Other (specify)

Enter any Narrative text below.
2006 = $156.65
2007 = $157.65
2008 = $161.65 (estimated)

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

~~1.~~ If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

~~3.~~ What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

~~4.~~ Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

~~1.~~ For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

Our political and fiscal environment for SCHIP continues to be surprisingly favorable. For SCHIP, we continue to have overwhelming support for the program from both the legislature and the Governor. This year our legislature passed a bill that modified our SCHIP statute to allow us to seek a HIFA waiver to cover parents of children enrolled in SCHIP or Medicaid. This waiver was submitted to CMS in November.

Wyoming continues to be in a budget surplus – which is unlike most other states in the nation.

~~2.~~ During the reporting period, what has been the greatest challenge your program has experienced?

We've been fortunate in our state to not have too many challenges. One thing that we struggle with is the loss of children at renewal. There are many that do not return their renewal form each month.

~~3.~~ During the reporting period, what accomplishments have been achieved in your program?

During this reporting period our state passed a bill that will allow our SCHIP program to seek a HIFA waiver to expand our program to parents of children enrolled in Medicaid and SCHIP. This is a great step for us and for the families in Wyoming.

~~4.~~ What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

We will hopefully be implementing an expansion (HIFA waiver) to parents of children enrolled in SCHIP and Medicaid. The program will be initially capped at 3,720 parents, but if that cap is met, our legislature has the ability to increase that number.

Enter any Narrative text below.