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 and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal 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. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

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:

Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**

Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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 Sherard, M.D., M.P.H. Director and SHO

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

SCHIP Program Type:

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

Reporting Period: **2008** *Note: Federal Fiscal Year 2008 starts 10/1/07 and ends 9/30/08.*

Contact Person/Title: **Patricia Guzman, SCHIP Director**

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Submission Date: **12/29/2008**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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**				
	*** Upper % of FPL are defined as <u>Up to and Including</u>**									
	Gross or Net Income: ALL Age Groups as indicated below									
	Is income calculated as gross or net income?	☐	Gross Income			**Is income calculated as gross or net income?**	☒	Gross Income		
		☐	Income Net of Disregards				☐	Income Net of Disregards		
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 children ages 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? **[1000]**	☐	Yes - Please describe below: For which populations (include the FPL levels) **[1000]** Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period **[1000]** Brief description of your presumptive eligibility policies **[1000]**

	☐	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	☐	No	☒	No

require a face-to-face interview during initial application	☐	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
			To which groups (including FPL levels) does the period of uninsurance apply? **[1000]** Period of uninsurance applies to all children.	
			List all exemptions to imposing the period of uninsurance **[1000]** Parent loses health insurance due to loss of job; change of job; death; child has no access to insurance due to policy being from out of state	
	☐	N/A	☐	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No	☐	No
	☐	Yes	☒	Yes
			If yes, what database? **[1000]** Blue Cross Blue Shield completes a data match on their system to see if any children have insurance.	
	☐	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, fails quality control; 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? **(Note: if you checked off net income in the eligibility question, you must complete this question)**	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below **[1000]**		If Yes, please describe below **[1000]**	
	☐	N/A	☐	N/A

Which delivery system(s) does your program use?	☐	Managed Care	☒	Managed Care
	☐	Primary Care Case Management	☐	Primary Care Case Management
	☐	Fee for Service	☐	Fee for Service
	Please describe which groups receive which delivery system **[500]**		Please describe which groups receive which delivery system **[500]**	

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. **[7500]**

Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?	☐ Yes	☒ No	☐ N/A
Is it different from the assets test in your separate child health program?	☐ Yes	☐ No	☒ N/A
Are there income disregards for your Medicaid program?	☒ Yes	☐ No	☐ N/A
Are they different from the income disregards in your separate child health program?	☒ Yes	☐ No	☐ N/A
Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?	☒ Yes	☐ No	☐ N/A
If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and SCHIP?	☒ Yes	☐ No	☐ N/A

8. Indicate what documentation is required at initial application

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	☒	☐	☐
Citizenship	☒	☐	☐
Insured Status	☒	☐	☐

9. 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

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
Application	☐	☐	☐	☒	☐	☐
Application documentation requirements	☐	☐	☐	☐	☒	☐
Benefit structure	☐	☐	☐	☐	☒	☐
Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
Crowd out policies	☐	☐	☐	☐	☒	☐
Delivery system	☐	☐	☐	☐	☒	☐
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	☐	☐	☐	☐	☒	☐
Eligibility levels / target population	☐	☐	☐	☐	☒	☐
Assets test in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
Income disregards in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
Eligibility redetermination process	☐	☐	☐	☐	☒	☐
Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
Family coverage	☐	☐	☐	☐	☒	☐
Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☒	☐	☐
Premium assistance	☐	☐	☐	☐	☒	☐
Prenatal Eligibility expansion	☐	☐	☐	☐	☒	☐
Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☐	☒
Pregnant women	☐	☐	☐	☐	☐	☒
Childless adults	☐	☐	☐	☐	☐	☒
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐
Other – please specify						
_____	☐	☐	☐	☐	☐	☒
_____	☐	☐	☐	☐	☐	☒

	☐	☐	☐	☐	☐	☒

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

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
Application	We re-vamped our health application this past year to make it easier to read and complete.
Application documentation requirements	
Benefit structure	
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	

	We completed some additional targeted outreach in conjunction with our vendors to the Wyoming Association of Municipalities, schools, media through newspapers and the movie theaters.
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**
8. Citizenship verification is required for Medicaid but not for SCHIP.

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 is 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, data from the previous two years' annual reports (FFY 2006 and FFY 2007) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. 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 2008). 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 2008.
<u>Final</u>: Check this box if the data you are reporting are considered final for FFY 2008.

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® 2007). 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) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the 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 2009, 2010, and 2011. Based on your recent performance on the measure (from FFY 2006 through 2008), 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 2006	FFY 2007	FFY 2008
Did you report on this goal? ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*: 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 @ 2002/2004	**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). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ 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 specified number of 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: Number of Children with visits	**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 receiving services
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2006	**FFY 2007**	**FFY 2008**
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:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 219 Denominator: 394 Rate: 55.6 4 visits Numerator: 10 Denominator: 394 Rate: 2.5 1 visit Numerator: 111 Denominator: 394 Rate: 28.2 5 visits Numerator: 4 Denominator: 394 Rate: 1 2 visits Numerator: 37 Denominator: 394 Rate: 9.4 6+ visits Numerator: 0 Denominator: 394 Rate: 3 visits Numerator: 13 Denominator: 394 Rate: 3.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 280 Denominator: 504 Rate: 55.6 4 visits Numerator: 17 Denominator: 504 Rate: 3.4 1 visit Numerator: 126 Denominator: 504 Rate: 25 5 visits Numerator: 2 Denominator: 504 Rate: 0.4 2 visits Numerator: 55 Denominator: 504 Rate: 10.9 6+ visits Numerator: 0 Denominator: 504 Rate: 3 visits Numerator: 24 Denominator: 504 Rate: 4.8 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:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Unfortunately, our overall numbers aren't (haven't)really improved over the last year. They have gone up slightly but not to the extent we would like to see them.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We have started something new this year (FY 09) and are hoping to see different results in this category. We have rolled out a new wellness initiative to remind and encourage families to take their children in for their visits. We will be tracking it separately than what is tracked by our insurance vendor.

This measure is one Wyoming seems to struggle with in numbers. We would benefit from some additional direction from CMS on how to pull the data. We feel our children are going in for these important visits -- they may just be receiving the services prior to enrolling in the program.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: Increase our results by 2%

Annual Performance Objective for FFY 2010: Increase our results by 3%

Annual Performance Objective for FFY 2011: Increase our results by 4%

Explain how these objectives were set: Our objectives were lowered slightly as we have not seen a lot of improvement in this category. We are hoping to see some increases in the next year with our wellness initiative kickoff.

Other Comments on Measure:

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

FFY 2006	FFY 2007	FFY 2008
Did you report on this goal? ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*: 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 @ 2002/2004	**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). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ 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 receiving at least one well child visit 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: Number of Children with Visits	**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 receiving services
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 277 Denominator: 1281	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 349 Denominator: 1563	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 463 Denominator: 1349

FFY 2006	FFY 2007	FFY 2008
Rate: 21.6 Additional notes on measure: Our percentage of well child visits in this age group have almost doubled since our last 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.	Rate: 22.3 Additional notes on measure: If we look at children with 12 months of continuous coverage our numbers are improved. Percent with 1+ visit: Numerator: 136 Denominator: 368 Rate: 37%	Rate: 34.3 Additional notes on measure:

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

FFY 2006	FFY 2007	FFY 2008
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:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Compared to 2007 we increased our utilization by 12%. This age group has been a very difficult age group to get in for wellness since there are no immunizations required from age 2 until they reach age 5.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We have been working closely with our insurance contractor, Blue Cross Blue Shield and continued to send out birthday letters to children and family newsletters reminding them of the importance of wellness visits. In this next year we are rolling out a new wellness initiative that we are hoping will help to continue to increase our utilization numbers in this category.

We would benefit from some additional direction from CMS on how to pull this data to best represent our population.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: We hope to increase our well child visits in this age group by 5%

Annual Performance Objective for FFY 2010: We hope to increase our well child visits in this age group by an additional 5%

Annual Performance Objective for FFY 2011: We hope to increase our well child visits in this age group by an additional 5%

Explain how these objectives were set: We continue to review current and previous years data to determine the most attainable objectives for this group. This group continues to be a difficult one to get in for wellness visits when there are no other requirements (immunizations, etc) until they reach school age.

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2006	FFY 2007	FFY 2008
Did you report on this goal? ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*: 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 @ 2002/2004	**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). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ 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 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: Number of Children with appropriate usage	**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 receiving appropriate medications
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2006	FFY 2007	FFY 2008
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:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 120 Denominator: 123 Rate: 97.6 10-17 years Numerator: 165 Denominator: 179 Rate: 92.2 Combined rate (5-17 years) Numerator: 407 Denominator: 426 Rate: 95.5 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 168 Denominator: 169 Rate: 99.4 10-17 years Numerator: 175 Denominator: 185 Rate: 94.6 Combined rate (5-17 years) Numerator: 484 Denominator: 495 Rate: 97.8 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:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Our rates increased this past year in each of the three categories by approximately 2%.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We continue to work with our insurance contractor Blue Cross Blue Shield and their Pharmacy Director to increase awareness of providers of the appropriate useage of asthma medications.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: Increase rate of children receiving appropriate asthma medications to 99% as the overall rate.

Annual Performance Objective for FFY 2010: Maintain rate of children receiving appropriate asthma medications.

Annual Performance Objective for FFY 2011: Increase rate of children receiving appropriate asthma medications to 100% as the overall rate.

Explain how these objectives were set: Over the year our overall combined rate increased. We plan to continue to work with our contractor and their Pharmacy Director to ensure that providers are educated appropriately.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2006	FFY 2007	FFY 2008
Did you report on this goal? ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*:	**Did you report on this goal?** ☒ Yes ☐ No **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*: 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	**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). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ 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: All children enrolled between 10/05 and 9/06 who accessed primary care practitioners	**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 with a PCP visit	**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 primary care providers
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 315 Denominator: 576 Rate: 54.7 7-11 years Numerator: 1337 Denominator: 2731 Rate: 49 25 months-6 years Numerator: 1033 Denominator: 1604 Rate: 64.4 12-19 years Numerator: 1516 Denominator: 3045 Rate: 49.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 347 Denominator: 650 Rate: 53.4 7-11 years Numerator: 1508 Denominator: 2946 Rate: 51.2 25 months-6 years Numerator: 1145 Denominator: 1937 Rate: 59.1 12-19 years Numerator: 1624 Denominator: 3301 Rate: 49.2 Additional notes on measure: If we look at children with continuous 12 months of coverage during this time period. 12-24 months: Numerator: 71 Denominator: 99 Rate: 72 25months - 2 years Numerator: 375 Denominator: 440 Rate: 85 7-11 years Numerator: 720 Denominator: 1060 Rate: 68 12-19 yrs Numerator: 813 Denominator: 1290 Rate: 63	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 450 Denominator: 765 Rate: 58.8 7-11 years Numerator: 1562 Denominator: 3106 Rate: 50.3 25 months-6 years Numerator: 1371 Denominator: 2257 Rate: 60.7 12-19 years Numerator: 1718 Denominator: 3350 Rate: 51.3 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:

FFY 2006	FFY 2007	FFY 2008

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Our performance continues to increase slightly each year in this measure. Our numbers decreased slightly in the 7-11 year old age group however we slightly increased the remainder compared to 2007.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We continue to provide families with education through newsletters, birthday letters and in working with our contractor to try to educate them about the importance of a primary care physician.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: We hope to increase our PCP utilization and therefore access by 5%.

Annual Performance Objective for FFY 2010: We hope to increase our PCP utilization and therefore access by an additional 5%.

Annual Performance Objective for FFY 2011: We hope to increase our PCP utilization and therefore access by an additional 5%.

Explain how these objectives were set: We continue to look over the data from previous years and have found that we continue to increase our overall access. We feel that our goals are realistic for the next few years.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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 2007	FFY 2008	Percent change FFY 2007-2008
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	8570	8976	4.74

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

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 2005-2007. 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 2008 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
2004 - 2006	5	2.0	4.2	1.2
2005 - 2007	6	2.0	4.7	1.2

Percent change 1996-1998 vs. 2005-2007	-53.8%	NA	-49.5%	NA

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

We are attempting to determine why the number of uninsured children increased from 5,000 to 6,000 in the last year. We have found that we lose many children at renewal as they do not return their renewal form. We have also found that our unemployment rate in WY rose sharply from April '08 to Aug '08 which explains our drop of children in the SCHIP program.

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

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	

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

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.)

What are the limitations of the data or estimation methodology?

How does your State use this alternate data source in SCHIP program planning?

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

In Sept 2007 there were 27,565 children enrolled in Medicaid. As of September 2008 there were 27,849 children enrolled. In FFY 08 Medicaid newly enrolled 18,919 children. However with children coming off and on the program throughout the year the overall increase is minimal.

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. (If your goals reported in the annual report now differ from Section 9 of your SCHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides 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, report data from the previous two years' annual reports (FFY 2006 and FFY 2008) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. 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 2008).

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. **All new goals should include a direction and a target. For clarification only, an example goal would be**: "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

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 2008.

Final: Check this box if the data you are reporting are considered final for FFY 2008.

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® 2008). 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 (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the 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. Any quality improvement activity described should involve the SCHIP program, benefit SCHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. SCHIP would either be the primary lead or substantially involved in the project. 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 2009, 2010 and 2011. Based on your recent performance on the measure (from FFY 2006 through 2008), 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, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the SCHIP state plan.

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

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) By December 2006 decrease the proportion of uninsured children at or below 200% by 60%	**Goal #1 (Describe)** Decrease the proportion of uninsured children either at or below 200% FPL by 10% each year.	**Goal #1 (Describe)** Decrease the porportion of uninsured children either at or below 200% FPL by 10% each year.
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.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: We modified this goal some from previous years in order to create a realistic and attainable performance measure/goal for the program.	**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: 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.	**Definition of Population Included in the Measure:** Definition of denominator: Number of uninsured children in the state at or below 200% between 1996 & 1998 Definition of numerator: Number of uninsured children in the state at or below 200% between 2004 & 2006.	**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 2005 and 2007.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
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:	**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: 5000 Denominator: 13000 Rate: 38.5 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 the SCHIP program. Numerator: 6000 Denominator: 13000 Rate: 46.2 Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Last year our percentage decrease was 46%. This year we are at 38% which indicates that we have dropped an additional 8% in the number of uninsured children in the state. We had hoped to drop the rate by 5% so we have exceeded our initial goal for 2007. We feel that the 8% drop continues to show the success of this program in covering Wyoming's uninsured children. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We continue to work diligently on outreach and enrollment strategies across the state.	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** Last year our percentage decrease was 38%. This year we are at 46% which indicates that we have increased 8% in the number of uninsured children in the state. We had hoped to drop the rate by 5% over this last year. We have found that in Wyoming our unemployment rate has jumped in 2008 which explains the decrease in the number of children enrolled in SCHIP. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We continue to work diligently on finding and enrolling children into the SCHIP program.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** 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 at least another 5%. **Annual Performance Objective for FFY 2009:** Our goal would be to decrease our uninsured rate by another 5%. **Annual Performance Objective for FFY 2010:** 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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** Our goal would be to decrease our uninsured rate by 5%. **Annual Performance Objective for FFY 2010:** Our goal would be to decrease our uninsured rate by an additional 5%. **Annual Performance Objective for FFY 2011:** Our goal would be to decrease our uninsured rate by an additional 5%. *Explain how these objectives were set:*

FFY 2006	FFY 2007	FFY 2008
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** 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.

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 2006	FFY 2007	FFY 2008
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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?**

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**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 2006	FFY 2007	FFY 2008
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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?**

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment

FFY 2006	FFY 2007	FFY 2008
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)** Continue to modify the health application to be a user friendly application for poverty level Medicaid children and Kid Care CHIP.	**Goal #1 (Describe)** Continue to modify the health application to be a user friendly application for poverty level Medicaid children and Kid Care CHIP.
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.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This goal was discontinued last year however we have now chosen to re-word it slightly and continue it within our program's strategic obectives.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Not able to measure.
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*: We are planning to compile comments and suggestions made by the Department of Family Services (who conduct Medicaid eligibility), application sites and families to allow us to make the most appropriate changes to the application.	**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: We do not have data for this measure Definition of numerator: We do not have data for this measure	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:** 2007	**Year of Data:**

FFY 2006	FFY 2007	FFY 2008
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.	**Performance Measurement Data:** Described what is being measured: We plan to measure how well our application meets families/providers/other agencies expectations in enrolling in Kid Care CHIP. We will look at the number of pended applications as well as survey families. 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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Since this is a new measure for 2007 and it was just added in July 2007 we have not yet needed to modify our health application. Changes are planned for early 2008. We are also working on creating an electronic application process for our families which we hope to have up and running in 2008. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:**	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** We plan to work with different agencies/parents/providers to modify our application to best meet the needs of those applying for coverage. **Annual Performance Objective for FFY 2009:** We plan to continue to work with different agencies/parents/providers to modify our application to best meet the needs of those applying for coverage.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:**

FFY 2006	FFY 2007	FFY 2008
Annual Performance Objective for FFY 2009: *Explain how these objectives were set:*	**Annual Performance Objective for FFY 2010:** We plan to continue to work with different agencies/parents/providers to modify our application to best meet the needs of those applying for coverage. *Explain how these objectives were set:* These objectives are based on new performance measures/data elements set by the Kid Care CHIP program.	**Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) Conduct 5 pilot community outreach projects through the Covering Kids and Families grant	**Goal #2 (Describe)**	**Goal #2 (Describe)** Increase the reapplication rate among SCHIP eligibles
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*: This is a new goal for us. We have found that we have so many families that do not renew each month that we would like to strategically look at why this is happening and what we as the program can continue to do to increase numbers of re-enrollees.
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*: Covering Kids and Families local projects and marketing materials	**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: number of renewals sent out in FY 2008 Definition of numerator: Number of renewals received in FY 2008
Year of Data: 2006	**Year of Data:**	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
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.	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: 1184 Denominator: 3600 Rate: 32.9 Additional notes on measure:
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** This is a new measure **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**

FFY 2006	FFY 2007	FFY 2008
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** Since this is a new measure we would like to see the percentage of applications received increase by 5% **Annual Performance Objective for FFY 2010:** An additional 5% increase **Annual Performance Objective for FFY 2011:** An additional 5% increase *Explain how these objectives were set:* These objectives were set modestly as this is a new measure for the program.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?**

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2006	FFY 2007	FFY 2008
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 chldren 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. *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: 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 screened for Medicaid
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
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.	**Performance Measurement Data:** Described what is being measured: All applications that are received by Kid Care CHIP are first "screened" for Medicaid eligibility. 20% of all applications are reviewed by the Eligibility Unit Manager through our Quality Assurance program. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: What percent of applications that are received by Kid Care CHIP are first screened for Medicaid eligibility Numerator: 8930 Denominator: 8930 Rate: 100 Additional notes on measure:
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** 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. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** 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. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Before we can process an application for eligibility for SCHIP or system automatically checks to ensure that the child/family is not eligible for Medicaid. This is done automatically in our system which helps to ensure 100% accuracy.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2007:** We will continue to strive for the 100%. **Annual Performance Objective for FFY 2008:** We will continue to strive for the 100%.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** We will continue to strive for the 100%. **Annual Performance Objective for FFY 2009:** We will continue to strive for the 100%.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** We will continue to strive for the 100%. **Annual Performance Objective for FFY 2010:** We will continue to strive for the 100%.

FFY 2006	FFY 2007	FFY 2008
Annual Performance Objective for FFY 2009: We will continue to strive for the 100% *Explain how these objectives were set:* These objectives remained the same as in the previous years as our performance continues to excel in this area.	**Annual Performance Objective for FFY 2010:** We will continue to strive for the 100%. *Explain how these objectives were set:* These objectives remained the same as in the previous years as our performance continues to excel in this area.	**Annual Performance Objective for FFY 2011:** We will continue to strive for the 100%. *Explain how these objectives were set:* These objectives remained the same as in the previous years and are set based on requirements by CMS.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) Enrollment applications and materials will be available at programs and agencies serving children by December 2003.	**Goal #2 (Describe)** Evaluate the transfer process of cases to Medicaid and the Children's Special Health program each month.	**Goal #2 (Describe)** Evaluate the transfer process of cases to Medicaid and the Children's Special Health program each month/year.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Now that our program is fully implemented we no longer need to include this goal.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This goal was added in our most recent state plan amendment (July 2007) as an additional measure to ensure that all applications are being referred appropriately.	**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*: Covering Kids and Families	**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: Number of applications received by Kid Care CHIP that need to be referred to Medicaid and/or CSH Definition of numerator: Number of applications received by Kid Care CHIP that ARE referred to Medicaid and/or CSH	**Definition of Population Included in the Measure:** Definition of denominator: Number of applications received by Kid Care CHIP that need to be referred to Medicaid and/or CSH. Definition of numerator: Number of applications that are referred to Medicaid and/or CSH.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
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:	**Performance Measurement Data:** Described what is being measured: We are measuring whether the applications that are needing to be referred onto Medicaid and/or the Children's Special Health program are actually being referred. Numerator: Denominator: Rate: Additional notes on measure: Since this is a new performance measure (as of July 1, 2007) so we are still working on obtaining the data for it.	**Performance Measurement Data:** Described what is being measured: We are measuring whether the applications that are needing to be referred onto Medicaid and/or CSH are actually being referred. Numerator: 3715 Denominator: 3715 Rate: 100 Additional notes on measure: For CSH: 888 received with indication that the family has a child with a diagnosed medical condition and 888 were sent to CSH.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** This is a new measure **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** Although 100% of the applications that need to be referred to Medicaid and CSH are referred and our office shows confirmation of the application being sent, we are showing that Medicaid does not always indicate that they have received the application. We are working closely with Medicaid eligibility staff to ensure that all applications are in fact received by Medicaid. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2078:** 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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** Our goal is for 100% of the applications to be referred appropriately. **Annual Performance Objective for FFY 2009:** Our goal is for 100% of the applications to be referred appropriately.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** The goal continues to be 100% **Annual Performance Objective for FFY 2010:** 100%

FFY 2006	FFY 2007	FFY 2008
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.	**Annual Performance Objective for FFY 2010:** Our goal is for 100% of the applications to be referred appropriately. *Explain how these objectives were set:* All applications that need referral to Medicaid and/or CSH must be referred. Therefore our goal remains at 100% of apps being referred appropriately.	**Annual Performance Objective for FFY 2011:** 100% *Explain how these objectives were set:* All applications must continue to be referred to the appropriate program so the goal remains at 100% and is completely attainable.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?**

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
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 (HEDIS@2004)	**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*: Blue Cross Blue Shield Provider data
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: BCBS Provider data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: BCBS Provider Data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Blue Cross Blue Shield 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 participating providers	**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: Numerator is the number of participating providers in the Kid Care CHIP network.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
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 2006	FFY 2007	FFY 2008
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: 814 Denominator: 947 Rate: 86 Additional notes on measure: Each one of our 23 counties has over 50% participation.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **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.	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** For 2007 our provider network remained at 85%. We are pleased with this percentage because the remaining providers not in the network are mainly physicians that do not generally see children. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We continue to work closely with our Medical contractor, Blue Cross Blue Shield to ensure that our relationship with our providers in the state is maintained at adequate levels. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** Our objective is to continue to maintain the provider network at current levels. **Annual Performance Objective for FFY 2009:** Our objective is to continue to maintain the provider network at current levels.	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** For 2008 our provider network increased slightly to 86%. We are pleased with this percentage because the remaining providers not in the network are mainly physicians that do not generally see children **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We continue to work closely with our Medical contractor, Blue Cross Blue Shield to ensure that our relationship with our providers in the state is maintained at adequate levels. We have also traveled the state this past year and visited with individual provider offices. This has allowed the providers to discuss issues with the SCHIP director and vice versa. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** Our objective is to continue to maintain the provider network at current levels and enroll any new providers that come into the state. **Annual Performance Objective for FFY 2010:** Our objective is to continue to maintain the provider network at current levels and enroll any new providers that come into the state.

FFY 2006	FFY 2007	FFY 2008
	Annual Performance Objective for FFY 2010: Our objective is to continue to maintain the provider network at current levels. *Explain how these objectives were set:* Because we have had great success with our provider network our main goal is to continue to maintain the network we have.	**Annual Performance Objective for FFY 2011:** Our objective is to continue to maintain the provider network at current levels and enroll any new providers that come into the state. *Explain how these objectives were set:* Because we have had great success with our provider network our main goal is to continue to maintain the network we have.
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.	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
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 that 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. *Specify*: ☒ Other. *Specify*: Delta Dental provider data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Delta Dental provider data	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ 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 participating providers	**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 participating providers
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
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 2006	FFY 2007	FFY 2008
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.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 169 Denominator: 228 Rate: 74.1 Additional notes on measure: We also continue to have 19 out of our 23 counties with at least 50% participation.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 162 Denominator: 231 Rate: 70.1 Additional notes on measure: With our border providers (those that assist families that live near the border of other states): 186 enrolled providers/255 available = 72.9%
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **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.	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Although our dental network percentage dropped slightly we still feel that our participation is at a level that is adequate for the program. The slight decrease is attributed to dentists retiring from practice in the state. We have had no licensed practicing dentists pull out of the network. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**Our dental contractor, Delta Dental of Wyoming is very dedicated to this program and has worked very hard to be sure that our provider network remains at the highest levels that it can. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** To continue to maintain our dental provider network at current levels **Annual Performance Objective for FFY 2009:** To continue to maintain our dental provider network at current levels	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** Our dental network provider percentage dropped slightly this year but it basically had to do with the way the dentists were calculated in the network. We have not seen any dentists retire or pull out of the network this past year. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**We have a very dedicated dental contractor who continues to work hard to ensure that the network is at the highest levels. The contractor and the SCHIP director have visited quite a few of the dentists across the state in the last year and have found that they are very excited about the program and the children it serves. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** To continue to maintain our dental provider network at current levels. **Annual Performance Objective for FFY 2010:** To continue to maintain our dental provider network at current levels.

FFY 2006	FFY 2007	FFY 2008
	Annual Performance Objective for FFY 2010: To continue to maintain our dental provider network at current levels *Explain how these objectives were set:* Our objectives were set based upon how well we feel we are doing in maintaining our dental network. Because we have been able to keep our network stable our goals are to continue that stability.	**Annual Performance Objective for FFY 2011:** To continue to maintain our dental provider network at current levels. *Explain how these objectives were set:* Our objectives continue to be set based on how well we feel we are doing in maintaining our dental network.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe) 50% of children particpating in Kid Care CHIP will have a primary care provider as a "medical home"	**Goal #3 (Describe)** Encourage use of a primary care provider through health plan policies and education.	**Goal #3 (Describe)** Encourage use of primary care providers through health plan policies and education.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This is a new goal based on revisions to our strategic objectives in our most recent state plan amendment (July 2007)	**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*: 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	**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. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ 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 with a primary care provider	**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 utilizing a primary care provider
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
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%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 4416 Denominator: 8460 Rate: 52.2 Additional notes on measure: Children up to 24 months: 347/650 = 53%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 5127 Denominator: 9575 Rate: 53.5 Additional notes on measure: Children up to 24 months: 450/765 = 58.8%

FFY 2006	FFY 2007	FFY 2008
Children 25 mo to 6 yrs: 1033-1604 = 64% Children 7-11 years: 1337/2731 = 49% Children 12-19 years: 1516/3045 = 50%	Children 25 mo to 6 yrs: 1145/1937 = 59% Children 7-11 years: 1508/2946 = 51% Children 12-19 years: 1624/3301 = 49%	Children 25 months to 6 year: 1371/2257 = 60.7% Children 7 to 11 years: 1562/3106 = 50.2% Children 12 to 18 years: 1718/3350 = 51.2%
Other Performance Measurement Data: 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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **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	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Our overall performance for children's usage of primary care providers remained the same from 2006 to 2007 at 52%. For children up to 24 months we remained just below our goal of 60% (53%); 25 months to 6 years our percentage decreased to 59% although our goal was set for 70%; 7 to 11 years we were slightly under our goal of 55% (51%) and for children 12 to 19 years we were slightly under our goal as well of 55% (49%). **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** Our overall performance for children's usage of primary care providers increased slightly from 52% in 2006 to 53.5% in 2007 (just below our goal of 55%). For children up to 24 months we increased from 53% in 2006 to 58.8% in 2007(just below our goal of 55%); 25 months to 6 years we increased from 59% in 2006 to 60.7% in 2007 (right at our goal of 60%); 7 to 11 years we decreased slightly from 51% to 50.2% (right below our goal of 55%)and for children 12 to 19 years increased from 49% in 2006 to 51.2% in 2007 (right above our goal of 50%). **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We have continued to educate families on the importance of a medical home. This education is coming through quarterly newsletters and birthday letters to children.

FFY 2006	FFY 2007	FFY 2008
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.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** For 2008 our performance objectives are as follows: Overall: 55% Up to 24 months: 55% 24 mo to 6 yrs: 60% 7-11 yrs: 55% 12-19 yrs: 50% **Annual Performance Objective for FFY 2009:** Overall: 60% Up to 24 months: 60% 24 mo to 6 yrs: 65% 7-11 yrs: 60% 12-19 yrs: 55% **Annual Performance Objective for FFY 2010:** Overall: 65% Up to 24 months: 65% 24 mo to 6 yrs: 70% 7-11 yrs: 65% 12-19 yrs: 60% *Explain how these objectives were set:* In looking at our performance over the last year we have found that overall our numbers are staying level just above 50%, however we did not meet our overall goals for the individual age groups. In setting goals for the next few years we plan to strive for increases but we have set them modestly as they are more realistic for the program.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** Overall: 55% Up to 24 months: 55% 24 mo to 6 yrs: 65% 7-11 yrs: 55% 12-19 yrs: 55% **Annual Performance Objective for FFY 2010:** Overall: 60% Up to 24 months: 60% 24 mo to 6 yrs: 70% 7-11 yrs: 60% 12-19 yrs: 60% **Annual Performance Objective for FFY 2011:** Overall: 65% Up to 24 months: 65% 24 mo to 6 yrs: 75% 7-11 yrs: 65% 12-19 yrs: 65% *Explain how these objectives were set:* In looking at our performance over the last year we have found that overall our numbers are staying level just above 50%, however we did meet half of our overall goals for the individual age groups. In setting goals for the next few years we plan to strive for increases but we have set them modestly as they are more realistic for the program.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) Number of children receiving well child visits 15 mo and below	**Goal #1 (Describe)** At least 50% of children who turned 15 months old during the preceding year and were continously enrolled in Kid Care CHIP from 31 days of age will have received at least four well child visits with a primary care provider during their first 15 months of life.	**Goal #1 (Describe)** At least 50% of children who turned 15 months old during the preceding year and were continuously enrolled in Kid Care CHIP from 31 days of age will have received at least four well child visits with a primary care provider during their first 15 months of life.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This is a new measure that was added as part of our state plan amendment on July 1, 2007	**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*: 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 @ 2002/2004	**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. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ 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 15 mo and below	**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: Total children with services	**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: Total children with services
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 145 Denominator: 352 Rate: 41.2 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 3 Denominator: 5 Rate: 60 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 5 Denominator: 6 Rate: 83.3 Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **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.	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** This is a new measure for 2007 **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** Our performance objective for 2008 would be to increase our rate by 5% **Annual Performance Objective for FFY 2009:** Our performance objective for 2009 would be to increase our rate by an additional 5% **Annual Performance Objective for FFY 2010:** Our performance objective for 2010 would be to increase our rate by an additional 5% *Explain how these objectives were set:* This is a new measure for us this year however we were able to exceed our original goal by 10%. In the next few years we hope to continue to be able to increase our utilization.	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** We had indicated that we would like to increase our performance by 5%. In this measure we exceeded that goal and increased our performance by 23%. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We have really focused on education and wellness over the last year. This has been done through quarterly newsletters and birthday letters to families. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** We hope to increase by another 5% **Annual Performance Objective for FFY 2010:** we hope to increase by an additional 5% **Annual Performance Objective for FFY 2011:** We hope to increase by an additional 5% *Explain how these objectives were set:* These objectives were set modestly so that they can be attainable but are not unreachable.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) Well child visits 3-6 years	**Goal #2 (Describe)** At least 50% of five and six year old children who were continuously enrolled in Kid Care CHIP during the preceding year will have received one or more well child visits with a primary care provider during the proceding year.	**Goal #2 (Describe)** At least 50% of five and six year old children who were continuously enrolled in Kid Care CHIP during the preceding year will have received one or more well child visits with a primary care provider.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This is a new measure for the program based on our State plan amendment from July 1, 2007.	**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*: 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 @ 2002/2004	**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. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ 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: Chidlren age 3-6 with well child visits	**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: Total children with services	**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 services
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
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	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 110 Denominator: 327 Rate: 33.6 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 134 Denominator: 398 Rate: 33.7 Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
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 the need for wellness within this population.		
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: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **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.	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** This is a new measure for 2007. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** Our performance objective for 2008 is to increase of wellness visits in this age category by 5% **Annual Performance Objective for FFY 2009:** Our performance objective for 2009 is to increase of wellness visits in this age category by an additional 5% **Annual Performance Objective for FFY 2010:** Our performance objective for 2010 is to increase of wellness visits in this age category by an additional 5% *Explain how these objectives were set:* We continuously strive to find new ways to encourage families to take their 3-6 year olds in for wellness visits. We are hoping to be able to make small strides in this population therefore we have chosen to set our goals at 5% increases each year.	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** Our goal was to increase our performance by 5%, however in this objective we remained the same as 2006. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We have just rolled out a new wellness campaign and are hoping that it will help the program in attaining its goals of increasing wellness utilization among our enrolled children. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** Increase by 5% **Annual Performance Objective for FFY 2010:** Increase by an additional 5% **Annual Performance Objective for FFY 2011:** Increase by an additional 5% *Explain how these objectives were set:* We continue to struggle with our numbers in this area. We are working on new ways to report as we believe many children may have already had their visit prior to coming onto the program.

FFY 2006	FFY 2007	FFY 2008
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	**Goal #3 (Describe)** At least 50% of five and six year old children enrolled in Kid Care CHIP will have received dental services prior to kindergarten entry.	**Goal #3 (Describe)** At least 50% of five and six year old children enrolled in Kid Care CHIP will have received dental services prior to kindergarten entry.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This is a new measure based on performance measures outline in our state plan amendment from July 1, 2007.	**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*: Delta Dental Claims 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 claims data
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ 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: Number of children receiving services
Year of Data:	**Year of Data:** 2007	**Year of Data:** 2008
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 2006	FFY 2007	FFY 2008
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: 679 Denominator: 762 Rate: 89.1 Additional notes on measure: Children with just preventive visits: 458/762 = 60%	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 835 Denominator: 881 Rate: 94.8 Additional notes on measure: Children with just preventive visits: 571/881 = 64.8%
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** This is a new measure for 2007 **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We are working hard to find new ways to educate families on the importance of taking their children in for their preventive dental visits. We also are encouraging them to use their dental benefits. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2008:** Our objective for 2008 is to increase our utilization by 5% **Annual Performance Objective for FFY 2009:** Our objective for 2009 is to increase our utilization by an additional 5%	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** Our performance goal was to increase our utilization by 5%. We met this objective this past year as 89% of the children received services and this year 94.7% received services. Children with just preventive visits increased from 60% to 64.8%. **What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We have worked very hard along with our dental contractor to encourage not only preventive benefit utilization in dental but overall utilization. As you can see in this category our percentages continue to increase. **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2009:** Our objective for 2009 is to incease utilization by 5% **Annual Performance Objective for FFY 2010:** Our objective is to maintain utilization

FFY 2006	FFY 2007	FFY 2008
	Annual Performance Objective for FFY 2010: Our objective for 2009 is to increase our utilization by an additional 5% *Explain how these objectives were set:* These objectives were set based on data for this first year. We were able to exceed our original goal of 50% by 10%. Due to the extra work we are doing to educate families on the importance of prevention we anticipate being able to continue to increase our goals each year.	**Annual Performance Objective for FFY 2011:** our objective is to maintain utilization *Explain how these objectives were set:* Based on our results over the last couple of years we feel that the above objectives are attainable for our program. The extra work to educate families on the importance of prevention and utilization is beginning to show.
Other Comments on Measure:	**Other Comments on Measure:**	**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 utilize a state strategic plan, state annual report and semi-annual reporting from our contractors to review access, quality and other outcomes. We have found that our children are utilizing services but are struggling with the best way to measure and report on utilization of preventive visits (wellness/immunization).

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 have begun receiving semi-annual reports from Blue Cross Blue Shield that provide specific detail on certain measures/diagnosis/codes that we are hoping will assist us in gathering the best data. This data should be available in the next year.

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?

No studies 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 **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

We have continued to work closely with our community partners this year. We have worked closely with our two contractors and have created new parterships with organization in the state (Wyoming Association of Municipalities, School Nurses, PHN nurses, NEEDS, Title I Schools and others). Our new activities included back to school events, print ads, movie theater ads, university football and basketball games, specific dental outreach and education, specific projects to preschools, etc.

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?

We have found that family/friends and the schools have been the most effective in reaching the families. We work very closely with the school nurses and the school lunch program and were able to have them hand out application cards to families to make applying for the program less complicated. We have found that families indicate they hear about us from their Doctor's offices. Our measurements come from calls to our hotline.

Which of the methods described in Question 2 would you consider a best practice(s)**? [7500]**

Our dental education and our work with the schools and pre-schools.

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? **[7500]**

Rural Areas: We partnered with Farmers union insurance who writes insurance for most of our farmers and ranchers in the state. This has proven to work well since many of the families can only afford insurance on the farm/ranch and/or on the parents but not the children.

Native Americans: We have created a good working relationship with our Indian Health Services clinic and the tribal business council. We presented twice in 2008 to representatives from the reservation and the SCHIP director visited the reservation twice to provide information and to answer questions. We also designed specific brochures and posters for the reservation with native american children, etc on them. We also distributed the materials across the reservation & towns in Fremont county.

Minorites: We have translated all of our outreach materials into Spanish and have been working closely with the Latino Resource Center in Jackson. We have conducted trainings with their staff and have helped organize parent nights. We also participated in Black History month at the Depot in Cheyenne. We feel that each of these efforts have been successful. Effectiveness continues to be measured by applications and calls received into our office.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

In 1996/1998 there were 13,000 uninsured kids @ or below 200% FPL. As of 2005/2007 there were 6,000 uninsured kids @ or below 200%. That is a drop of 7,000 kids or 46%.

Data source: CPS data

SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following question

Do you have substitution prevention policies in place?

☒ Yes
☐ No

If yes, indicate if you have the following policies:
☒ Imposing waiting periods between terminating private coverage and enrolling in SCHIP
☐ Imposing cost sharing in approximation to the cost of private coverage
☒ Monitoring health insurance status at the time of application
☐ Other, please explain **[7500]**

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states should also answer this question if you have a point at which the state will implement or modify a current substitution policy should substitution levels become unacceptable.

Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

n/a

All States must complete the following 3 questions

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

We review all applications first and if a family indicates they have insurance their application is denied. We also 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 & did not indicate that on their 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.

At the time of application, what percent of SCHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] and what percent of applicants are found to have other insurance [(# applicants found to have other insurance/total # applicants) * 100]? Provide a combined percent if you cannot calculate separate percentages. **[50]**

1.8% have Medicaid/11% have other insurance

Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # applicants who would have to complete a waiting period)*100]? **[50]**

we do not have this data available

Of those found to have other, private insurance, what percent must remain uninsured until the waiting period is met [(# applicants who must complete waiting period/total # applicants who would have to complete a waiting period)*100]? **[50]**

100%

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP (i.e., (# applicants who drop coverage/total # applicants) * 100)? **[7500]**

We have not found that many people are dropping their insurance to be on Kid Care 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. We do not currently have the percentage that drop their coverage but have recently built the ability to track this into our eligibilty system. We should be able to report on this next year.

COORDINATION BETWEEN SCHIP AND MEDICAID

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

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

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. A self addressed stamped envelope is included to assist them. 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 as well as proof of identity. Everything else is self declaration for them also.

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. **[7500]**

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

During the 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 Kid Care CHIP.

We have not identified any challenges.

Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and SCHIP? Please explain. **[7500]**

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 but are accepting SCHIP.

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

ELIGIBILITY REDETERMINATION AND RETENTION

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? **[500]**
3 notices are sent.
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?) **[500]**
60 days prior to renewal, 30 days prior to renewal and 10 days prior to closure of policy

☐ Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]**

Families have a one page renewal application to complete

☒ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

Our contractor BCBS contacted families this year that did not renew via phone/mail

☐ Other, *please explain*: **[500]**

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. **[7500]**

Our renewal rates are lower than what we would like to have them at. We continue to send out notices early and feel that is still a good policy. We have begun to send out emails in addition to the letters to try and remind families in another way.

What percentage of children in the program are retained in the program at redetermination (i.e., (# children retained/total # children up for redetermination) * 100)? What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children up for redetermination) * 100) **[500]**

Disenrolled @ renewal: 1184/3600 = 32.8% are disenrolled

Retained @ renewal: We do not have the capability in the past year to gather this data but will have that in the next year as our system now tracks it.

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? **[7500]**

We did some tracking this past year with the assistance of our contractor but did not find that we gained any additional children from calling families. Most families did not return renewal phone calls or their phones were disconnected.

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. **[7500]**.

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 (specify)**	
	Num ber	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. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

COST SHARING

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No assessments have been undertaken

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? **[7500]**

No assessments have been undertaken

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? **[7500]**

n/a

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

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

Children

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

☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration

Adults

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

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

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

☐ Parents and Caretaker Relatives
☐ Childless Adults
☐ Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

What benefit package does the ESI program use? **[7500]**

Are there any minimum coverage requirements for the benefit package? **[7500]**

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____ Number of childless adults ever-enrolled during the reporting period
_____ Number of adults ever-enrolled during the reporting period
_____ Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

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

Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention,

(2) investigation,

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

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 quality control check each month.

For Medical 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.

Any billing issues go back to a lack of education by coding staff so our contractor conducts alot of education with them.

For Dental Providers: If a complaint comes in, it is handled by the appropriate staff member and then processed thru the executive staff. Our contractor researches the issue, obtains documentation, and then makes a determination. Depending on the issue, they may bring in their legal counsel, the dental director or others to assist.

If a dental office is suspected to be perpetrating fraud and abuse, they are put in Focused Review and all claims from that office are manually reviewed for Claims Determination.

Licensing issues are brought to the attention of the appropriate licensing board.

Any billing issues are usually attributed to a lack of education or experience by the dental office staff. Our contractor assists the dental office staff with appropriate coding or education as necessary.

If the state does not have a written plan, do managed health care plans with which your program contracts have written plans?

☐ Yes

☒ No

Please Explain: **[500]**

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☒

Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

☒ Yes, please answer question below.

☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

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

5. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

☐ Yes

☒ No

Please explain: **[500]**

Enter any Narrative text below. **[7500]**

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 2008. 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	**2008**	**2009**	**2010**
Insurance payments	12883216	13518392	14792400
Managed Care			
Fee for Service			
Total Benefit Costs	12883216	13518392	14792400
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 12883216	$ 13518392	$ 14792400

Administration Costs			
Personnel	618186	642913	668630
General Administration	218980	227739	236849
Contractors/Brokers (e.g., enrollment contractors)	327175	363000	278000
Claims Processing			
Outreach/Marketing costs	59027	80000	80000
Other (e.g., indirect costs) indirect costs	121373	126228	131277
Health Services Initiatives			
Total Administration Costs	1344741	1439880	1394756
10% Administrative Cap (net benefit costs ÷ 9)	1431468	1502044	1643600

Federal Title XXI Share	9248172	9722877	10521651
State Share	4979785	5235395	5665505

TOTAL COSTS OF APPROVED SCHIP PLAN	14227957	14958272	16187156

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) **[500]**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2008		2009		2010	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care	71357	$ 178	70762	$ 188	73962	$ 200
Fee for Service		$		$		$

Enter any Narrative text below. **[7500]**

2008: Total Duplicated count of eligibles. October 2007 began with 5,840 children and ended with 6,002 in Sept 2008. The premium paid in FFY 08 was $178 from Oct 2007 to June 2008 then $188 from July 2008 to Sept 2008.

2009: Began with 5,988 eligibles on October 1, 2008 and are estimating that we will have 6,001 children enrolled by Sept 30, 2008. Premium of $188 PMPM until June 2009. As of July 2009 premium estimated to be $200 PMPM.

2010: Estimating to begin with 6,109 eligibles on October 1, 2009 and ending with 6,384 eligibles on Sept 30, 2010. Premium of $200 PMPM.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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				
	* Upper % of FPL are defined as Up to and Including									
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

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2008**	**2009**	**2010**	**2011**	**2012**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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. **[7500]**

We continue to have a Governor and Legislature that supports healthcare for low-income uninsured children and families. In the reporting period our fiscal environment was ok especially compared to other states and the economy.

During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The greatest challenge has been maintaining enrollment and losing children at renewal. We continue to have many families not returning their renewal forms therefore we close many children each month.

It is also difficult to budget without any reauthorization and a continued decrease in our allotments.

We also are struggling with the unknown that the lack of reauthorization has brought. Without the program being reauthorized it makes it very difficult to plan a biennial budget with your state Legislature.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

We continue to be successful with the outreach and education campaigns we are conducting across the state. We have created partnerships with new organizations such as the Wyoming Association of Municipalities and have many cities and towns in Wyoming providing information on our program to those in their communities.

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. **[7500]**

Currently our budget projections for the state are not as high as usual. In previous years Wyoming has always had a large surplus of money and this year it has decreased. Also with the MMSEA and lack of reauthorization we will have no federal money as of April 1st unless something is passed in congress. Because of these uncertainties we may have to implement an enrollment freeze in the next year.

Enter any Narrative text below. **[7500]**