OMB #: 0938-0707
Exp. Date:

MODEL APPLICATION TEMPLATE FOR STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT STATE CHILDREN'S HEALTH INSURANCE PROGRAM

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available; we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

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

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

/s/

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer
Wyoming Department of Health

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Patricia Guzman — Position/Title: CHIP Director/Kid Care CHIP Program Mgr
Name: — Position/Title:
Name: — Position/Title:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 ☒ Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. ☐ A combination of both of the above.

Overview

The State of Wyoming will implement a Children's Health Insurance Program (CHIP) based on Title XXI of the Social Security Act.

Kid Care CHIP is not an entitlement program. The legislature will appropriate funds for Kid Care CHIP each biennium. Enrollment will be based on funding. Enrollment will be monitored on a monthly basis and if based on the monitoring, it is determined that funds will not be available to continue the program, enrollment will be suspended via an approved enrollment freeze until adequate funding is available.

This is amendment six and replaces any previous amendments.

The existing Department of Health infrastructure will be used to support this program whenever possible.

Wyoming assures that it will conduct Kid Care CHIP in compliance with all applicable civil rights requirements.

Children up to age 19 in families up to 200% of the federal poverty level (FPL), who are uninsured and are not eligible for Medicaid will be eligible for Kid Care CHIP. The following chart displays the current age and income requirements in relation to the federal poverty level (FPL) for Medicaid and Kid Care CHIP.

State Children's Health Insurance Program Eligibility

Age	Up to 100% FPL	101% to 133% FPL	134% to 185% FPL	186% to 200% FPL
Birth to 5	Medicaid (EqualityCare)			
6-18 years			Kid Care CHIP	

The Children's Health Insurance Program Office within the Office of Health Care Financing of the Wyoming Department of Health (WDH), will administer Kid Care CHIP.

The proposed effective date for this amendment is October 1, 2009.

1.2 ☒ Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

Wyoming assures that any expenditure for Kid Care CHIP will not be claimed prior to receiving Legislative authority to operate the plan or plan amendment as approved by CMS.

1.3 ☒ Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Wyoming assures that it complies with all applicable civil rights requirements.

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: October 1, 2009

Implementation date: October 1, 2009

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

2.1. Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

Health Insurance

☒ Of the 132,363 children under age 18 in the state, it is estimated that 12,629 are uninsured, based on updated 2007 U.S. Census Data and GAO estimates of the uninsured. Approximately 7,015 are children in families at or below 200% of the federal poverty level (FPL). The percentage of uninsured children increases as family income decreases.

☒ Uninsured children, eligible for Kid Care CHIP, are targeted for enrollment through the state's marketing and outreach efforts, coordination with other public and private programs, and through partnerships created across the state with other agencies, organizations and non-profits.

☒ The number of children eligible for Kid Care CHIP was determined using population and uninsured data adjusted to capture income and age eligible children.

Race and Ethnicity Statewide

Wyoming is a homogenous state, with 88 percent of people classifying themselves as "White." Data from the Census Bureau's March 2007 and 2008 CPS in the table below illustrates race and ethnicity in Wyoming.

2007 Wyoming Race and Ethnicity Profile

Race/Ethnicity	Number	Percent
Total Population	561,239	100.0
White	491,880	88%
Black	6,410	1.1%
American Indian, Eskimo, or Aleut	12,899	2%
Asian or Pacific Islander	3,795	6%
Other	7,846	1.4%
Hispanic Origin (of any race)	38,409	7%

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

Wyoming utilizes a variety of approaches to identify and enroll children who may be eligible to participate in EqualityCare (Medicaid) or Kid Care CHIP or to obtain public health services.

Wyoming coordinates its outreach efforts with the USDA school lunch program and staffs the Kid Care CHIP hotline for calls from interested parents. Kid Care CHIP staff is knowledgeable about requirements and services available through public health programs including Medicaid. The staff responds to inquiries from the public and coordinates with public schools, school nurses, school administrators, principals, department of education and others.

These approaches are described in the following paragraphs:

- EqualityCare (Medicaid), which is administered by the Wyoming Department of Health, provides health coverage to children from birth through age five up to 133 percent of the federal poverty level (FPL) and children age six through 18 up to 100 percent of the FPL. Children are also eligible for EqualityCare benefits if they are eligible for developmental disability waiver program services or are receiving Supplement Security Income (SSI) payments. Infants born to Medicaid enrolled women remain eligible for EqualityCare for 12 months.

- Kid Care CHIP, is also administered by the Wyoming Department of Health, provides health

coverage to children age 6 through 18 from 101% to 200% FPL and children birth through age 18 from 134% to 200% FPL.

- Wyoming takes the following steps to enroll children in EqualityCare and Kid Care CHIP:

1) The Wyoming Department of Health has an interagency agreement with the Department of Family Services (DFS) to determine eligibility for EqualityCare and the Department of Health, Children's Health Insurance Program Office determines eligibility for Kid Care CHIP. The interagency agreement with DFS allows for the coordination of eligibility between the Department of Health and the Department of Family Services.

2) Posters, brochures, applications and a 1-800 number provide EqualityCare and Kid Care CHIP information to potentially eligible families at numerous locations across the state including public health nursing offices, provider offices, Indian Health Services, local government offices, schools, insurance offices and WIC offices.

3) A State funded program which provides medical care for foster children in DFS custody is administered by the Office of Medicaid and provides the same level of medical benefits to low income foster children and children in subsidized adoptions who are not eligible for EqualityCare or Kid Care CHIP.

4) Public Health Nursing (PHN) - Thirty-one offices statewide provide direct health services such as immunizations. PHN offices work closely with the Health Department and with DFS to assure appropriate referrals are made to Kid Care CHIP. Some PHNs determine presumptive eligibility for the Medicaid pregnant woman program. Funding comes from a combination of state, county, and/or federal funds.

5) Women, Infants and Children's (WIC) offices statewide provide referral to Kid Care CHIP and/or EqualityCare for clients who are income eligible. WIC coordinates with EqualityCare by referring clients to Medicaid if appropriate. WIC is funded by the Department of Agriculture.

6) Maternal and Child Health (MCH) offers several programs which lead to referral to Kid Care CHIP. These programs include:

    a. Best Beginnings - A coordinator in each county assists pregnant women to get care and services necessary to help assure a healthy pregnancy.

    b. Home Visiting for Pregnant and Parenting Families - A program designed to help young, first-time mothers during pregnancy and child rearing.

   Funding comes from a combination of private, state, county, and/or federal funds. Referrals are made to Medicaid if a financial need for medical care is identified.

7) Children's Special Health (CSH) - This program provides care coordination and case management for low income children under age 19 up to 200% of the FPL and high-risk mothers who have special health care needs who are not eligible for EqualityCare or other health care insurance. Kid Care CHIP works closely with CSH and referrs applications that indicate a child has a special healthcare need on a daily basis. The CSH application includes an income determination to screen for Kid Care CHIP eligibility. Program activities are funded with state and federal funds.

8) Federally Qualified Health Centers - Wyoming has 6 federally qualified health centers. These facilities have the resources necessary to determine presumptive eligibility for pregnant women and to make referrals to other programs. These clinics provide health care services and are funded with state and federal funds.

9) Indian Health Services (IHS) Clinic - Wyoming has two IHS clinics on the Wind River Indian Reservation. The clinic provides comprehensive ambulatory medical care and preventative services at the Fort Washakie and Arapahoe clinics.

10) Migrant Health Services - There are two migrant health programs in Wyoming covering six counties which provide limited service in a clinic setting and provide vouchers for participants to obtain services from private medical providers. These programs are funded by federal funds.

11) Part C of the Individuals with Disabilities Education Act - The program provides statewide early intervention services to meet the needs of Wyoming's infants and toddlers with diagnosed disabilities or with developmental delays which warrant concern for future development. Children deemed eligible for Part C Services in Wyoming who appear to be EqualityCare eligible are referred to a DFS field office for Medicaid determination.

2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. *(Previously 4.4.5.)*
(Section 2102)(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))

The state's goal is to provide all targeted low-income children with an accessible and comprehensive system of care that secures a medical home for children. This coordination is directed to ensuring that Kid Care CHIP will not supplant or replace existing programs. Rather, the goal of coordination will be close cooperation between these programs to enhance the health care resources available to low-income children.

The Wyoming Department of Health, the single state agency which administers Kid Care CHIP also administers EqualityCare. This administrative structure has helped to coordinate both Medicaid and CHIP for facilitating enrollment in the respective programs.

Kid Care CHIP coordinates with the state Maternal and Child Health program to ensure that children with needs beyond what Kid Care CHIP cover are referred to the Children with Special Health Care Needs (CSH) program. Because the CSH program provides limited diagnosis specific benefits, children who apply for CSH are screened for eligibility for Equality Care (Medicaid) or Kid Care CHIP and referred appropriately.

Collaborative efforts are in place between the CSH program and EqualityCare to provide case management for children who are dually eligible for both programs. The Medicaid fiscal agent also processes claims for the CSH program.

Section 3. Methods of Delivery and Utilization Controls (Section 2102)(a)(4))

☐ **Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan,** and continue on to Section 4.

3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42CFR 457.490(a))

The Department of Health, Children's Health Insurance Program Office has primary responsibility for the operation of Kid Care CHIP. Wyoming has very little to no managed care in the state. Because of this Wyoming will rely primarily on one insurance plan for coverage under Kid Care CHIP.

An RFP is issued to private health insurance carriers every two to three years. Carriers are asked to propose plans that provide the required basic level of benefits that was set by Wyoming state statute and the Health Benefits Committee. A contract is awarded to one insurance company that in its proposal best addresses: price, level of benefits, provider network, outreach efforts, cost sharing, marketing, member rights, access to care, grievance procedures and continuation of a private pay basis if the family ceases to be eligible for CHIP.

Financing for Kid Care CHIP will be through Federal CHIP allotments matched by State General Funds.

3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children. Describe the systems designed to ensure that enrollees receiving health care services under the state plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved state plan. (Section 2102)(a)(4) (42CFR 457.490(b))

Administrative mechanisms that will be used to ensure appropriate medically necessary approved care are as follows:

- The contractor is required to have at least the "floor level" of benefits that have been developed for Kid Care CHIP in order to be considered an acceptable plan.
- Educational activities are conducted to make certain that insured individuals and health care providers are knowledgeable about the extent of coverage.
- The insurer is required to have adequate staff and procedures in place to ensure that services provided to those eligible are medically necessary and appropriate.
- The plan offered complies with requirements of Wyoming Insurance Law and the insurer is licensed by the Wyoming Department of Insurance.
- The Department of Health approves the complaint and grievance process for addressing eligibles complaints and appeals. Those eligible receive a copy of the complaint and grievance process upon eligibility and at least annually thereafter.
- Quarterly reports are provided by the insurer on all grievances and complaints handled.

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

☐ **Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the states Medicaid plan,** and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. **(Section 2102)(b)(1)(A)) (42CFR 457.305(a) and 457.320(a))**

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
WY-13-0011 Approval Date: 05/09/14 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7 CS15	Eligibility – Targeted Low Income Children MAGI-Based Income Methodologies	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 Incorporate within a separate subsection under section 4.3

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
WY-13-0008 Approval Date: 07/22/14 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
WY-13-0012 Approval Date: 04/01/14 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
WY-13-0009 Approval Date: 04/08/14 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
WY-13-0010 Approval Date: 07/10/14 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17 CS18 CS19 CS20 CS27	Non-Financial Eligibility – Residency Non-Financial Eligibility – Citizenship Non-Financial Eligibility – Social Security Number Non-Financial Eligibility – Substitution of Coverage Non-Financial Eligibility – Continuous Eligibility	Supersedes the current section 4.1.5 Supersedes the current sections 4.1.0; 4.1-LR; 4.1.1-LR Supersedes the current section 4.1.9.1 Supersedes the current section 4.4.4 Supersedes the current section 4.1.8

4.1.1 ☒ Geographic area served by the Plan: State Wide

4.1.2. ☒ Age: Available to children from age 6 through age 18 (from 101% to 200% FPL) and children age birth through age 18 (from 134% to 200%). Coverage for children who are eighteen years of age will continue until the child turns 19.

4.1.3. ☒ Income: Available to children at or below 200 percent of the federal poverty level who are not eligible for Medicaid. See Attachment A for eligibility definitions.

4.1.4. ☐ Resources (including any standards relating to spend downs and disposition of resources): There will be no resource test.

4.1.5. ☒ Residency (so long as residency requirement is not based on length of time in state) : U.S. Citizenship and Wyoming residency is required.

child is considered a resident if they are living in the state voluntarily with the intention of establishing a permanent residence. Wyoming follows Federal guidelines in determining whether a child is a U.S. citizen or Qualified Alien who is eligible for Kid Care CHIP.

4.1.6. ☒ Disability Status (so long as any standard relating to disability status does not restrict eligibility): No child will be denied eligibility based on disability status. If the child receives SSI, the child will be denied coverage based on their eligibility for Medicaid, not for reasons of disability status.

4.1.7. ☒ Access to or coverage under other health coverage: A child is found ineligible when: 1) the child is eligible for Medicaid; 2) the child is covered under a group health plan or under health insurance coverage as defined in section 2791 of the Public Health Service Act; 3) the parent has voluntarily dropped coverage under another health insurance plan within one month of application. 4). The child is eligible to receive health insurance benefits under Wyoming's state employee benefit plan.

4.1.8. ☒ Duration of eligibility: A child will be eligible for 12 months. The eligibility is a continuous period of time from the effective date unless the child moves out-of-state, becomes Medicaid eligible, fails quality control or enters a public institution. Coverage for children who are eighteen years of age will continue until the child's 19th birthday. The family will be asked to report changes in residency. At the end of the 12 month period, eligibility will be redetermined.

Failing Quality Control means the State randomly selects 20% of the approved applications and renewals for a quality control check; where the family is obligated to provide proof of income. If a family fails to return this information, the enrolled child (ren) is taken off of Kid Care CHIP for non compliance. This family is welcome to re-apply, but will need to provide proof of income before eligibility is determined. If a family returns the requested information and the income puts the child within Medicaid income guidelines, the child is taken off of Kid Care CHIP and the application and proof of income is forwarded to the Department of Family Services (who determine eligibility for Medicaid). If a family returns the requested information and the actual income exceeds the Kid Care CHIP income guidelines, the child is removed from Kid Care CHIP at the end of the month for being over income.

4.1.9. ☒ Other standards (identify and describe): A child who is a resident of an

institution for mental disease or a public institution will not be eligible at application or redetermination for Kid Care CHIP.

Wyoming's healthcare coverage application requires a social security number for children as part of the screen and enroll process, even though Kid Care CHIP does not require them. Wyoming automatically screens for Medicaid eligibility first which requires the social security number and then for SCHIP eligibility.

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102) (b) (1) (B)) (42CFR 457.320(b))

4.2.1. ☒ These standards do not discriminate on the basis of diagnosis.

4.2.2. ☒ Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.

4.2.3. ☒ These standards do not deny eligibility based on a child having a pre-existing medical condition.

4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2)) (42CFR 457.350)

Application

The state uses a combined Medicaid and Kid Care CHIP application. Information requested on the combined application includes: income, health insurance status, current address, U.S. Citizenship, Race (optional) and Primary Language spoken (optional). Applications are available at the Kid Care CHIP office, Kid Care CHIP website, provider offices, schools, Head Start facilities and private entities such as insurance agents, Department of Family Services, local government office and FQHC, RHC, IHS, PHN offices. Applications are accepted by mail or via our online application.

Applications can be mailed to Kid Care CHIP directly from families or other agencies or organizations assisting the families in their application process. Families will also be able to submit an application via our online application.

The application contains a statement advising the family that the application will be sent to their county DFS office if the child(ren) appear to be EqualityCare eligible. An application will be deemed to be complete when all of the questions have been answered, when it has been signed, date stamped and when proof of citizenship is attached.

Eligibility Determination

Eligibility for Kid Care CHIP is determined by the Department of Health. All applications are screened for EqualityCare (Medicaid) eligibility first and then for Kid Care CHIP eligibility. If the application appears eligible for EqualityCare (Medicaid), the application is forwarded to a county DFS office via fax

or mail. Eligibility for Kid Care CHIP is determined within 45 days of the receipt of the application. All applications received on or before the 25th of each month that are made eligible for Kid Care CHIP begin eligibility on the first day of the following month. If an application is received after the 25th of the month, eligibility begins the month thereafter. (For example: If an eligible application is received on January 10th, the child's benefits would begin on February 1st. If the application is received on January 27th, the child's benefits would begin on March 1st.) The Department provides the insurance company with a list of all newly eligible children no later than the last working day of the month. The insurance company has 10 days from the date of receipt to send the eligible child's family an enrollment packet that includes an identification card, list of providers, benefit book, contact/grievance/complaint numbers, information on cost sharing, etc.

Kid Care CHIP staff date stamp the application when it comes in to track the time in which it takes to make the eligibility determination as well as for the Department of Family Services so that they are aware as to when the application was originally received. It takes one or two days for the postal service to deliver the application to the respective county office or one day via fax.

If the application is sent to the county DFS office, Kid Care CHIP sends a letter to the family advising them that the child or children appear to be eligible for EqualityCare and that their application has been forwarded to their county DFS office for eligibility determination. The letter includes a phone number to their county office in case the family has questions.

If the DFS office finds the child(ren) ineligible for Medicaid, the county office advises Kid Care CHIP of the denial and the children will possibly be made eligible for CHIP. All enrollments are subject to funding and eligibility requirements.

Continuous Eligibility

A child determined eligible for Kid Care CHIP is eligible for a continuous 12 month period, unless they reach their nineteenth birthday within the 12 month period, they move out of state, fail Quality Control, become eligible for SSI, Pregnant Woman's program, foster care, request their policy be closed or they enter a public institution.

Once eligibility is determined, changes in a family's composition or income will not affect a child's eligibility during the 12 months continuous period.

Notification

A confirmation of eligibility for Kid Care CHIP is mailed to the family by the Department of Health. The family also receives an enrollment packet from the insurance company that includes an identification card, welcome letter, provider list, information on the benefits covered and not covered, information on co-payments, information on tracking of cost sharing, contact information and grievance procedures. If a family is ineligible for Kid Care CHIP the Department also sends out a letter advising the family why they are ineligible and provides information on other resources available.

Annual Notices

Children participating in Kid Care CHIP must reapply for the program every 12 months. A notice is mailed to the family both at 60 days prior to the end of the eligibility period and 30 days prior to the end of the eligibility period informing them when their CHIP eligibility period will end and providing instructions for reapplying. The notice will also be emailed to families at the same time period for those that provide their email address to Kid Care CHIP. The family must complete the renewal form that is mailed/emailed to them which will include name, address, income, insurance status, family composition and signature and return it to the Department of Health. Families may return their form via mail, fax, email, through the online application system or they may call the Kid Care CHIP office & speak to an Eligibility staff member to have their eligibility renewed. If Kid Care CHIP has not received the families' renewal form/information by the 20th of the month, Kid Care CHIP Eligibility staff will begin contacting families by phone to attempt to assist them in the renewal process. If the renewal form is not returned by the 25th of the month, coverage will terminate. The Department will send an additional notice to the family ten days prior to their policy closing to advise that coverage will terminate and to advise that they may still re-apply for coverage.

Training & Support for Department of Health and DFS field offices

Because the Department of Health determines eligibility for Kid Care CHIP and DFS determines eligibility for Medicaid (EqualityCare), there continues to be ongoing training and coordination that takes place to ensure that children are moved between programs smoothly. Kid Care CHIP participates in quarterly supervisor trainings with DFS field offices, annual benefit specialists meetings and travels to local offices to train one on one with staff members. Kid Care CHIP also sends each employee at DFS a quarterly newsletter that provides up to date information on Kid Care CHIP.

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any). (Section 2106(b) (7)) (42CFR 457.305(b))

☐ Check here if this section does not apply to your state.

Kid Care CHIP is not an entitlement program. The legislature will appropriate funds for Kid Care CHIP each biennium. The Department of Health assures that any waiting list, enrollment cap or closed enrollment period for Kid Care CHIP will be implemented in accordance with 42 CFR 457.65(d). If the state determines that due to an increase in costs that an enrollment freeze must be implemented, an amendment will be submitted in order to implement the freeze.

The Kid Care CHIP program will notify CMS via a state plan amendment prior to implementing an Enrollment Freeze for the program. The program will also have published a public notice prior to the effective date of the freeze as well as notifying existing families and all organizations that are in contact with potential Kid Care CHIP enrollees – including the Department of Family Services, Public Health, WIC, etc.

Kid Care CHIP will continue to accept applications and screen for Medicaid, however all applications that would be eligible for Kid Care CHIP will be denied and the family will be notified that there is an enrollment freeze in place. If it looks as if a family is eligible for Medicaid that application will be forwarded to the Department of Family Services.

Under the freeze, all Kid Care CHIP eligible children would be denied coverage and the family would be notified that there is an enrollment cap in place. After the enrollment cap is lifted, the State would also send notices to individuals denied coverage in the last 60 days to inform them that the enrollment cap is no longer in place. All applications would be screened on a first come first serve basis.

4.4. Describe the procedures that assure that:

4.4.1. Through the screening procedures used at intake and follow-up eligibility determination, including any periodic redetermination, that only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance coverage (including access to a state health benefits plan) are furnished child health assistance under the state child health plan. (Sections 2102(b)(3)(A) and 2110(b)(2)(B)) (42 CFR 457.310(b) (42CFR 457.350(a)(1)) 457.80(c)(3))

The healthcare coverage application asks if a child applying for Kid Care CHIP has been covered by health insurance within the last month. If the child has been covered and it was not cancelled due to an allowable reason, or a child has access to the state employees insurance because of a family member's employment with a public agency (even if the family declines to accept coverage) per 42 CFR 457.310 (c)(1) then the child will be denied coverage. The insurer contracting with Kid Care CHIP required to notify Kid Care CHIP if they have reason to believe an enrollee has other coverage.

Kid Care CHIP exchanges information with other agencies about the availability of insurance coverage for children applying for or determined eligible for Kid Care CHIP. We work with other programs in the Department of Health (Office of Medicaid, Children's Special Health and Dental Health) as well as Blue Cross Blue Shield.

4.4.2. The Medicaid application and enrollment process is initiated and facilitated for children found through the screening to be potentially eligible for medical assistance under the state Medicaid plan under Title XIX. (Section 2102)(b)(3)(B)) (42CFR 457.350(a)(2))

The State of Wyoming is committed to enrolling uninsured children in a health insurance program appropriate to their age and family income level.

Kid Care CHIP screens for Medicaid eligibility. If, upon initial screening, it is found that the application is eligible for Medicaid, the application is forwarded to the county DFS office to process. If the child is ineligible for Medicaid, the application is screened for Kid Care CHIP.

At renewal, if a child is determined to qualify for Medicaid then the Kid Care CHIP program forwards the renewal form to DFS to process for Medicaid eligibility.

4.4.3. The State is taking steps to assist in the enrollment in SCHIP of children

determined ineligible for Medicaid. (Sections 2102(a)(1) and (2) and 2102(c)(2)) (42CFR 431.636(b)(4))

If a child or children are ineligible for Medicaid, the county DFS office notifies Kid Care CHIP by mail or email about the decision and forwards a copy of the application via fax or mail to Kid Care CHIP. The county DFS office advises the family that they are ineligible for Medicaid, but that Kid Care CHIP coverage may be available.

4.4.4 The insurance provided under the state child health plan does not substitute for coverage under group health plans. Check the appropriate box. (Section 2102)(b)(3)(C)) (42CFR 457.805) (42 CFR 457.810(a)-(c))

4.4.4.1. ☒ Coverage provided to children in families at or below 200% FPL: describe the methods of monitoring substitution.

The Kid Care application asks whether the applicant has lost health insurance coverage during the month prior to applying for Kid Care CHIP. A child will be ineligible for Kid Care CHIP if the applicant has voluntarily terminated their group health plan/employer-sponsored or individual coverage within the month prior to the application date for coverage.

If a parent who is providing the primary insurance is fired, laid off, can no longer work because of a disability, has passed away or has a lapse in insurance coverage because he/she obtains new employment, the child may be eligible for Kid Care CHIP.

Wyoming monitors for crowd-out. The Department of Health can verify the information provided on the application regarding the availability of creditable coverage with the families' employers as well as with Blue Cross Blue Shield. If the results of monitoring indicate crowd-out is occurring, the state will develop and implement additional strategies to prevent crowd-out from occurring.

4.4.4.2. ☐ Coverage provided to children in families over 200% and up to 250% FPL: describe how substitution is monitored and identify specific strategies to limit substitution if levels become unacceptable. N/A

4.4.4.3. ☐ Coverage provided to children in families above 250% FPL: describe how substitution is monitored and identify specific strategies in place to prevent substitution. N/A

4.4.4.4. ☐ If the state provides coverage under a premium assistance program, describe:

The minimum period without coverage under a group health plan, including any allowable exceptions to the waiting period.

The minimum employer contribution.

The cost-effectiveness determination.

4.4.5 Child health assistance is provided to targeted low-income children in the state who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

Kid Care CHIP works directly with the tribes, the Tribal Health Services and the Indian Health Service to inform Native Americans in Wyoming about Kid Care CHIP as well as with other organizations located on the reservation. The insurer will be required by contract to offer a provider contract to Indian Health Service providers who meet certification requirements.

If a Native American child is found to be eligible for Kid Care CHIP there will be no cost sharing for the family. The family will be required to provide proof of tribal membership so that the cost sharing exemption can be processed. The identification card that the child receives from the insurer will indicate that no co-payment is required when the child receives services. The insurance card will not identify the child as a Native American.

Section 5. Outreach (Section 2102(c))

Describe the procedures used by the state to accomplish:

Outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program: (Section 2102(c)(1)) (42CFR 457.90)

Outreach and Marketing Campaign

Kid Care CHIP uses an outreach and marketing campaign developed by the Kid Care CHIP program to inform families of children likely to be eligible for Kid Care CHIP or other public or private health coverage programs of the availability of these programs and to assist them in enrolling their children. The insurance company that is contracted with Kid Care CHIP will conduct direct marketing efforts, which further outreach activities. The Insurance Company will not be allowed to do any "cold calling", however will be allowed to market Kid Care CHIP along with their other products, but will not be able to specifically target low income families. The insurance company will be required to have all marketing materials approved by the State prior to release.

The Kid Care CHIP program works closely with its community and state wide partners across the state. These partners are a result of the work of the previous Covering Kids Coalition and the continuous work of the Kid Care CHIP outreach unit. Our partners include representatives from child advocacy

organizations, education organizations, health care provider associations, the insurance industry, and other public and private providers who are concerned with children's health including:

- American Academy of Pediatrics
- AARP
- Albany County Well Aware Committee
- American Red Cross
- Best Beginnings
- Board of Nursing
- BOCES
- Boys and Girls Club
- Boys and Girls Club of the Northern Arapahoe Tribe
- Wyoming Business Council
- Caring Program of Wyoming
- Cheyenne Children's Clinic
- Child Development Services of Wyoming
- Children's Nutrition Services
- Community and Public Health Division Programs -Adolescent Services, Children's Special Health
    - Dental Health Services, Help Me Grow-Safe Kids Campaign, Immunization
    - Program, Maternal and Child Health Programs, Public Health Nursing, WIC
- Fremont County Health Planning Coalition
- Governor's Early Childhood Development Council
- Governor's Planning Council on Developmental Disabilities
- Indian Health Services
- Laramie County Community Partnership
- March of Dimes
- National Association of Social Workers (NASW)
- Natrona County Health Care Advisory Council
- Prevent Child Abuse Wyoming
- Protection & Advocacy
- The ARC (Association of Retarded Citizens) of Wyoming
- Uinta County Planned Approach to Community Health (PATCH)
- UPLIFT
- WAMHSAC
- Washakie County Community Health Planning Board
- Wyoming Association of Elementary School Principals
- Wyoming Association of Secondary School Principals
- Wyoming Association of Municipalities
- Wyoming Chapter, American Academy of Pediatrics
- Wyoming Children's Action Alliance
- Wyoming Church Coalition
- Wyoming Coalition of Healthy Mothers/Healthy Babies

- Wyoming Dental Association
- Wyoming Department of Education
- Wyoming Department of Family Services
- Wyoming Department of Health
- Wyoming Head Start Association
- Wyoming Head Start State Collaboration
- Wyoming Health Resources Network
- Wyoming Hospital Association
- Wyoming Insurance Commissioner's Office
- Wyoming League of Women Voters
- Wyoming Medical Society
- Wyoming Motel & Restaurant Association
- Wyoming Nurses Association
- Wyoming Optometric Association
- Wyoming Parent Information Center
- Wyoming Parent-Teacher Association
- Wyoming Pharmacists Association
- Wyoming Press Association
- Wyoming Primary Care Association
- Wyoming Reproductive Health Council
- Wyoming Section American College Obstetricians and Gynecologists
- Wyoming Youth Services Association

Marketing Methods:
Direct appeals are made using press releases, public service announcements, print media, radio and television, and printed materials. Kid Care CHIP specific materials are developed and will continue to be evaluated and adjusted as needed.

Collaboration:
The Kid Care CHIP Program provides education to local agencies and organizations and providers by developing materials about Kid Care CHIP, speaking at training sessions, and/or meetings, and by submitting information to professional newsletters and bulletins. Kid Care CHIP will collaborate with the Department of Education on the free and reduced school lunch program, school administrators, principals, secretaries and school nurses to conduct back to school enrollment drives.

Kid Care CHIP works closely with Native American leaders to develop specific outreach activities that are acceptable to the tribes. Kid Care CHIP works with the Migrant Health programs to develop specific outreach activities for migrant workers statewide.

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)

☐ **Check here if the state elects to use funds provided under Title XXI only to**

provide expanded eligibility under the state's Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children: (Check all that apply.) (42CFR 457.410(a))

6.1.1. ☐ Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)

6.1.1.1. ☐ FEHBP-equivalent coverage; (Section 2103(b) (1)) (If checked, attach copy of the plan.)

6.1.1.2. ☐ State employee coverage; (Section 2103(b) (2)) (If checked, identifies the plan and attaches a copy of the benefits description.)

6.1.1.3. ☐ HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)

6.1.2. ☐ Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430) Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. **See instructions.**

6.1.3. ☐ Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If ! existing comprehensive state-based coverage ! is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for ! existing comprehensive state-based coverage. !

6.1.4. ☒ Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

6.1.4.1. ☒ Wyoming is requesting Secretary Approved coverage for Kid Care CHIP. Based on SCHIP Statute, Secretary approved coverage is "coverage that provides appropriate coverage for the population of targeted low-income children covered under the program."

Wyoming is bound by State statute to provide the services listed in the Categories of Basic Services listed in Section 2103 (c) (1) of Title XXI. Wyoming's benefits do not meet those of a Benchmark, so a comparison to a benchmark is not possible. These benefits are based on the basic services listed in Section 2103 (c) (1) of Title XXI and Wyoming State Statute.

6.1.4.2. ☐ Comprehensive coverage for children under a Medicaid Section 1115 demonstration project

6.1.4.3. ☐ Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population

6.1.4.4. ☐ Coverage that includes benchmark coverage plus additional coverage

6.1.4.5. ☐ Coverage that is the same as defined by existing comprehensive state-based coverage

6.1.4.6. ☐ Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)

6.1.4.7. ☐ Other (Describe)

6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

The services covered for Kid Care CHIP have been recommended by the Health Care Benefits Committee appointed by the Governor that was formed due to State Statute requirements. These benefits are based on the basic services listed in Section 2103 (c) (1) of Title XXI and Wyoming State Statute.

The Lifetime maximum benefit coverage per insured person is $1 million.

The cost-sharing amounts for participants is discussed in Section 8.2.4

6.2.1. ☒ Inpatient services **(Section 2110(a)(1))**

Semi private room; intensive and coronary care units; general nursing; drugs; oxygen; blood transfusions; laboratory; imaging services; physical, speech, occupational, heat and inhalation therapy; operating, recovery, birthing, and delivery rooms; routine and intensive care for newborns and other medically necessary benefits and prescribed supplies for treatment of injury or illness are covered.

Coverage of postpartum care for at least forty-eight hours for vaginal delivery and ninety-six hours for caesarean section is guaranteed. Any decision to shorten the length of inpatient stay to less than these stated amounts shall be made by the attending provider and the mother.

6.2.2. ☒ Outpatient services **(Section 2110(a)(2))**

All benefits described in the inpatient hospital section which are provided on an

outpatient basis in a hospital (including but not limited to observation beds and partial hospitalization benefits) or ambulatory surgical center; chemotherapy; emergency room benefits for surgery, injury or medical emergency; and other services for diagnostic or outpatient treatment of a medical condition, injury or illness are covered.

6.2.3. ☒ Physician services (Section 2110(a)(3))

Office, clinic, home, outpatient surgery center and hospital treatment for a medical condition, injury or illness by a physician, mid-level practitioner or other covered provider are covered.

Well child, well baby and immunization services are recommended by the American Academy of Pediatrics are covered.

Routine physicals for sports, employment or as required by a government authority are covered.

Anesthesia services rendered by a physician-anesthesiologist (other than the attending physician or assistant) or by a nurse anesthetist are covered provided that surgical and/or hospital services are also covered.

6.2.4. ☒ Surgical services (Section 2110(a)(4)) 6.2.4

Covered as described in inpatient and outpatient hospital and physician benefit descriptions. In addition professional services rendered by a physician, surgeon or doctor of dental surgery for treatment of a fractured jaw or other injury to sound natural teeth and gums are covered.

6.2.5. ☒ Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5)) Included in physician services

6.2.6. ☒ Prescription drugs (Section 2110(a)(6))

Coverage includes prescribed by a practitioner acting within the scope of his practice. Chemotherapy drugs approved for use in humans by the U.S. Food and Drug Administration, vaccines, prenatal vitamins, and drugs needed after an organ or tissue transplant are covered.

The contractor may use a Medicaid formulary if it chooses to employ a formulary.

Prescribed diabetic supplies including insulin, test tape, syringes, needles and lancets are covered as a prescription drug.

Food supplements and vitamins are not covered with the exception of prenatal vitamins and medical foods for the treatment of inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism and for which medically standard methods of diagnosis, treatment and monitoring exists. The need for a prescription to obtain a food supplement or vitamin shall not affect the application of this provision.

6.2.7. ☐ Over-the-counter medications (Section 2110(a) (7))

6.2.8. ☒ Laboratory and radiological services (Section 2110(a)(8))
Coverage includes imaging and laboratory services for diagnostic or therapeutic purposes due to accident, illness or medical condition that are not described elsewhere in this section. X-ray, radium or radioactive isotope therapy is covered.

6.2.9. ☒ Prenatal care and pre pregnancy family services and supplies (Section 2110(a)(9))
Prenatal care is covered as described for other medical conditions in this section. Pre-pregnancy family planning services and prescribed supplies are covered including birth control contraceptives.

6.2.10. ☒ Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))

First Level of Benefits: Services furnished in a hospital, including a state-operated mental hospital; a residential or other 24-hour therapeutically planned structural service; or a partial hospitalization program are covered. Twenty-one days of inpatient mental health benefits are covered per benefit year. Partial hospitalization benefits may be exchanged for inpatient days at a rate of one inpatient day for two partial treatment days. A partial hospitalization program that is operated by a hospital shall comply with the standards for a partial hospitalization program that are published by the American Association for Partial Hospitalization.

The following specific limitations apply to coverage depending upon the child's diagnosis and the treatment setting. A child who has applied for or been found eligible for Kid Care CHIP prior to becoming a patient in an IMD will be covered by Kid Care CHIP within the individual benefit limits specified in this section. However, a child who is a patient in an institution for mental disease who did not apply for Kid Care CHIP prior to admission is not eligible for Kid Care CHIP until he or she is discharged from the IMD.

No limits to inpatient mental health shall be imposed on children diagnosed with the following disorders as defined by the American Psychiatric Association: Schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, autism.

Second Level of Benefits:

The second level of benefits provides for an additional nine (9) days of care, for a total of thirty (30) days per benefit year, with pre-approval and case management by the Insurance Company. The insurance Company will work closely with the provider to ensure treatment plans are in place and managed.

6.2.11. ☒ Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11)

First Level of Benefits: Professional outpatient mental health services up to a maximum of twenty visits per year are covered. The visits can be furnished in a variety of community based settings or in a mental hospital.
Partial hospitalization benefits are paid as described in the inpatient mental health benefits section.

Amendment #7

No limits to outpatient mental health benefits shall be imposed on children diagnosed with the following disorders as defined by the American Psychiatric Assoc: Schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, autism.

Second Level of Benefits:

The second level of benefits provides for an additional twenty (20) outpatient visits per benefit year, for a total of forty (40) days per benefit year, with pre-approval and case management by the insurance Company. The insurance company will work closely with the provider to ensure treatment plans are in place and managed. Providers will have the capability to bill for partial (30 minutes or less) and full (more than 30 minutes) sessions. This capability only applies to the second level of benefits.

6.2.12. ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a) (12)) Coverage will be provided for medically necessary medical supplies and equipment. Hearing Aides will not be covered.

6.2.13. ☒ Disposable medical supplies (Section 2110(a)(13))

6.2.14. ☐ Home and community-based health care services (See instructions) (Section 2110(a)(14)

6.2.15. ☒ Nursing care services (See instructions) (Section 2110(a) (15))

6.2.16. ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is

the result of an act of rape or incest (Section 2110(a)(16)

6.2.17. ☒ Dental services (Section 2110(a)(17))

Exams, cleanings, bitewing x-rays, fluoride treatments, sealants, full mouth x-rays, space maintainers, fillings, simple extractions, gold or porcelain crowns for teenagers with adult or permanent dentition, full mouth debridement for teenagers with permanent dentition, partials for teenagers with permanent dentition and missing anterior teeth, sedation for younger children and emergency treatment for the relief of pain. Annual maximum is $1,000 per benefit year. Preventive and diagnostic services (Exams, cleanings, fluoride, space maintainers, sealants and x-rays) are subject only to frequency limitations and are not included in the child's yearly benefit maximum.

Revised Amendment #7

6.2.18. ☒ Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a) (18))
The combined benefit for inpatient and outpatient treatment for alcoholism and drug addiction, excluding costs for medical detoxification, is subject to a maximum benefit of $6,000 in a 12-month period, until a lifetime inpatient maximum benefit of $12,000 is met, after which the annual benefit may be reduced to $2,000. Costs for medical detoxification treatment must be paid the same as any other illness under the terms of the contract and are not subject to the lifetime limits.

Amendment #7

6.2.19. ☒ Outpatient substance abuse treatment services (Section 2110(a)(19
The combined benefit for inpatient and outpatient treatment for alcoholism and drug addiction, excluding costs for medical detoxification, is subject to a maximum benefit of $6,000 in a 12 month period until a lifetime maximum inpatient benefit of $12,000 is met, after which the annual benefit may be reduced to $2,000. Costs for medical detoxification treatment must be paid the same as any other illness under the terms of the contract and are not subject to the lifetime limits.

Amendment #7

6.2.20. ☒ Case management services (Section 2110(a)(20))

6.2.21. ☐ Care coordination services (Section 2110(a)(21))

6.2.22. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a) (22)
Covered up to $750 per year. Spinal Manipulation is covered up to $250 per year.

6.2.23. ☐ Hospice care (Section 2110(a)(23))

6.2.24. ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24)) Rehabilitation covered up to $25,000 lifetime if completed in a home, school or other setting if recognized by State law and prescribed or furnished by a physician or other licensed or registered practitioner.

Comprehensive Outpatient Rehabilitation Facility (CORF) - In a home, school or other setting if recognized by State law and prescribed or furnished by a physician or other licensed or registered practitioner.

Well Baby and Well Child visits will be covered up to the recommendations of the AAP & Immunizations will be covered up to the recommendation of the ACIP.

Vision Services: Services for the medical treatment of diseases or injury to the eye by a licensed physician or optometrist working within the scope of his/her license are covered. One exam every 12 months, one pair of lenses every 12 months (except in the case of a change in prescription) and one set of frames every 12 months. Frames are limited to $100 per frame. (If the cost of the frame is more than $100 families will be responsible for any additional cost). Contacts lenses are covered up to $100 per year – if the cost of the contacts is more than $100 families will be responsible for any additional cost. Children may only have glasses OR contacts. The program will not pay for both.

6.2.25. ☐ Premiums for private health care insurance coverage (Section 2110(a) (25))

6.2.26. ☒ Medical transportation (Section 2110(a)(26)) Ground and Air ambulance is covered in the event of an emergency

6.2.27. ☐ Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a) (27))

6.2.28. ☒ Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))
Air and Ground ambulance will be covered in the event of an emergency

KID CARE CHIP EXCLUSIONS

In addition to any exclusions noted in the individual coverage descriptions, the following services need not be considered covered benefits under the contract.

However, the contractor may at its option, offer coverage of one or more of the following benefits so long as the optional coverage does not increase the premium specified in the contract.

- Experimental services or services generally regarded by the medical profession as unacceptable treatment.
- Custodial Care.
- Personal comfort/hygiene/convenience items, which are not primarily medical in nature.
- Organ and tissue transplants
- TMJ treatment
- Whirlpools
- Treatment for Obesity
- Acupuncture
- Biofeedback
- Chiropractic services
- Cosmetic surgery
- Private duty nursing
- Treatment for which other coverage such as worker's compensation is responsible.
- Routine foot care
- Orthodontia
- Medical Transportation
- For telephone consultations, charges for failure to keep a scheduled visit, charges for completion of any form, or charges for medical information
- For inpatient admissions which are primarily for diagnostic studies or primarily for physical therapy
- For custodial care, domiciliary care or rest cures or treatment in a facility, or part of a facility, that is mainly a place for: (a) rest; (b) convalescence or (c) custodial care
- For screening examinations, except as provided for wellness benefits under this program
- For radial keratotomy, myoptic keratimileusis, and any surgery which involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error
- For therapeutic or elective termination of pregnancy prior to full term
- For complications or side effects arising from services, procedures, or treatments excluded by this policy
- For private duty nursing
- Hearing Aides

The following services shall not be considered covered benefits under the contract. The contractor is prohibited from offering any of the following benefits:

- In vitro fertilization, gamete or zygote intra fallopian transfer, artificial insemination, reversal of voluntary sterilization, transsexual surgery, fertility enhancing treatment beyond diagnosis.
- Benefits for a child incarcerated in a criminal justice institution. The child is excluded from coverage only if he/she meets the definition of an inmate of a public institution as defined at 42 CFR 435.1009
- For services provided out of state. A referral from a Wyoming provider is not required to obtain out of state benefits. The insurance company may authorize a family to obtain coverage out of state if the closest provider is out of state.

- Any treatment that is not medically necessary.

6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)

6.3.1. ☒ The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b) (1) (B) (ii)); **OR**

6.3.2. ☐ The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and(3)) (42 CFR 457.1005 and 457.1010)

6.4.1.☐ Cost Effective Coverage. Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1.☐ Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; Describe the coverage provided by the alternative delivery system. **The state may cross reference section 6.2.1 - 6.2.28.** (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

6.4.1.2.☐ The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above.; **Describe the cost of such coverage on an average per child basis.** **(Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))**

6.4.1.3.☐ The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. **Describe the community based delivery system.** **(Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))**

6.4.2. ☐ **Purchase of Family Coverage.** Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: **(Section 2105(c)(3)) (42CFR 457.1010)**

6.4.2.1.☐ Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** **(Section 2105(c)(3)(A)) (42CFR 457.1010(a))**

6.4.2.2.☐ The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. **(Section 2105(c)(3)(B)) (42CFR 457.1010(b))**

6.4.2.3.☐ The state assures that the coverage for the family otherwise meets title XXI requirements. **(42CFR 457.1010(c))**

Section 7. Quality and Appropriateness of Care

☐ **Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan,** and continue on to Section 8.

7.1. Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan. **(2102(a)(7)(A)) (42CFR 457.495(a))**

Will the state utilize any of the following tools to assure quality?
(Check all that apply and describe the activities for any categories utilized.)

7.1.1. ☒ Quality standards
7.1.2. ☒ Performance measurement
7.1.3. ☒ Information strategies
7.1.4. ☒ Quality improvement strategies

7.1.2 Performance measurements :

Information on immunization and well-child visits for Kid Care CHIP are obtained from the insurance company that is contracted by the Department of Health to provide services for Kid Care CHIP participants. The information is provided to the Department in the form of quarterly reports. Pharmacy, dental and vision utilization as well as large claims data are also provided by the insurance company.

7.1.3 Information Strategy

Immunization schedules, well-baby and well-child schedules are distributed by the Kid Care CHIP and through providers to participants of Kid Care CHIP.

7.2. Describe the methods used, including monitoring, to assure: (2102(a)(7)(B)) (42CFR 457.495)

7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. (Section 2102(a)(7)) (42CFR 457.495(a))

Kid Care CHIP works closely with the insurance company to ensure that all children have access to wellness and immunization benefits.
Well child, immunization and claim reports are requested from the Insurance company to determine rates in visits as well as close monitoring of provider networks.

7.2.2 Access to covered services, including emergency services as defined in 42 CFR . 457.10. (Section 2102(a)(7)) 42CFR 457.495(b))

To assure that Kid Care CHIP participants have adequate access to covered services – including emergency services--the Department reviews (on an annual basis) the provider networks to determine that there are still a sufficient number of providers in each county.

7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and

access to out-of-network providers when the network is not adequate for the enrollee's medical condition. (Section 2102(a)(7)) (42CFR 457.495(c))

The Insurance company that contracts with Kid Care CHIP is required to have an adequate number of specialists enrolled in their provider network as well as out-of–network providers. Children may also be eligible for the Children with Special Health program.

The insurer is required to have a system that ensures prompt referrals for medically necessary care including specialty, secondary and tertiary.

7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law or, in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. (Section 2102(a)(7)) (42CFR 457.495(d))

Decisions related to prior authorization of health services are completed in accordance with State law and the medical needs of the patient, within 14 days after the receipt of a request for services.

Section 8. Cost Sharing and Payment (Section 2103(e))

☐ **Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan,** and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1. ☒ YES
8.1.2. ☐ NO, **skip to question 8.8.**

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

There are three levels of cost sharing: Plan A for enrollees up to 100% of the federal poverty level & Native American Children; Plan B for enrollees 101% through 150% of the federal poverty level; and Plan C for enrollees 151% through 200% of the federal poverty level.

8.2.1. Premiums: No premiums will be charged to families.
8.2.2. Deductibles: No deductibles will be charged to families
Coinsurance or copayments:

Plan A:
No Co-payments for Services

Plan B:

	Benefits	Co-payments
Total Family Out of Pocket Maximum per Benefit Year		5% of the family's gross yearly income**
Medical and Vision Out of pocket maximum per benefit year		$200 per child
	Office visits (including mental health)	$5
	Well Child Exams	No-copayment required
	Immunizations	No co-payment required
	Lab and X-ray	No-co-payment required
	Outpatient Hospital	$5
	Inpatient Hospital	$30
	Emergency Room	$5
Pharmacy out of pocket maximum per benefit year		$100 per child
	Generic prescriptions	$3
	Brand name prescriptions	$5
Dental out of pocket maximum per benefit year		$15 per child
	Preventive and Diagnostic Services (exams, cleanings, flouride, sealants)	No co-payment required
	Basic and Major Services (fillings, extractions, etc)	$5 per visit

**Kid Care CHIP will send families an approval letter telling them the out of pocket maximum amount for their family.

Revised Amendment #7

Plan C:

	Benefits	Co-payments
Total Family Out of Pocket Maximum per Benefit Year		5% of the family's gross yearly income**
Medical and Vision Out of pocket maximum per benefit year		$300 per child
	Office visits (including mental health)	$10 per child
	Well Child Exams	No Co-payment Required
	Immunizations	No Co-payment Required
	Lab and X-ray	No Co-payment Required
	Outpatient Hospital	$10
	Inpatient Hospital	$50
	Emergency Room	$25
Pharmacy out of pocket		$200 per child

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Effective Date: October 1, 2009 Approval Date:

maximum per benefit year		
	Generic prescriptions	$5
	Brand Name prescriptions	$10
Dental out of pocket maximum per benefit year		$75 per child
	Preventive and Diagnostic Services (exams, cleanings, flouride, sealants)	No co-payment required
	Basic and Major Services (fillings, extractions, etc)	$25 per visit

New paragraph Amendment #7

8.2.4. Other:

- There will be no co-payments on well child/well baby, immunizations, preventive dental or vision.

- No co-payments will be charged to American Indians and Alaska Natives

- Co-payments will be tracked by the families through a shoe box method. Families will be advised by Kid Care CHIP of what their 5% out of pocket maximum is at approval and renewal and will be required to submit receipts when they feel that they have met the families annual out of pocket maximum. When the total co-payment has been reached, the Kid Care CHIP program will notify the insurance company and the company will include on any future EOB's that the family has met their yearly obligation. The family can take this EOB to any provider to show that they are no longer required to pay a co-payment for the year.

- Families will pay three different maximums per child per year based on the income provided at the time of application. The insurance contractor **will still track** these co-payments and let families know on their EOB's when they have met each of the maximums (medical, prescription drugs, dental). No family will pay more than their required child maximum since it will be tracked. If families exceed the 5% out of pocket maximum, they will be reimbursed by the insurance contractor. The insurance contractor will continue to track the individual child's cost sharing maximum requirements (ex: $200 medical, $100 pharmacy, $15 dental) and report to the family via their Explanation of Benefits (EOB's). The EOB's will advise the families where they are at in regard to each child's maximum and tell them when they no longer have to pay co-payments.

- Kid Care CHIP will provide each family with a form that they can fill in to track their cost sharing. Families will also be advised by the insurance contractor of where they are at with their per child maximums via their EOB's. Families will also have the ability to contact Kid Care CHIP via phone and/or email with any questions.

- If the family is charged more than their 5% out of pocket maximum, the family will be reimbursed by the insurance company.

- The family will be notified through enrollment materials of the above process. Any existing families will be advised through individual letters to the families, through the Kid Care CHIP family newsletter and by the insurance company.

8.3. Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)((1)(B)) (42CFR 457.505(b))

The public will be made aware of this cost sharing through brochures, applications and through contact with Kid Care CHIP. The handbook given to families by the insurance company once they are made eligible for the program will include information on the cost sharing. It will also be included in the insurance company's contracts with providers.

8.4 The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

Kid Care CHIP will produce a public schedule that will be provided to all enrollees, applicants, participating providers and the public of all cost sharing charges, and groups subject to the cost sharing charges. There are no consequences for not paying the cost sharing requirements. Kid Care CHIP will advise the public of the above by public notices in papers, meetings open to the public, information listed in applications, brochures, benefit guides, through the Kid Care CHIP website, provider and recipient bulletins and through the Kid Care CHIP hotline.

8.4.1. ☒ Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42CFR 457.530)

8.4.2. ☒ No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)

8.4.3 ☒ No additional cost-sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)) (42CFR 457.515(f))

8.5. Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: (Section 2103(e)(3)(B)) (42CFR 457.560(b) and 457.505(e))

At application and renewal, families will be sent an approval notice telling them what their 5% out of pocket maximum amount is. Families are required to keep track of their out of pocket expenses and to notify the Kid Care CHIP office when they have met their out of pocket maximum. Information packets sent to new Kid Care CHIP enrollees by the insurance company will include a brochure explaining the process and a form for them to use to document their out of pocket expenses.

Information brochures are provided to all participating providers for distribution to their clients.

Once the maximum out of pocket is met, the insurance company blocks the cost sharing for the rest of the plan year so the client is not billed any additional co-payments. Any copayments paid in excess of the 5% maximum will be refunded.

8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost-sharing. (Section 2103(b)(3)(D)) (42CFR 457.535)

The contract with the insurance company requires that Native American and Alaska Native children do not have a co-payment for services. The identification cards will also indicate that there is no co-payment required.

8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

Families will not be disenrolled for not paying cost sharing.

8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

☒ State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
Families will not be disenrolled for nonpayment of cost sharing charges

☒ The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non payment of cost-sharing charges. (42CFR 457.570(b))
Families will not be disenrolled for nonpayment of cost sharing charges

☒ In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))
Families will not be disenrolled for nonpayment of cost sharing charges

☒ The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))
A fair hearing will be granted to any Kid Care CHIP eligible child or

guardian when an adverse action resulted in their disenrollment. Eligibles will not be disenrolled for non-payment of cost sharing charges.

8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))

8.8.1. ☒ No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)) (42CFR 457.220)

8.8.2. ☒ No cost-sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5) (42CFR 457.224) *(Previously 8.4.5)*

8.8.3. ☒ No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))

8.8.4. ☒ Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))

8.8.5. ☒ No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)

8.8.6. ☒ No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))
Strategic Objectives listed in following table.

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))
Performance Goals listed in following table.

9.3 Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance

indicators as specified below or other indicators the state develops:
(Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Performance measures are listed in the following table. The table provides a clear picture of the strategic objectives, performance goals, and performance measures and the data elements proposed to measure them. The strategic objectives may have more than one goal. Each goal has a performance measure and a corresponding set of measurable data elements which are depicted horizontally. As a first step in assessing progress in meeting the strategic objectives, evaluators will establish a baseline, or standard point of comparison, for each measure. In most cases, the baseline will be a snapshot of the performance measure at a point in time prior to implementation of the Kid Care CHIP. In areas where data is difficult to obtain, such as the number of uninsured children or health outcome indicators, all efforts will be used to gather and report as accurate information as possible.

Kid Care CHIP Strategic Objectives, Performance Goals and Measures, and Data Elements

Strategic Objective	Performance Goals	Performance Measures/Data Elements
1. Provide an application and enrollment process that is easy for targeted low-income families to understand and use.	a) Increase the reapplication rate among SCHIP eligibles	a) Track number of renewals sent out in the year and the number returned.
2. Decrease the number of children in Wyoming who are uninsured.	a) Decrease the proportion of uninsured children either at or below 200% FPL by 10% each year.	a) Utilize data from the Census Bureau
3. Coordinate and consolidate with other health care programs providing services to children to create a seamless health care delivery system for low income children.	a) Ensure transfer of children from CHIP to Medicaid and vice versa is seamless b). Evaluate the transfer process of cases to Medicaid and the Children's Special Health Program each month.	a) Conduct a quality control review. b). Conduct Quality Assurance on approximately 20% of all applications leaving the program each month to ensure the timely transfer of applications and 100% screenings

4. Ensure that children enrolled in Kid Care CHIP receive timely and comprehensive preventive health care services. Increase the percentage of low-income children with a regular source of care.	a). Encourage use of a Primary Care Provider through Health Plan policies and education.	a). Percent of enrolled children who seek care from their selected primary care provider.
5. Ensure that there are a sufficient number of network providers in each county for Kid Care CHIP participants.	a). 60% of counties will have a sufficient network of providers so that participants in Kid Care CHIP will have adequate access to covered services. b). 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.	a & b). A review of the networks in each county will be completed annually by the Department & Insurance Company.
6. Decrease unnecessary use of emergency departments for non-emergency services	Reduce the number of emergency department visits for non-emergency services	Rate of non-emergency ER visits per year for the population enrolled.
7. Ensure use of primary care providers through health plan policies and education	At least 60% of children are utilizing a primary care provider	Review data on number of children that have utilized a primary care provider.

8. Increase the number of children receiving well child visits.	a). At least 50 percent 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. b). At least 50 percent of three, four, five, or six year old children who were continuously enrolled in Kid Care CHIP during the preceding year, will have received one or more well-care visits with a primary health care provider during the preceding year	a). Reports will be ran by the insurance carrier and compared to data from previous years.
9. Increase the number of children utilizing dental benefits	At least 50 percent of five and six -year old children enrolled in Kid Care CHIP will have received dental services prior to kindergarten entry At least 50 percent of Kid Care CHIP enrolled children seven to ten years will have received protective sealants on at least one occlusal surface of a permanent molar	Reports will be ran by the insurance carrier and compared to data from previous years.

10.Implement a state-wide outreach and public awareness campaign regarding the importance of preventive and primary care and the availability of health care benefits through Kid Care CHIP.	a) Create Kid Care CHIP information materials targeted to potential eligibles, health care providers, and other professionals that have contact with families with children.	b) Documentation of development and distribution of materials.

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

9.3.1. ☒ The increase in the percentage of Medicaid-eligible children enrolled in Medicaid (Equality Care)

9.3.2. ☒ The reduction in the percentage of uninsured children.

9.3.3. ☒ The increase in the percentage of children with a usual source of care.

9.3.4. ☐ The extent to which outcome measures show progress on one or more of the health problems identified by the state.

9.3.5. ☐ HEDIS Measurement Set relevant to children and adolescents younger than 19.

9.3.6. ☐ Other child appropriate measurement set. List or describe the set used.

9.3.7. ☐ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

- 9.3.7.1. √ Immunizations
- 9.3.7.2. √ Well child care
- 9.3.7.3. √ Adolescent well visits
- 9.3.7.4. √ Satisfaction with care
- 9.3.7.5. ☐ Mental health
- 9.3.7.6. √ Dental care
- 9.3.7.7. ☐ Other, please list:

9.3.8. ☐ Performance measures for special targeted populations.

9.4. ☒ The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)

9.5. ☒ The state assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

The State assures it will comply with the annual assessment and evaluation required under

Sections 10.1 and 10.2. The Children's Health Insurance Program Office will be responsible for the annual assessment and report on the program progress and activities.

The number of uninsured children referred to in the demographic information provided in Section 2 of the document will be used as a baseline for evaluating progress toward decreasing the number of children without health insurance. Effectiveness will be measured by using the performance measures and data elements identified in the table in Section 9.

The state will require the insurance company to provide monthly reports of expenditures so that trends and changes in types of services can be monitored. Quarterly monitoring efforts will focus on identifying trends and changes in the State that may impact the operation of Kid Care CHIP.

9.6. ☒ The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)

9.7. ☒ The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))

9.8. ☒ The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)

- 9.8.1. ☒ Section 1902(a)(4)(C) (relating to conflict of interest standards)
- 9.8.2. ☒ Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
- 9.8.3. ☒ Section 1903(w) (relating to limitations on provider donations and taxes)
- 9.8.4. ☒ Section 1132 (relating to periods within which claims must be filed)

9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

The design and ongoing performance of Kid Care CHIP continues to be a collaborative process. The program has been designed by a broad-based coalition which includes the public, the legislature, child advocates, medical providers, insurance companies and agents, professional associations, and government agencies. Public comment was solicited and received on the program in numerous forums including legislative testimony and through the news media.

9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR . 457.125. (Section 2107(c)) (42CFR 457.120(c))

Added paragraphs Amendment #7

As indicated in section 4.4.5 Kid Care CHIP works directly with the tribes, the Tribal Health Services and the Indian Health Service to inform Native Americans in Wyoming about Kid Care CHIP. The representatives of the tribes and organizations in the state have been in all state-wide partnerships and individual relationships have been made, which assures their input in the design of an effective outreach and marketing campaign for Kid Care CHIP that will be acceptable to the tribes.

9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in . 457.65(b) through (d).

Public Notice for all cost sharing changes to Kid Care CHIP will be made according to State law. The public notice for the public meeting and rules will be published in Wyoming newspapers and the public meeting will be held within no less than thirty days prior to implemenation. The published notice will advise of the changes being made to Kid Care CHIP cost sharing. As an additional step, the Department of Health will also address the cost sharing in the public notice for the administrative rule for Kid Care CHIP that will be issued prior to ~~October 1, 2009.~~ July 2010.

9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including --
    - Projected amount to be spent on health services;
    - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
    - Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

New table Amendment #7

SCHIP Budget Plan Template	Wyoming
	Federal Fiscal Year 2010 Costs
Enhanced FMAP rate	**65.00%**
Benefit Costs	
Insurance payments	
Managed care	
per member/per month rate @ # of eligibles	$214.13 @ 5980
Fee for Service	
Total Benefit Costs	$15,040,491
(Offsetting beneficiary cost sharing payments)	$0
Net Benefit Costs* **	**$15,040,491**
Administration Costs	
Personnel	$552,850
General administration	$ 72,669
Contractors/Brokers (e.g., enrollment contractors)	$136,950
Claims Processing	Included in Premiums
Outreach/marketing costs	$53,417
Other (Indirect/Rent)	$132,818
Total Administration Costs	**$948,704**
10% Administrative Cost Ceiling	$1,508,332
Federal Share (multiplied by enh-FMAP rate)	$10,392,977
State Share	$ 5,596,218
TOTAL PROGRAM COSTS	**$15,989,195**

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

Funding:
State funding will come from one source: State General Funds.

Effective Date: October 1, 2009 Approval Date:

New table Amendment #7

***Net Benefit Costs are based on enrollment by month multiplied by the premium of $214.13. Below please find estimated enrollment for Kid Care CHIP by month (10/05 – 9/06)

Month	Enrollment Number	Total Premium	Federal	State
10/09	5760	$1,233,389	801,703	431,686
11/09	5780	$ 1,237,671	804,486	433,185
12/09	5800	1,241,954	807,270	434,684
1/2010	5820	1,246,237	810,054	436,183
2/2010	5840	1,250,519	812,837	437,682
3/2010	5860	1,254,802	815,621	439,181
4/2010	5880	1,259,084	818,405	440,679
5/2010	5900	1,263,367	821,189	442,178
6/2010	5900	1,263,367	821,189	442,178
7/2010	5900	1,263,367	821,189	442,178
8/2010	5900	1,263,367	821,189	442,178
9/2010	5900	1,263,367	821,189	442,178
TOTAL		$15,040,491		

New paragraph Amendment #7

Personnel
Kid Care CHIP will have seven positions dedicated to administering the program.

Supportive Services
General operations costs include equipment, travel, office supplies, and postage, printing, and telephone toll charges.

Case Services
Estimated monthly premium is ~~$214.13~~ 223.50 based on the programs most recent ~~RFP~~ Contract that was issued in ~~2009~~ 2010.

Contractual Services
The services listed below will be contracted services:

☐ Consultant services to conduct research and assist in the design and implementation of the eligibility system for Kid Care CHIP.

☐ Legal fees for the development of administrative rules

Sources of Non-Federal Share of Expenditures
In addition to federal funds, Kid Care CHIP State general fund appropriations will be used. Enrollment projections are based on current estimates of funds which will be appropriated for Kid Care CHIP. If enrollment expectations exceed those projected for funding, new enrollment may be suspended.

Section 10. Annual Reports and Evaluations (Section 2108)

10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42CFR 457.750)

10.1.1. ☒ The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and

10.2. ☒ The state assures it will comply with future reporting requirements as they are developed. **(42CFR 457.710(e))**

10.3. ☒ The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.

Section 11. Program Integrity (Section 2101(a))

☐ **Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan**, and continue to Section 12.

11.1 ☒The state assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Section 2101(a)) (42CFR 457.940(b))

11.2. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.935(b)) *The items below were moved from section 9.8. (Previously items 9.8.6. - 9.8.9)*

11.2.1. ☒ 42 CFR Part 455 Subpart B (relating to disclosure of information by providers and fiscal agents)

11.2.2. ☒ Section 1124 (relating to disclosure of ownership and related information)

11.2.3. ☒ Section 1126 (relating to disclosure of information about certain convicted individuals)

11.2.4. ☒ Section 1128A (relating to civil monetary penalties)

11.2.5. ☒ Section 1128B (relating to criminal penalties for certain additional charges)

11.2.6. ☒ Section 1128E (relating to the National health care fraud and abuse data collection program)

Section 12. Applicant and enrollee protections (Sections 2101(a))

☐ **Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.**

Eligibility and Enrollment Matters

12.1 Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR . 457.1120.

Kid Care CHIP usesthe same review process for eligibility and enrollment matters that Wyoming Medicaid does. Kid Care CHIP will inform applicants in writing of their rights and responsibilities and how and when fair hearings may be requested. Upon request a fair hearing shall be granted if the applicant is denied eligibility, if the Kid Care CHIP has failed to make a timely determination of eligibility or if there has been a termination of enrollment.

The Department of Health will conduct the review process for eligibility and enrollment matters in accordance with the Kid Care CHIP/Medicaid Fair Hearing policy. Families will be notified of their right to a fair hearing when they apply or are enrolled in Kid Care CHIP.

A hearing request must be submitted in writing within 90 days of the Department's action notice. A hearing request is defined as a clear demonstration by the applicant or eligible that he or she wants to be able to present their problem or concern for review.

Hearings will be conducted by an impartial representative of the Department of Health who has not been involved in the determination that caused the hearing. This is done to assure an applicants right to due process and hearing.

A decision will be made within 90 days from the conclusion of the hearing. The decision is final unless the Department of Health or the applicant/eligible chooses to appeal the decision. It must be appealed within 15 days.

12.2 Please describe the review process for **health services matters** that complies with 42 CFR . 457.1120.

Kid Care CHIP will be using the statewide standard review as described in 42 CFR 457.1120(a) (2) for the review process for health service matters. The health services matters subject to review are consistent with the intent of 42 CFR 457.1130 (b).

If a family does not agree with a decision made by the insurance company providing the health services, they will be advised in their enrollee handbook to contact the Customer Service Department to ask questions, ask for a review of a decision or make verbal complaints. All inquiries will be answered within 10 days. Families will be advised that they can also file a written complaint and will be provided with an address in their enrollee handbook. All

written complaints will be acknowledged within 10 days and families should receive a decision or written response within 45 days. The enrollee may then submit a complaint to the Department of Health. The enrollee handbook will also have information on how to appeal a decision.

Premium Assistance Programs

12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR . 457.1120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination of eligibility.

Not applicable

Attachment A

Eligibility Definition

TERM	DEFINITION
Income	Money received from any source, excluding any item specified in policy.
Earned Income	Except as specifically excluded in this section, all countable earned income of the household will be counted for determining Kid Care CHIP eligibility including, but not limited to, wages, salaries, commissions, self employment income and income paid under a contract.
Unearned Income	Except as specifically excluded in this section, all unearned income of the household will be counted for determining Kid Care CHIP eligibility including, but not limited to, , child support, alimony, Social Security benefits, pensions, unemployment compensation, worker's compensation and interest.
Exempt Income	Money set aside or free from program policy or limits, not counted against program income limits. The following income is excluded: X Income which is required to be excluded from income under other Federal statues X Unearned income paid in-kind to a household member such as Payments made to a third party for food, shelter, clothing or needs X Reimbursements of Medicare premiums made by the Social Security Administration by the Division of Public Health X Educational income (used soley for education expenses) such as grants, scholarships, fellowships, Educational loans, and work study income provided the individual is Enrolled in an educational program X Needs-based veteran's pensions X Reimbursements for expenses incurred by the individual X Child Care assistance paid under Title XX of the Social Security Act

	The following income will be counted as assistance unit income: X Rental income except that the following expenses may be deducted: taxes and attorney fees needed to make the income available; upkeep and repair costs necessary to maintain the current value of the property; interest only on a loan or mortgage secured by the rental property X The value of income paid in-kind for which the individual performed a Service or which is provided as part of the individual's wages from employment
Income Standard	All countable household income must be between 101% and 200% of the federal poverty level.
Institutional Status	Residents of public institutions are not eligible. Applicants who are in an institution for mental disease at the time of application or renewal are not eligible
Household Composition	1. The following financially responsible individuals who reside together must be included in the household for purposes of determining the household size, whether or not they are eligible to receive benefits: • A child who meets Kid Care CHIP age requirements • Siblings, half-siblings, adopted siblings, and step-siblings of the child who meets Kid Care CHIP age requirements • Parents of any child who is included in the household size 2. Any individual described in the bullets above who is temporarily absent solely by reason of employment, school, training, military service or medical treatment or who will return home to live within 90 days from the date of the application is part of the household. 3. Household members who do not qualify for Kid Care CHIP due to their alien status must be included in the household size and their income be counted. 4. If an individual is caring for a child of his or her former spouse, in the case where a divorce has been finalized, the household may include that child if the child resides in the home and meets Kid Care CHIP requirements.

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
Eligibility - Targeted Low-Income Children CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

☒ **Targeted Low-Income Children** - Uninsured children under age 19 whose household income is within standards established by the state.

☑ The CHIP Agency operates this covered group in accordance with the following provisions:

Age

Must be under age 19.

Income Standards

Income standards are applied statewide. Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard? No

Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	6	154	200	X
+	6	19	133	200	X

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

Special Program for Children with Disabilities

Does the state have a special program for children with disabilities? No

PRA Disclosure Statement

CHIP Eligibility

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V.20130709

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
MAGI-Based Income Methodologies CS15

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

☑ The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.

If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- (●) The pregnant woman is counted just as herself.
- ( ) The pregnant woman is counted just as herself, plus one.
- ( ) The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- (●) Current monthly household income and family size.
- ( ) Projected annual household income for the remaining months of the current calendar year and family size.

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☒ Include a prorated portion of the reasonably predictable increase in future income and/or family size.
- ☒ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent. No

☑ The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

An attachment is submitted.

PRA Disclosure Statement

CHIP Eligibility

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CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program — CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	119	133	X

PRA Disclosure Statement

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CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Child Health Insurance Program
Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards CS14

Section 2101(f) of the ACA and 42 CFR 457.310(d)

■ Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards

The CHIP agency provides coverage for this group of children as follows:

○ The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.

◉ The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).

Describe the methodology used by the state to identify and enroll children in a separate CHIP who are subject to the protection afforded by Section 2101(f) of the Affordable Care Act:

◉ The state has demonstrated and CMS has agreed that all children qualifying for section 2101(f) protection will qualify for the state's existing separate CHIP.

○ The state will enroll all children in a separate CHIP who lose Medicaid eligibility because of an increase in family income at their first renewal applying MAGI methods.

○ The state will enroll children in a separate CHIP whose family income falls above the converted MAGI Medicaid FPL but at or below the following percentage of FPL. The state has demonstrated and CMS has agreed that all or almost all the children who would have maintained Medicaid eligibility if former disregards were applied will be within this income range and therefore covered in the separate CHIP.

[ ] % FPL

○ The state will enroll children in a separate CHIP who are found to be ineligible for Medicaid based on MAGI but whose family income has not increased since the child's last determination of Medicaid eligibility or who would have remained eligible for Medicaid (based on the 2013 Medicaid income standard) if the value of their 2013 disregards had been applied to the family income as determined by MAGI methodology.

○ Other.

Describe the benefits provided to this population:

○ This population will be provided the same benefits as are provided to children in the state's Medicaid program.

◉ This population will be provided the same benefits as are provided to children in the state's separate CHIP.

○ Other (consistent with Section 2103 of the SSA and 42 CFR 457 Subpart D).

Describe premiums and cost sharing required of this population:

○ Cost sharing is the same as for children in the Medicaid program.

CHIP Eligibility

- (•) Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.
- ( ) No premiums, copayments, deductibles, coinsurance or other cost sharing is required.
- ( ) Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

PRA Disclosure Statement

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CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
General Eligibility - Eligibility Processing [illegible]

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

☑ The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

☒ The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.

☒ An alternative single, streamlined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

An attachment is submitted.

☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

☑ The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

☐ Other electronic means:

REC'D APR 22 2014

Screen and Enroll Process

☑ The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

Procedures include:

■ Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and

■ Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and

CHIP Eligibility

☒ Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA. | No

Redetermination Processing

☑ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:

- ☒ Once every 12 months.
- ☒ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- ☒ If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

Screening by Other Insurance Affordability Programs

☑ The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.

☐ The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.

☐ The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.

PRA Disclosure Statement

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REC'D APR 22 2014

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
Non-Financial Eligibility - Residency **CS17**

42 CFR 457.320

Residency

☑ The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- ▣ A non-institutionalized child, if capable of indicating intent and who is emancipated or married. if the child is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or
  2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- ▣ A non-institutionalized child not described above and a child who is not a ward of the state:
  1. Residing in the state, with or without a fixed address, or
  2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- ▣ An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- ▣ A child who is a ward of the state regardless of where the child lives, or
- ▣ A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- ▣ A non-institutionalized pregnant woman who is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  2. Entered with a job commitment or seeking employment, whether or not currently employed.
- ▣ An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- ▣ An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- ▣ A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):

CHIP Eligibility

One or more interstate agreement(s). No

A policy related to individuals in the state only for educational purposes. No

PRA Disclosure Statement

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V.20130917

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
Non-Financial Eligibility - Citizenship **CS18**

Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)

Citizenship

☑ The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.

■ The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:

Who are citizens or nationals of the United States; or

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); or

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380 .

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process. **No**

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual. **Yes**

The date benefits are furnished is:

○ The date of application containing the declaration of citizenship or immigration status.

◉ The date the reasonable opportunity notice is sent.

○ Other date, as described:

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3). **No**

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women. **No**

CHIP Eligibility

PRA Disclosure Statement

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V.20130917

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
Non-Financial Eligibility - Social Security Number **CS19**

42 CFR 457.340(b)

Social Security Number

As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.

☑ The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:

Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or

Individuals who are not eligible for an SSN, or

Individuals who are issued an SSN only for a valid non-work purpose.

▣ The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.

▣ The CHIP Agency informs individuals required to provide their SSN:

By what statutory authority the number is solicited; and

How the state will use the SSN.

☑ The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.

The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.

The state requests non-applicant household members to voluntarily provide their SSN. Yes

☑ When requesting an SSN for non-applicant household members, the state assures that:

▣ At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and

▣ The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

PRA Disclosure Statement

CHIP Eligibility

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V.20130917

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
Non-Financial Eligibility - Substitution of Coverage **CS20**

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

Substitution of Coverage

☑ The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

■ Substitution of coverage prevention strategy:

	Name of policy	Description
+	Waiting Period	One month waiting period.

A waiting period during which an individual is ineligible due to having dropped group health coverage. Yes

How long is the waiting period?

- (•) One month
- ( ) Two months
- ( ) 90 days
- ( ) Other

■ The state allows exemptions from the waiting period for the following reasons:

- ■ The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income.
- ■ The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B–2(c)(3)(v).
- ■ The cost of family coverage that includes the child exceeded 9.5 percent of the household income.
- ■ The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan.
- ■ A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA).
- ■ The child has special health care needs.
- ■ The child lost coverage due to the death or divorce of a parent.

Does the state allow other exemptions in addition to those listed above? Yes

CHIP Eligibility

	Describe	
+	Medicaid children who will transition to CHIP as a result of new income guidelines, and will be allowed to have other private insurance in addition to their Medicaid coverage, will not be required to observe the thirty day waiting period.	X

■ Describe the processes the state employs to facilitate enrollment of CHIP-eligible children who have satisfied the waiting period.

Applicants who apply who have not met the one (1) month waiting period will have their application processed up to the point of being authorized but benefits not issued. This will be a pending status with an alert to terminate the pending status upon completion of the one (1) month waiting period. Upon termination of the pending status via a system alert the case will be issued benefits. The then active case name/number will be included in the interface file provided to the benefit and claims administrator.

■ Describe the processes the state employs to coordinate coverage of children subject to a waiting period with other insurance affordability programs, including safeguards to prevent gaps in coverage for children transitioning from another insurance affordability program to CHIP after satisfying the waiting period.

Applications (either sent directly to the State, or referred from other insurance affordability programs to the CHIP agency) determined eligible for CHIP except for satisfying the waiting period will be placed in a pending status. For children who meet an exception to the waiting period or for whom a waiting period does not apply, the state will notify the other insurance affordability program (such as the FFM for QHP coverage) through an electronic account transfer of the date in which the individual is enrolled into the separate CHIP program. For children subject to a waiting period, the applicant status will change from a pending to active status upon completion of the waiting period, and the state will notify the other insurance affordability program of the start and end date through an electronic account transfer.

The state provides assurance that:

☑ It does not require a new application or the submission of information already provided by the family immediately preceding the waiting period for the purpose of enrolling CHIP-eligible children who have satisfied a waiting period.

☑ For children subject to the waiting period, it will promptly transfer each individual's electronic account to the applicable insurance affordability program and notify such program of the date on which the waiting period ends for each individual.

☐ If the state covers pregnant women, the waiting period does not apply to pregnant women.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

☐ The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.

☐ The waiting period does not apply to children eligible for dental only supplemental coverage.

PRA Disclosure Statement

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CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program
General Eligibility - Continuous Eligibility CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes

- (●) For children up to age 19
- ( ) For children up to age [ ]

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

- [x] At the end of the 12 months continuous eligibility period.

Exceptions to the continuous eligibility period:

- [x] The child attains the age specified by the state Agency or age 19.
- [x] The child or child's representative requests voluntary disenrollment.
- [x] The child is no longer a resident of the state.
- [x] The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.
- [x] The child dies.
- [x] There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.
- [ ] Other

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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