

Attachment A

Statement of Work



**Wyoming Department of Health
Division of Healthcare Financing**

Kid Care CHIP

Provided by:

Blue Cross & Blue Shield of Wyoming

**P.O. Box 2266
Cheyenne, WY 82003**

307-634-1393

March 2018

General Description

This document is intended as a Statement of Work (SOW) to identify and describe important milestones and deliverables for Kid Care CHIP. The goal of the project is to provide Benefit and Claims Administration for the Wyoming Department of Health, Division of Healthcare Financing and Kid Care CHIP.

Timeline and Deliverables

The following table details specific tasks, milestones and completion dates. This timeline includes description of work, tasks to be performed, and dates for deliverables to be given to the Agency. The Contractor will pursue all options to complete all described tasks ahead of schedule. Payments of invoices will be based upon the agreed upon process and timeline as described in this Statement of Work.

TASK	DESCRIPTION	DATE
1	Contractor shall submit a Project Work Plan to the Agency for approval. Project Work Plan will include but is not limited to: Project Organization, Project Scheduling and Tracking, Milestones, Entrance and Exit Criteria and Deliverables.	Project Work Plan to be received by Agency no later than July 13, 2018.
2	Contractor shall submit a Staffing Plan to the Agency for approval. Staffing Plan will identify key personnel and qualifications and lines of authority. Contractor shall identify any subcontractor used in the performance of the contract while assuring subcontractor's participation in appropriate tasks to augment the success of the contract/program. Any subcontractor used in the performance of the contract must be approved by the Agency. Contractor will provide an updated organizational chart within twenty (20) days of a change to a named	Staffing Plan to be received by the Agency no later than July 13, 2018.

	position in the organizational chart.	
3	Contractor shall submit a Disaster Recovery and Business Continuity Plan to the Agency. The Plan must address recovery of business functions, recovery of technology infrastructure and the process for restoring operations. The Contractor shall provide disaster recovery and business continuity services, including offsite storage capability.	Disaster Recovery and Business Continuity Plan to be received by the Agency no later than July 13, 2018.
4	Contractor shall conduct a Monthly Status Meeting in conjunction with WDH to present information included in the Monthly Status Meeting Reports. Contractor will submit a Monthly Status Meeting Reports template describing items to be included in template. Template should include, but not limited to Action Log, Issues Log, Claims Review Performance Report, Risk Log, Pre-authorization Report, Enrollment Packet Distribution Report, Customer Service Center Performance Metrics, Provider Disenrollment Report, Inquiry Response Timeliness Report, and any other report identified as necessary by the Agency. Such reports as deemed necessary for Dental will be required as well. Monthly Status Meeting Reports will be submitted prior to each monthly meeting.	<p>The Monthly Status Meeting Reports Template to be received by the Agency no later than July 13, 2018.</p> <p>The Monthly Status Meeting Reports will be submitted five (5) business days prior to scheduled monthly status meeting.</p>
5	Contractor shall attend monthly Agency Contract Management Meetings. Subcontractors to the Contract will be expected to attend when deemed necessary by the Agency.	The initial Contract Management Meeting will be on a date in July 2018 identified by the Agency and every month thereafter throughout life of contract.
6	<p>The Contractor shall provide the Agency with a copy/sample of the Kid Care CHIP enrollee packet no later than July 17, 2018.</p> <p>Contractor shall provide the enrollee's family with an enrollment packet as described in the Statement of Work. The mailing date on the enrollment packet must be within ten (10) business days of the Contractor receiving notification of enrollee's</p>	Submit a copy/sample of the Kid Care CHIP enrollee packet to the Agency no later than July 17, 2018.

	eligibility.	
7	<p>The Contractor shall provide the enrollee’s family with an enrollment packet. The enrollment packet must include, but is not limited to:</p> <ul style="list-style-type: none"> • Membership card for BCBS and Delta Dental. • Co-payment requirements (pre-printed on card). • Instructions regarding pre-authorization. • Benefits covered by contractor. • Information regarding non-covered benefits. • Information regarding EPSDT benefits, including how to access these benefits. • Immunization schedule for birth to 18 years. • Information specific to Mental Health benefits. • Information regarding Managed Care protocols for benefits and services. • List of providers, hospitals & locations of care facilities, available in print or BCBS website. • Information for how enrollees can access benefits using out of network specialists, including Family Planning providers. Information should also include providers who are no longer accepting new patients. • The contractor’s phone number(s) according to particular services and hours of service. • Verbal and written complaint procedures pertaining to Kid Care CHIP benefits. • Policy regarding Kid Care CHIP benefit term. • Policy regarding use of emergency benefits. • Policies on the processes for filing a complaint and fair hearing relating to Kid Care CHIP benefits. • Instructions on how to obtain a copy of the evidence of coverage. • WDH HIPAA Privacy Notice and, if applicable, the Vendor’s HIPAA Privacy 	<p>The Contractor shall provide eligible enrollees with the enrollment packet within ten (10) business days of confirmation of enrollee’s eligibility. Contractor shall provide documentation to the Agency of this process in the Monthly Status Report.</p>

	Notice in specific scenarios.	
8	Contractor shall submit to the Agency for review and approval the Subscription Agreement. The Subscription Agreement should include, but not limited to, information regarding Managed Care, Mental Health services and EPSDT as they relate to Kid Care CHIP benefits.	A copy of the Subscription Agreement is to be received by the Agency no later than July 31, 2018.
9	The Contractor must provide the enrollee's family with a copy of the Enrollee Handbook that is written using a format and language that is clear and understandable to a person who has completed no more than an 8 th grade education. The Enrollee Handbook will be made available in English and Spanish and other languages if Agency determines a significant number of enrollees are conversant only in those languages. This required task is applicable to dental services as well as medical services.	A copy of the Enrollee's Handbook is to be received by the Agency no later than July 31, 2018. Documentation of the enrollee family receiving a copy of the Enrollee Handbook will be included in the Monthly Status Report.
10	The Contractor will provide a copy of the Enrollee Handbook which should include, but not limited to, information specific to Managed Care, Mental Health Services, EPSDT services, treatment options, scope of benefits, emergency coverage, specialty care, cost sharing and fair hearing information. This required task is applicable to dental services as well as medical services.	A copy of the Enrollee Handbook, to include, but not limited to, information specific to Managed Care, Mental Health Services, EPSDT services, treatment options, scope of benefits, emergency coverage, specialty care, cost sharing and fair hearing information, will be provided to the Agency no later than July 31, 2018.
11	The Contractor shall receive an enrollment batch enrollment file from the Agency at least weekly and transmit that same batch file to any appropriate subcontractor.	The Contractor shall provide verification to the Agency within twenty-four (24) hours of transmitting the batch enrollment file, excepting Pharmacy information that may take an additional twenty-four hours; transmission must be 99.9% accurate.

12	The Contractor shall accept approved enrollment information from the Agency in a manner that is compliant with HIPAA and all federal and State confidentiality rules and regulations.	The Contractor shall accept and activate the information within a business day twenty-four hour period, excepting Pharmacy information that may take an additional twenty-four (24) hours.
13	The Contractor shall process enrollment of daily add-on children within 12 hours of receiving the add-on enrollment form from the Agency. The Contractor will notify subcontractors, including pharmacy services, of the additional enrollee(s).	The Contractor shall document to the Agency when the add-on process is complete; including notification of subcontractor(s).
14	The Contractor shall invoice the Agency monthly for all premium payments due. The invoice shall represent the amount determined as a result of the reconciliation process conducted by the Agency for all legitimately enrolled children to the date of the invoice.	Contractor shall provide the Agency the invoice between the 8 th and 12 th of each month, and be 99.9% accurate.
15	The Contractor shall market the Kid Care CHIP product along with other policy offerings. The marketing materials shall be appropriate for Kid Care CHIP. Provide on the Contractor's Member page Kid Care CHIP information and a link to the Agency's Kid Care CHIP website and Agency's Customer Service Center phone number, and use a social media platform for posting appropriate Kid Care CHIP information. Outreach and marketing actions will be reported in the Monthly Status Report.	The Contractor shall provide the Agency with any marketing material for approval prior to release. The Contractor shall keep the approved marketing materials visible in Contractor's Wyoming offices.
16	The Contractor shall provide on the Contractor's Member page Kid Care CHIP information and a link to the Agency's Kid Care CHIP website and the Agency's Customer Service Center phone number.	Documentation will be received by the Agency that such information is being provided by July 31, 2018.
17	The Contractor shall use a social media platform for posting appropriate Kid Care CHIP information.	Information on the social media platform shall be approved by the Agency and updated monthly. The first approval by the Agency will be completed by August 31, 2018.

18	<p>The Contractor shall provide Kid Care CHIP families a toll-free number during working hours for inquiries regarding benefits, providers and enrollment status. Report metrics in the Monthly Status Report to include, but not limited to, blocked and abandoned call rate, inquiry timeliness, callback response, inquiry accuracy, first call resolution and accessibility.</p>	<p>Contractor Customer Service Center must be available for Kid Care CHIP inquiries 8:00AM to 5:00PM, MT, Monday through Friday, with the exception of State observed holidays, or at times agreed to by the Agency. Metrics must be provided by the July 2018 meeting and every monthly meeting thereafter.</p>
19	<p>The Contractor shall develop, maintain, and deliver to the Agency reports to include specific claims data (by client and/or service) and payment amount and expenditures. Contractor will notify any subcontractor which of the reports/data they need to report. Contractor must be able to furnish daily, weekly, monthly, quarterly, semi-annual and annual reports to include at a minimum those listed below:</p> <ul style="list-style-type: none"> • Actuarial and Utilization • Period Summary • Maternity • Benefit Limitations • Wellness Reports • FQHC and RHC reports/PPS payments • Provider Network • Membership by Age • Enrollment by Age for Immunization • Pharma Payment After Cancellation Report • Monthly Status Reports • Kid Care CHIP Annual Reporting Template (CARTS) • Child Core Measure report for CMS • Semi-Annual Report • Annual Report <p>Contents of the Semi-Annual and Annual Reports will be determined by the Agency.</p>	<p>Reports submitted by the Contractor to the Agency will comply with identified submission guidelines. Weekly reports must be submitted by close of business on the first business day of the next week, monthly reports must be submitted by the 15th calendar day of the following month, quarterly reports must be submitted within thirty (30) calendar days after the end of each quarter. Quarters are based on State Fiscal Year except when Federal Fiscal Year or calendar year reporting is required. Semi-annual reports must be submitted within thirty (30) calendar days after the beginning of the next State Fiscal Year, Federal Fiscal Year or Calendar Year depending on reporting requirements. Annual Reports must submitted thirty (30) calendar days after the beginning of the next State, Federal, or Calendar Year depending on reporting requirements. CARTS reporting</p>

		is due forty-five (45) days following the end of the Federal Fiscal Year.
20	The Contractor shall develop and maintain a Quality Assurance/Quality Monitoring Plan, including identification of those enrollees who have special health care needs. The Plan will include processes for case management, catastrophic case management and disease management procedures.	The Contractor shall submit to the Agency for approval a QA/QM Plan by August 31, 2018.
21	The Quality Assurance/Quality Monitoring Plan will document how necessary health care services to treat physical and mental illnesses or conditions discovered by any screening will be provided.	The Contractor will provide to the Agency on a quarterly basis data indicating the number of enrollees treated, including specialty services, as a result of a screening beginning June 1, 2018 and the last day of each SFY quarter thereafter.
22	The Contractor shall document their ongoing quality assessment program including any identified Performance Improvement Programs (PIP). The identified Performance Improvement Programs will be agreed upon by the Contractor and the Agency.	The Contractor will report to the Agency on a quarterly basis quality assessment tracking data, including PIP and any over or under utilization of services by October 15, 2018.
23	The Contractor shall implement a process by which all new enrollees and current enrollees at time of annual renewal are advised of the availability of a health risk assessment. The Contractor shall document an enrollee receiving a health risk assessment within ninety (90) days of enrollment or document at least three (3) attempts to communicate with enrollee regarding the health risk assessment within ninety (90) days of enrollment.	Contractor shall report this data to the Agency on a quarterly basis. The first report will be due on October 15, 2018.
24	The Contractor shall establish pre-authorization policies and procedures in accordance with Title XXI benefit requirements. Submit to Agency documentation of pre-authorization activity on a monthly basis. Documentation shall include, but not limited to, submission date, service requested, type of review, date completed and decision. Dental pre-	The Contractor shall complete pre-authorizations within seven (7) business days after receipt of a request for service and will provide evidence of meeting the requirement to the Agency in the Monthly Status Reports.

	authorization activity shall be reported in this same manner.	Contractor and Agency must agree if any circumstances prevent compliance with seven (7) business day requirement.
25	<p>The Contractor shall establish expedited pre-authorization processes when an enrollee's health condition may jeopardize the enrollee's life or markedly worsen the enrollee's condition of health.</p> <p>The Contractor shall provide evidence to the Agency the expedited request has been processed.</p>	<p>The Contractor shall make an authorization decision no later than (3) working days after receipt of the request.</p> <p>The Contractor shall provide such evidence in the Monthly Status Reports.</p>
26	<p>The Contractor shall provide an adequate provider network as per Frontier State designation keeping in mind access according to Primary Care Provider, Facilities, and Specialists. These same accessibility factors are applicable to the dental provider network. The Contractor shall consider geographic location of providers, distance, time and travel to access services. Adequate provider penetration for each county is considered eighty percent (80%). Provider Adequacy requirement is applicable to medical and dental providers. In the event that the Provider Network Adequacy requirements fall below 80% in a given county the contractor or subcontractor will work closely with private organizations, the Agency, educational institutions and the Wyoming legislature on initiatives and activities to recruit, retain, or increase the number of providers in those areas.</p>	<p>The Contractor shall provide information of the provider network quarterly to the Agency. The first quarter report is due on October 15, 2018. If the network falls below the required adequacy rate, the Agency will be informed no more than ten (10) days after the discovery. A mutually agreed upon Corrective Action Plan and schedule will be developed and implemented.</p>
27	<p>The Contractor shall maintain and provide a Provider Directory covering physicians, hospitals and behavioral health providers to be made available electronically, or upon request, in paper. The Directory shall include information for those providers offering non-English speaking capabilities and those providers no longer accepting new patients. The Provider Directory requirement is applicable to the Dental network as well.</p> <p>Contractor will direct dental sub-contractor to submit to the Insure Kids Now (IKN) website</p>	<p>A copy of the Directory, either electronic or paper, will be received by the Agency no later than July 31, 2018.</p>

	provider information as per the IKN guidelines and timeline.	
28	The Contractor shall certify to the Agency that fees paid to providers in the network are sufficient to ensure access and maintain an adequate provider network. Contractor is responsible for directing dental subcontractor to certify to the Agency that fees paid to providers in the network are sufficient to ensure access and maintain an adequate provider network.	The Contractor shall provide read-only access for one (1) Agency employee to view provider fees, and shall provide certification to the Agency of such fees by July 31, 2018.
29	In the event of a provider contract termination by the Contractor, the Contractor will provide letters to Kid Care CHIP participants who have received services from the provider within the year previous to the effective date of the termination, including the effective date of the termination of a provider's contract.	The Contractor will provide the Agency notification of a provider termination within ten (10) days of the event and documentation of notification of appropriate Kid Care CHIP enrollees/patients within thirty (30) days.
30	The Contractor shall establish and maintain an active Provider, Screening, Enrollment and Credentialing process as per 42 CFR 455 Subpart E. The Contractor shall provide a process for provider screening, network enrollment and credentialing including whether current providers, potential providers and individuals with an ownership or controlling ownership in provider entities are excluded individuals or entities and make a determination by completing a monthly search on required databases. The Contractor shall ensure that no provider is contracted that is excluded from participation in Federal health care programs.	<p>The Contractor will provide documentation of the process for Provider Screening, Enrollment and Credentialing to the Agency no later than July 31, 2018. The documentation must verify the process established as per 42 CFR 455 Subpart E is in place.</p> <p>The Contractor will provide examples of the screening process for both new providers and re-enrolled providers screening results no later than October 31, 2018.</p>
31	The Contractor shall promptly pay providers for claims and services provided to Kid Care CHIP participants, and will document to the Agency the timeliness in which claims were paid. Claims for dental providers shall be adjudicated and reported in the same manner as medical.	Contractor will document to the Agency ninety-nine percent (99%) of all clean claims were adjudicated for providers within thirty (30) calendar days. Documentation of such will be

		included in the Monthly Status Reports. The first report will be due at the July Monthly Status meeting.
32	The Contractor shall provide to identified and appropriate parents or legal guardians the opportunity to participate in the Consumer Assessment of Healthcare Provider Services (CAHPS) survey. Provide the Agency with the final results of the survey within thirty (30) calendar days of receiving data for the vendor.	Contractor will provide Agency with plan for vendor to conduct annual consumer satisfaction survey. Include Agency in the planning stages and provide Agency with final results regarding satisfaction with providers and health plan services.
33	The Contractor shall educate network providers and statewide Public Health offices on an annual basis regarding billing for services including, but not limited to, immunizations, well-baby and well-child checks, well-adolescent checks and other preventive medical and dental services. The Contractor shall complete annual statewide training of providers of network providers regarding managed care services for Kid Care CHIP. Training shall include billing for services, EPSDT services and referrals, managed care policies, procedures and systems.	Network providers and identified Public Health Offices will complete a satisfaction survey, approved by the Agency, at conclusion of the training. Survey results must result in an 85% satisfaction rate.
34	The Contractor must have written policies and procedures for resolving grievances and appeals relating to Kid Care CHIP benefits. The Appeals and Grievances policies and procedures shall meet the minimum standards of the Wyoming Insurance Code under Title 26 as well as federal grievance and appeals guidelines specific to Kid Care CHIP.	The Contractor will provide the Agency with written policies pertaining to grievances and appeals no later than July 31, 2018.
35	The Contractor shall manage the grievances and appeals processes with providers in the Kid Care CHIP provider network.	The Contractor shall provide the Agency with a written copy of provider grievances and appeals policies and procedures no later than July 31, 2018.
36	The Contractor shall provide to the Agency drug formulary information electronically or in paper	The drug formulary information will be received by the Agency

	form and include generic and name brand medications and the tier of coverage and shall be updated when changes occur to the formulary.	by July 17, 2018 and updated with formulary changes within thirty (30) days of the change.
37	The Contractor shall develop a program to promote baseline and periodic health screenings with content consistent with EPSDT, and the Contractor shall inform all parents/guardians of eligible Kid Care CHIP children that EPSDT services are available, how to access these services, including appropriate immunizations.	The Contractor shall provide to the Agency details of the program to promote periodic health screenings and documentation of the process to inform parents/guardians of EPSDT services by July 31, 2018.
38	The Contractor shall develop and maintain a Project Management Plan, to include but not limited to, Project Scope, Assumptions, Constraints, Governance, Organization, Schedule Management Plan, Quality Management, Resource Management, Communication Management, Risk Management, Issue Management and Change Management.	The Contractor shall provide to the Agency the Project Management Plan no later than July 31, 2018.
39	The Contractor shall develop and maintain a Risk Management Plan, including but not limited to, roles and responsibilities, risk management approach and risk identification, risk response strategies and monitoring. The Contractor will include a Risk Management Log as part of the Monthly Status Meeting Reports.	The Contractor shall provide the Agency with a written Risk Management Plan no later than July 31, 2018.
40	The Contractor shall develop and maintain a comprehensive Security Plan that indicates role based classifications, NIST compliant, HIPAA security protocols, industry standards for interfacing, Disaster Recovery protocols, limited personal confidential information, preventive controls, detective controls, corrective controls and security standards compliant with healthcare industry, federal and State standards. The Security Plan will include changes as a result of collaboration with Highmark Blue Cross Blue Shield of Pennsylvania.	The Security Plan will be received by the Agency no later than August 31, 2018.
41	The Contractor shall ensure security is in place to protect the confidentiality, integrity and availability	No more than ten (10) incidents affecting no more than fifteen

	<p>of the system and data including data <i>at rest, in motion, in use, in transport and disposed</i> data from unauthorized access, use, disclosure, modification or destruction in compliance with federal law and shall ensure that all third party products, utilities, DLLs and tools are secure and integrated using secure practices.</p>	<p>(15) clients per incident per State Fiscal Year. In the event that more than ten (10) incidents occur when fifteen (15) people or more are affected, the Contractor shall be responsible for associated costs such as call center costs, credit reporting, publications, and media centers. In the event of a breach the Contractor will notify the Agency within thirty (30) days.</p> <p>0% of security incidents affecting 100 or more clients annually. For any security incidents affecting between 100-499 clients, the Contractor shall be penalized \$2500.00 per day after day one (1) if emergency issues are not mitigated or resolved. In the event of a breach the Contractor will notify the Agency within thirty (30) days.</p> <p>0% of security issues affecting 500 or more clients annually. For any security incident affecting a population of 500 clients or more, the Contractor shall be penalized \$5000.00 per day after day one (1) if emergency issues are not mitigated or resolved. In the event of a breach the Contractor will notify the Agency within twenty (20) days.</p>
42	<p>The Contractor shall develop and maintain a Communication Management Plan, to include but not limited to, roles and responsibilities, stakeholders, communication modes and strategies</p>	<p>The Contractor shall submit to the Agency for approval the Communication Plan no later than July 31, 2018.</p>

	for each mode, and a communication matrix.	
43	The Contractor shall comply with HIPAA and all other federal and State confidentiality rules and regulations.	The Contractor will indicate in the Monthly Status Reports submitted to the Agency their compliance with HIPAA regulations and all other federal and State confidentiality rules and regulations. Due to the state in the first Monthly Status meeting after contract signature.
44	The Contractor, or Contractor's vendor, shall meet all federal T-MSIS reporting requirements as per the CMS State Technical Requirements for Preparing T-MSIS Files, Version, 2.0 incorporated by this reference, including the T-MSIS Data Dictionary Version 2.0.	The Contractor, or Contractor's vendor, shall submit T-MSIS files to CMS. The content of the files shall be submitted with a ninety-nine percent (99%) accuracy rate within ninety (90) calendar days of production.
45	The Contractor, or Contractor's vendor, shall design, develop and implement information technology capabilities to transmit operations, performance and quality data as prescribed by T-MSIS as per the CMS State Technical Requirement for Preparing T-MSIS Files, Version 2.0 incorporated by this reference.	No later than ten (10) days prior to the T-MSIS go-live submission date, demonstrate operational readiness to submit T-MSIS files according to the required schedule for T-MSIS. Contractor is required to submit inquiries to CMS within twenty-four (24) business hours of identifying issues for CMS clarification.
46	The Contractor, or Contractor's vendor, shall provide the ability to securely interface with CMS for transmission of accurate T-MSIS encounter data and historical data back to October 2015.	The Contractor shall submit accurate encounter data to CMS or the identified T-MSIS vendor via a secure interface per an agreed upon timeline pending CMS clarifications of these requirements.
47	The Contractor will provide and maintain a T-MSIS project work plan that includes scheduled tasks, activities, duration, sequencing, dependencies, a plan for each deliverable, completion dates, milestones,	The T-MSIS project work plan will be updated to reflect current status of the T-MSIS project and submitted to the

	entrance and exit criteria and a resource plan.	Agency no later than July 10, 2018 and upon Agency request.
48	The Contractor shall retrieve the Agency T-MSIS file from a specified location and at a specified time on a weekly/monthly basis. The specified location, time and duration will be determined once T-MSIS goes live.	The Contractor will provide documentation to the Agency the T-MSIS file has been retrieved from the agreed upon specified location and specified time each business day.
49	Contractor shall meet the T-MSIS go-live deadline as required by CMS.	No later than ten (10) days prior to the T-MSIS submission date, demonstrate operational readiness to submit T-MSIS files according to the required schedule.
50	The Contractor shall submit to the Agency documentation including testing results, demonstrating the transition to the Pennsylvania HighMark system will not negatively impact the Kid Care CHIP operations including but not limited to timely enrollment of enrollees, payment of claims, reporting and T-MSIS file transmissions to CMS. The Agency reserves the right to reject the proposed transition date if the Contractor is unable to demonstrate operational readiness.	Documentation must be delivered to the Agency no later than fifteen (15) business days prior to the scheduled transition date.
51	The Contractor shall submit encounter data to the Agency upon MMIS/WINGS Enterprise becoming fully functional. Contractor will submit encounter data on an agreed upon timeline. The encounter data shall meet specified form and content standards and criteria for accuracy as per CMS Medicaid and Kid Care CHIP Managed Care Final Rule (CMS 2390-F) incorporated by this reference.	Upon the MMIS/WINGS Enterprise becoming fully functional the Contractor and Agency will agree upon a timeline for submission and any assessed penalties due to non-performance.
52	The Contractor will deliver a Monthly Status Reports five (5) business days prior to the scheduled monthly status/contract management meeting to include accurate metrics on achieving requirements and performance standards described in the Contract.	The Monthly Status Reports will be delivered electronically to the Agency within five (5) business days prior to each Monthly Status Meeting.

53	The Contractor will deliver a medical loss ratio according to 42 CFR 438.8 along with proposed premium rates.	The medical loss ratio and proposed premium rates will be delivered to the Agency no later than April 1, 2019.
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Expectations of State by Contractor

The Contractor will rely on the Agency to provide assistance with contact information, review of milestones as they are completed, and general responsiveness to project needs and questions as they arise, including but not limited to weekly and monthly enrollment data and the monthly reconciliation process for billing purposes. The Contractor appreciates any input and critiques, and will work closely with the Project Representative to ensure all goals and requirements of this project are met.

Payment

The fee structure for this contract and all benefit and claims administration services, including the provision of health insurance described herein will encompass the entire contract period and is described below.

The Agency shall pay the Contractor the rates shown in the table below for each eligible child included on the monthly invoice. On a monthly basis the Agency will conduct a reconciliation of eligible counts with the Contractor.

Description	All Inclusive Premium Cost Per Child
Native American Children and Population <100% FPL	\$280.70
Children in Families at 101 – 150% FPL	\$275.90
Children in Families at 151 – 200% FPL	\$268.75

Invoicing

The Contractor shall be responsible for tracking all associated costs to this Contract. Any and all subcontractor(s) providing services for the operations and support of the project shall, in an agreed upon process with the Contractor, provide documentation for any payment amount, and the

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Contractor, who will in turn submit all documented amounts to the Agency's primary point of contact for payment. The payment amount due must be submitted to the Agency for payment between the 8th and 12th day each month. Payments will be based upon the Contractor meeting the stated deadlines for deliverables. The Agency will review, approve and remit the invoice to the Fiscal Division by the 18th day of each month. Payment is due to the Contractor within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. §16-6-602.