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

Preamble

Section 2108(a) and Section 2108(e) of the Social Security Act (the Act) provide that each state and territory* must assess the operation of its state child health plan in each federal fiscal year and report to the Secretary, by January 1 following the end of the federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the state must assess the progress made in reducing the number of uncovered, low-income children. The state is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The state is also out of compliance if any section of this report relevant to the state's program is incomplete.

The framework is designed to:

- Recognize the **diversity** of state approaches to CHIP and allow states **flexibility** to highlight key accomplishments and progress of their CHIP programs, **AND**

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

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

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

The CHIP Annual Report Template System (CARTS) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes

- Section II: Program's Performance Measurement and Progress

- Section III: Assessment of State Plan and Program Operation

- Section IV: Program Financing for State Plan

- Section V: Program Challenges and Accomplishments

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

*<u>Disclosure</u>. 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 40 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, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

<u>DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.</u>

State/Territory: **WY**

Name of State/Territory

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

Signature: **Coleen Collins**

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

CHIP Program Type:

☐ CHIP Medicaid Expansion Only

☒ Separate Child Health Program Only

☐ Combination of the above

Reporting Period: **2019** **(Note: Federal Fiscal Year 2019 starts 10/1/2018 and ends 9/30/2019)**

Contact Person/Title: **Christine Bates, Kid Care CHIP Manager**

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Submission Date: **9/15/2020**

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

Section I.   Snapshot of CHIP Program and Changes

1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in the narrative section below this table.

   ☒ Provide an assurance that your state's CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report.

   Please note that the numbers in brackets, e.g., **[500]** are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

CHIP Medicaid Expansion Program
Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u>

Does your program require premiums or an enrollment fee?
☐ NO
☐ YES
☐ N/A

Enrollment fee amount:
Premium fee amount:
If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: $

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

☐ Managed Care
☐ Primary Care Case Management
☐ Fee for Service

Please describe which groups receive which delivery system: **[500]**

Separate Child Health Program
Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee?
☐ NO
☒ YES
☐ N/A

Enrollment fee amount: 0
Premium fee amount: 0
If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: $

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

☒ Managed Care
☐ Primary Care Case Management
☐ Fee for Service

Please describe which groups receive which delivery system: **[500]**
All Wyoming CHIP kids are managed care.

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
b) Application	☐	☐	☐	☐	☒	☐
c) Benefits	☐	☐	☐	☐	☒	☐
d) Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
e) Crowd out policies	☐	☐	☐	☐	☒	☐
f) Delivery system	☐	☐	☐	☐	☒	☐
g) Eligibility determination process	☐	☐	☐	☐	☒	☐

	Yes	No Change	N/A	Yes	No Change	N/A
h) Implementing an enrollment freeze and/or cap	☐	☐	☐	☐	☒	☐
i) Eligibility levels / target population	☐	☐	☐	☐	☒	☐
j) Eligibility redetermination process	☐	☐	☐	☐	☒	☐
k) Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
l) Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☐	☒	☐
m) Premium assistance	☐	☐	☐	☐	☒	☐
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☐	☐	☐	☒	☐
o) Expansion to "Lawfully Residing" children	☐	☐	☐	☐	☒	☐
p) Expansion to "Lawfully Residing" pregnant women	☐	☐	☐	☐	☒	☐
q) Pregnant Women state plan expansion	☐	☐	☐	☐	☒	☐
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐
s) Other – please specify						
a)	☐	☐	☐	☐	☐	☐
b)	☐	☐	☐	☐	☐	☐
c)	☐	☐	☐	☐	☐	☐

3) For each topic you responded "yes" to above, please explain the change and why the change was made, below:

Medicaid Expansion CHIP Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	

Topic	List change and why the change was made
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a)	
b)	
c)	

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	

Topic	List change and why the change was made
a)	
b)	
c)	

Enter any Narrative text related to Section I below. **[7500]**

Section II   Program's Performance Measurement and Progress

This section consists of two subsections that gather information about the CHIP and/or Medicaid program. Section IIA captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your state. Section IIB captures progress towards meeting your state's general strategic objectives and performance goals.

Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	1526	1425	-6.62
Separate Child Health Program	5576	5613	0.66

   A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and significant changes are denoted with an asterisk (*).If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3.

Table 1: Number and percent of uninsured children under age 19 below 200 percent of poverty, Current Population Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996 - 1998	13	2.6	9.3	1.8
1998 - 2000	12	2.5	8.7	1.7
2000 - 2002	11	1.7	8.2	1.3
2002 - 2004	8	1.5	6.3	1.1
2003 - 2005	6	1.5	5.2	1.2
2004 - 2006	5	2.0	4.2	1.2
2005 - 2007	6	2.0	4.7	1.2
2006 - 2008	5	1.0	3.8	1.1
2007 - 2009	6	2.0	4.6	1.1
2008 - 2010	6	1.0	4.3	.5
2009 - 2011	7	1.0	4.8	.7
2010 - 2012	7	1.0	4.6	0

Table 2: Number and percent of uninsured children under age 19 below 200 percent of poverty, American Community Survey

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	3	1.0	2.2	.6
2014	5	1.0	3.4	1.0
2015	6	2.0	4.2	1.2
2016	6	2.0	4.3	1.3
2017	8	3.0	5.4	1.8
2018	4	1.0	3.0	.8
Percent change 2017 vs. 2018	-50.0%	N/A	-44.4%	N/A

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**
Since 2015, there has been an on-going reduction in oil, gas and coal production. This reduction has generated a significant negative impact on our state, including many young families leaving the state. These same circumstances have impacted our Medicaid and CHIP numbers and the number of uninsured children.

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**

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

☐ Yes (please report your data in the table below)
☒ No (skip to Question #4)

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

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

A. Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
[7500]

B. What is your state's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.
[7500]

C. What are the limitations of the data or estimation methodology?
[7500]

D. How does your state use this alternate data source in CHIP program planning?
[7500]

Enter any Narrative text related to Section IIA below. **[7500]**

Section IIB: State Strategic Objectives And Performance Goals

This subsection gathers information on your state's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your CHIP state plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your state with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children

- CHIP enrollment

- Medicaid enrollment

- Increasing access to care

- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2017 and FFY 2018) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2019).

In this section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

In addition, please do not report the same data that were reported for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.

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

A. Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be**: "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

B. Type of Goal:

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

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

C. Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2019.

     Explanation of Provisional Data – When the value of the Status of Data Reported field is selected as "Provisional", the state must specify why the data are provisional and when the state expects the data will be final.

- Final: Check this box if the data you are reporting are considered final for FFY 2019.

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

D. Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which states may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications or some other method unrelated to HEDIS®).

Please indicate whether the measure is based on HEDIS® technical specifications or another source. If HEDIS® is selected, the HEDIS® Version field must be completed. If "Other" measurement specification is selected, the explanation field must be completed.

HEDIS® Version:
Please specify HEDIS® Version (example 2016). This field must be completed only when a user selects the HEDIS® measurement specification.

"Other" measurement specification explanation:

If "Other", measurement specification is selected, please complete the explanation of the "Other" measurement specification. The explanation field must be completed when "Other" measurement specification has been selected.

E. Data Source:

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

F. Definition of Population Included in Measure:

Numerator: Please indicate the definition of the population included in the numerator for each measure (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

Denominator: Please indicate the definition of the population included in the denominator for each measure.

For measures related to increasing access to care and use of preventative care, please
- Check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

G. Deviations from Measure Specification

For the measures related to increasing access to care and use of preventative care.

If the data provided for a measure deviates from the measure specification, please select the type(s) of measure specification deviation. The types of deviation parallel the measure specification categories for each measure. Each type of deviation is accompanied by a comment field that states must use to explain in greater detail or further specify the deviation when a deviation(s) from a measure is selected.

The five types (and examples) of deviations are:
- Year of Data (e.g., partial year),
- Data Source (e.g., use of different data sources among health plans or delivery systems),
- Numerator (e.g., coding issues),
- Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
- Other.

When one or more of the types are selected, states are required to provide an explanation.

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

H. Date Range: available for 2019 CARTS reporting period.

Please define the date range for the reporting period based on the "From" time period as the month and year which corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year which corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

I. Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on

whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the "additional notes" section.

The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator). The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the "Numerator" and "Denominator" fields. In these cases, it should report the state-level rate in the "Rate" field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled "Additional Notes on Measure," along with a description of the method used to derive the state-level rate.

J.   Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

K.   Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Reduce the rate of uninsured children at or below 200% FPL.	**Goal #1** (Describe) Reduce the rate of uninsured children at or below 200% FPL.	**Goal #1** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☒ Discontinued. *Explain:* We are discontinuing this goal this year and replacing it with Goal #2. We should not be comparing the current uninsured rate with the uninsured rate from 1996-1998. That does not take into account whether our total population is increasing or not.	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* This data comes to us from the WY Division of Economics and Administration. They utilize U.S. Census data, including Small Area Health Insurance Estimates for their analysis.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: The denominator is the number of uninsured children under 19 years of age, at or below 200% FPL in 1996-1998. Definition of numerator: The numerator is the number of uninsured children under 19 years of age, at or below 200% FPL in 2016-2017.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: The rate of uninsured children under 19 years of age, at or below 200% FPL. Numerator: 6296 Denominator: 13000 Rate: 48.4	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** We saw a slight increase in the number of uninsured. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Timely renewal reminders to CHIP families has helped stabilize our enrollment numbers in a time of economic downturn in our state. Augmenting our outreach activities/information to inform families of the income qualifiers for CHIP is proving to be helpful as many families experience a change in household income due to economic downturn.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** Depends on Congress extending federal CHIP funding that expired Sept. 30, 2017. **Annual Performance Objective for FFY 2019:** Same as above. **Annual Performance Objective for FFY 2020**: Same as above. *Explain how these objectives were set:* It's difficult to focus on enrolling additional children in CHIP when the future of the program is in jeopardy. The further out from September 30, 2017 we get the more anxious CHIP families, and providers, become.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022**: *Explain how these objectives were set:*

FFY 2017	FFY 2018	FFY 2019
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe) Reduce the rate of uninsured children at or below 200% FPL.	**Goal #2** (Describe) Reduce the rate of uninsured children at or below 200% FPL.
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☒ Discontinued. *Explain:*	**Type of Goal:** ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* This data comes to us from the WY Division of Economics and Administration. They utilize U.S. Census data, including Small Area Health Insurance Estimates for their analysis.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* This data comes to us from the WY Division of Economics and Administration. They utilize U.S. Census data, including Small Area Health Insurance Estimates for their analysis.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The denominator is the total population of Wyoming for calendar year 2017. Definition of numerator: The numerator is the number of children under 19 years of age, at or below 200% FPL in calendar year 2017.	**Definition of Population Included in the Measure:** Definition of denominator: The denominator is the total population of Wyoming for calendar year 2017. Definition of numerator: The numerator is the number of children under 19 years of age, at or below 200% FPL in calendar year 2017.
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: The uninsured rate of children at or below 200% of the federal poverty level. Numerator: 7775 Denominator: 579315 Rate: 1.3	**Performance Measurement Data:** Described what is being measured: The uninsured rate of children at or below 200% of the federal poverty level. Numerator: 4000 Denominator: 577737 Rate: 0.7
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** Wyoming had a decreased uninsured rate between 2018 and 2019. Wyoming has added enrollment specialists on the Indian Reservation and has increased Indian enrollment in our CHIP population. There has been targeted outreach in the five counties in Wyoming that had the highest rate of CHIP uninsured children. There has also been statewide attention from the Wyoming Governor's office on the issue of uninsured children in the state of Wyoming. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Wyoming CHIP can track the Indian enrollment due to the enrollment in Plan A, which is mainly Indians.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021** **Annual Performance Objective for FFY 2022:** Explain how these objectives were set:
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**Explanation of Progress:** How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**Explanation of Progress:** How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Improve the renewal rate for Kid Care CHIP.	**Goal #1** (Describe) Improve the renewal rate for Kid Care CHIP.	**Goal #1** (Describe) Improve the renewal rate for Kid Care CHIP.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:* .	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: The denominator represents the number of children eligible for renewal. Definition of numerator: The numerator represents the number of children screened for redetermination.	**Definition of Population Included in the Measure:** Definition of denominator: The denominator represents the number of children eligible for renewal. Definition of numerator: The numerator represents the number of children screened for redetermination.	**Definition of Population Included in the Measure:** Definition of denominator: The denominator represents the number of children eligible for renewal. Definition of numerator: The numerator represents the number of children screened for redetermination.
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019
Performance Measurement Data: Described what is being measured: We're measuring the number of children eligible for redetermination vs. the number of children screened for redetermination. Numerator: 2563 Denominator: 3051 Rate: 84	**Performance Measurement Data:** Described what is being measured: We're measuring the number of children eligible for redetermination vs. the number of children screened for redetermination. Numerator: 3260 Denominator: 5098 Rate: 63.9	**Performance Measurement Data:** Described what is being measured: We're measuring the number of children eligible for redetermination vs. the number of children screened for redetermination. Numerator: 3340 Denominator: 5226 Rate: 63.9
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** We've seen an improvement in the quality of the data due in part to our new eligibility system vendor resulting in a more accurate picture of our renewal rate. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The percentage obviously went down but we can't verify where the previous numbers came from. They are too low to be accurate. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We know our numbers are accurate for this reporting year and can be better measure the accuracy for the next reporting years. So 2018 will be our new base year and we will measure changes starting in 2019.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** The percentage of children being re-determined for CHIP was the same this year as last year. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We are pleased that our reporting has produced similar numbers this year. Next year we look forward to hopefully increasing our percentage.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** Defining performance goals depends a great deal on whether CHIP is reauthorized/funded by Congress. If we are reauthorized/funded for only two more years we would hope to maintain the rate. If we are funded for 5 years we would hope to see an improvement in our rate to 85%. **Annual Performance Objective for FFY 2019:** Same as 2018. **Annual Performance Objective for FFY 2020:** Same as 2018. *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** Our Performance Objective for FFY 2019 will be 65%. **Annual Performance Objective for FFY 2020:** Our Performance Objective for FFY 2020 will be 68%. **Annual Performance Objective for FFY 2021:** Our Performance Objective for FFY 2021 will be 71%. *Explain how these objectives were set:* We are targeting counties will higher uninsured rates for our outreach efforts and are hoping this will have an impact on increasing our renewal numbers.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Increase the number of thirty-day email renewal reminders.	**Goal #1** (Describe) Increase the number of 30-day email renewal reminders sent to CHIP families. 90% of texts are read within the first two minutes.	**Goal #1** (Describe) Increase the number of 30-day email renewal reminders sent to CHIP families. 90% of texts are read within the first two minutes.
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☒ Discontinued. *Explain:* In 2016 we found it necessary to temporarily discontinue this goal due to transition to new eligibility system vendor and correcting system defects incurred as a result of previous vendor. Our new vendor has made progress in being able to generate cell phone numbers for clients allowing us to disseminate renewal reminders in text format. Because this task is still a work in progress we do not have an entire years worth of data to report, but are hopeful we will be able to do so in 2018.	**Type of Goal:** ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:* Since texts are such an effective, low cost mode of communication and client renewal is so important to the continuation of the program, CHIP decided to implement this method of messaging for renewal reminders rather than e-mails. In FFY 2017, the CHIP program implemented renewal reminders via SMS/text message. In FFY 2018, Kid Care CHIP was able to obtain a more comprehensive contact list of cell phone numbers and home phone numbers to send monthly email texts increasing the number of texts.	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* CHIP text reports are recorded by Gov Delivery, the system used to send the SMS/text messages. CHIP initiated text message renewal reminders in November 2016. The number of texts sent in FFY 2017 was 965, but this was not a full year of data due to two months of missing data. In FFY 2018, CHIP received access to a full list of phone numbers to send renewal reminder texts and the number of texts per year increased.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* CHIP text reports are recorded by Gov Delivery, the system used to send the SMS/text messages.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Number of children eligible for renewal. Definition of numerator: Number of texts sent.	**Definition of Population Included in the Measure:** Definition of denominator: Number of children eligible for renewal. Definition of numerator: Number of texts sent.
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: This measurement describes the relationship between the number of texts sent to families and the number of children that were eligible for renewal. Numerator: 2286 Denominator: 3297 Rate: 69.3	**Performance Measurement Data:** Described what is being measured: This measurement describes the relationship between the number of texts sent to families and the number of children that were eligible for renewal. Numerator: 3034 Denominator: 3935 Rate: 77.1
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** CHIP is able to access a complete list of phone numbers to send renewal texts on a monthly basis. In addition, we have acquired a full year of data for texts sent. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** CHIP has achieved the goal and sufficiently set up it's text messaging system for renewals. The specific goal of Increase the number of 30-day text renewal reminders sent to CHIP families is no longer meaningful. In the future, CHIP should adjust the goal to improve effectiveness of renewal reminders. Although there are many factors that affect the renewal rate of the program, the text message reminders may be adjusted to provide a better result through the message sent or the time of the month, the day and the time of day the message is sent. CHIP can experiment with this to improve the renewal rate.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** Our denominator was significantly lower this year, but the numerator was comparable to the previous year. Kid Care CHIP had a few months of lower enrollment than usual this year and that may account for the lower denominator. We exceeded our performance objective for FFY 2019 of 65%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** This goal has been adjusted to Goal #2 for a more effective measure. **Annual Performance Objective for FFY 2020:** N/A **Annual Performance Objective for FFY 2021:** N/A *Explain how these objectives were set:* N/A	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:** N/A	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2** (Describe) Improve the renewal rate of CHIP clients through text messaging renewal reminders. Follow-up 45 days after text reminders to measure families that have contacted the Customer Service Center to renew.	**Goal #2** (Describe) Improve the renewal rate of CHIP clients through text messaging renewal reminders. Follow-up 45 days after text reminders to measure families that have contacted the CSC to renew.
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	Type of Goal: ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:* Wyoming wanted to see if text messaging is effective to encourage families to renew.
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Number of text messages sent. Definition of numerator: Number of CHIP families who contacted the customer service center to renew within 45 days. This includes families who moved to CHIP from Child MAGI, did not complete an application and who contacted the customer service center for a later renewal before 45 days. This does not include people who contacted the customer service center after the 45 days, moved out of state or aged out.
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 02/2019 **To: (mm/yyyy)** 10/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: The number of families that contacted the customer service center to renew their CHIP benefits after receiving a text message reminder. Numerator: 1200 Denominator: 1674 Rate: 71.7
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:** January 2019 was Wyoming's control month. We did not find the text messages to be any more effective than the renewal notices sent by mail.
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** N/A **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** N/A
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Maintain a sufficient medical provider network that allows CHIP children access to care.	**Goal #1** (Describe) Maintain a sufficient medical provider network that allows CHIP children access to care.	**Goal #1** (Describe) Maintain a sufficient medical provider network that allows CHIP children access to care.
Type of Goal: ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:* In our previous years of reporting provider numbers in every county in Wyoming providers were counted only in one county even though they may have delivered care in one or more counties. We have now revised our methodologies to provide a more accurate picture of provider accessibility due to the rural and frontier nature of our state. Our new calculations allow a provider to be counted in every county he/she delivers care. We will be using this revised calculation in future reporting.	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: This is a measurement developed by our CHIP program for contracting purposes.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: This is a measurement developed by our CHIP program for contracting purposes.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: This is a measurement developed by our CHIP program for contracting purposes.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: The data is provided to us by our Benefit and Claims Administrator, Blue Cross Blue Shield of Wyoming.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: The data is provided to us by our Benefit and Claims Administrator, Blue Cross Blue Shield of Wyoming.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: The data is provided to us by our Benefit and Claims Administrator, Blue Cross Blue Shield of Wyoming.

FFY 2017	FFY 2018	FFY 2019
Definition of Population Included in the Measure: Definition of numerator: The numerator represents the total number of enrolled providers in the State to provide services to CHIP families. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator represents the total number of providers in the State.	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the total number of enrolled medical providers in the State to provide services to CHIP families. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator represents the total number of medical providers in the State.	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the total number of enrolled medical providers in the State to provide services to CHIP families. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 07/2017 **To: (mm/yyyy)** 06/2018	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 06/2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure**:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 2393 Denominator: 2485 Rate: 96.3 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4728 Denominator: 5333 Rate: 88.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4719 Denominator: 5412 Rate: 87.2 Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** We are not comparing to the 2016 data as our 2017 methodology is different.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Unfortunately, I can not comment on the previous year's numbers as I have no record of where those numbers came from. These numbers are accurate and have the correct reporting time period.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** The in-network provider population dropped slightly but we expected that due to BCBS getting a new system and not having time to recruit providers. BCBS did have a few minor issues with their system and may have a lost a few providers due to that. We expect the in-network providers to go back up next year.
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? It would be helpful to know that CHIP is going to be refunded. Providers are becoming uneasy that funding will not be available, and they run the risk of performing services without sufficient reimbursement.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We have worked closely with our contractor to ensure that the current numbers are accurate and we are aware of the reporting time period so we can accurately report work toward improvement.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** See previous answers.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** Depends on whether Congress refunds CHIP. The September 30, 2017 deadline has already passed. **Annual Performance Objective for FFY 2019:** Depends on funding of CHIP. **Annual Performance Objective for FFY 2020:** Depends of funding of CHIP. *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** Our goal for SFY 2019 is 90% participation. **Annual Performance Objective for FFY 2020:** Our goal for SFY 2020 is 91% participation. **Annual Performance Objective for FFY 2021:** Our goal for SFY 2021 is 92% participation. *Explain how these objectives were set:* Our contractor is going to a new claims system on 1/1/19. We don't expect them to have a lot of extra time to work on provider recruitment but we do expect them to maintain the current enrollment and to continue to recruit new providers coming into the state.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FY 2017	FFY 2018	FFY 2019
Goal #2 (Describe) Maintain a sufficient number of CHIP dental providers in all 23 counties in the State.	**Goal #2** (Describe) Maintain a sufficient number of dental providers that allows CHIP children access to care.	**Goal #2** (Describe) Maintain a sufficient number of dental providers that allows CHIP children access to care.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
  Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	  Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		  Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This is a measurement created by CHIP for contracting purposes with our dental services provider, Delta Dental of WY.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This is a measurement developed by our CHIP program for contracting purposes.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This is a measurement developed by our CHIP program for contracting purposes.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This data is provided to us by our dental contractor, Delta Dental of WY.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This data is provided to us by our dental contractor, Delta Dental of Wyoming.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This data is provided to us by our dental contractor, Delta Dental of Wyoming.
Definition of Population Included in the Measure: Definition of numerator: The numerator represents the number of CHIP dental providers statewide. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the total number of enrolled dental providers in the State to provide services to CHIP families. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator represents the total number of dental providers in the State.	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the total number of enrolled dental providers in the State to provide services to CHIP families. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator represents the total number of dental providers in the State.
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 07/2017 **To: (mm/yyyy)** 06/2018	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 06/2019

FY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 402 Denominator: 414 Rate: 97.10 Additional notes on measure: The numerator represents total of CHIP dental providers statewide. The denominator represents the total of all dentists in the state.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 355 Denominator: 388 Rate: 91.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 331 Denominator: 341 Rate: 97.1 Additional notes on measure:

FY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** The data for 2016 will need to be corrected, but it appears as though we've experienced a slight decrease in the number of CHIP dental providers available statewide. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Again, I can not determine where the previously reported numbers came from. The information I have shows a year-to-year percentage of enrolled providers of around 91-92% since 2016. Which would indicate a steady enrollment percentage, not a dropping enrollment percentage. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We have worked with the contractor to ensure accurate reporting and a consistent reporting time period for future reporting.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** The rate has gone up. Delta Dental of Wyoming changed their methodology after our reporting in 2018. Their 2018 rate is actually 96.2%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Delta Dental of Wyoming's reporting is better now. That should improve the quality of our reporting.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018**: 98% if CHIP gets refunded. **Annual Performance Objective for FFY 2019:** 98% if CHIP gets refunded. **Annual Performance Objective for FFY 2020:** 98% if CHIP gets refunded. *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** Our goal for SFY 2019 is 92%. **Annual Performance Objective for FFY 2020:** Our goal for SFY 2020 is 92.5%. **Annual Performance Objective for FFY 2021:** Our goal for SFY 2021 is 93%. *Explain how these objectives were set:* There has been very little movement in our enrollment percentage for the last three years. It was higher in the years prior to 2016. It was 93-94% from 2013 to 2015. Our dental population is pretty set in their ways but we will have our dental contractor attempt to enroll more providers over the next three years.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020**: **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe) Increase the number of children 12 mo. to 19 years of age who have at least one visit with a primary care provider.	**Goal #3** (Describe) Increase the number of children 12 months to 19 years of age who have at least one visit with a primary care provider.	**Goal #3** (Describe) Increase the number of children 12 months to 19 years of age who have at least one visit with a primary care provider.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This data comes to us from our benefit and claims administrator, Blue Cross Blue Shield of WY.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This data comes to us from our benefit and claims administrator, Blue Cross Blue Shield of WY.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This data comes to us from our benefit and claims administrator, Blue Cross Blue Shield of WY.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: The numerator represents the number of enrolled CHIP children 12 mo. to 19 years of age with at least one appointment with a primary care provider. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of enrolled CHIP children 12 months to 19 years of age with at least one appointment with a primary care provider. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator is enrolled CHIP children 12 months to 19 years of age that had a claim with a primary care provider.	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of enrolled CHIP children 12 months to 19 years of age with at least one appointment with a primary care provider. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 06/2019

FFY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**
Other Performance Measurement Data: Numerator: 1371 Denominator: 2315 Rate: 59.2 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 3965 Denominator: 5705 Rate: 68.4 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 552 Denominator: 695 Rate: 79.4 Additional notes on measure: Ages 12 to 24 months: 14/14: 100% Ages 25 months to age 6: 163/183: 89% Ages 7 to 11: 154/212: 73% Ages 12 to 19: 221/286: 77%

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** We saw a slight decline in the rate although we experienced a slight increase in the number of eligible children and the number of children with at least one appointment with a primary care provider. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Unfortunately, again I can not speak to the data given for 2017. It appears the dates are incorrect and the numbers can not be accurate given our CHIP population. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Again, we have reviewed the reports and dates to ensure accuracy from this year forward. This report will also be run later in the year to capture more claims so the percentage should be higher due to more data.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** This year's report is accurate. We will be able to measure the increase or decrease for next year. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** We would like to repeat our 2016 rate of 62.1, if CHIP is refunded. **Annual Performance Objective for FFY 2019:** We would like to achieve a rate of 63, if CHIP is refunded. **Annual Performance Objective for FFY 2020:** We would like to achieve a rate of 65, if CHIP is refunded. *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** Our goal for FY 2019 will be 75%. **Annual Performance Objective for FFY 2020:** Our goal for FY 2020 will be 77%. **Annual Performance Objective for FFY 2021:** Our goal for FY 2021 will be 79%. *Explain how these objectives were set:* The new reporting requirements should make a big difference and then we will have to come up with an outreach plan to help improve the percentages after that.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Increase the number of children who in the first fifteen months of life had at least four-well child checks.	**Goal #1 (Describe)** Increase the number of children who in the first fifteen months of life had at least four-well child checks.	**Goal #1 (Describe)** Increase the number of children who in the first fifteen months of life had at least four-well child checks.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used:* 2015 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2016 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: The numerator represents the number of CHIP children who in the first fifteen months of their life had at least four well-child checks. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of CHIP children who in the first fifteen months of their life had at least four well-child checks. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of CHIP children who in the first fifteen months of their life had at least four well-child checks. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 06/2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: 3 Denominator: 4 Rate: 75	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 1 Denominator: 4 Rate: 25.0	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate: 0

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:** We were not able to verify if the reporting of this measure was reviewed. This still needs to be accomplished in this next year.	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** The same. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The performance was not what we would expect. We will verify the accuracy of the reporting in this next year. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** See previous question.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** There were no children in this age group for the time period. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** We will be reviewing how the data for this measure is being gathered. Data elements such as who delivered the wellness check, i.e. primary care provider, will be reviewed. All this depends on whether CHIP is refunded. **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** We will verify the accuracy of the reporting and then develop a performance objective for 2019, 2020 and 2021. **Annual Performance Objective for FFY 2020:** See previous question. **Annual Performance Objective for FFY 2021:** See previous question. *Explain how these objectives were set:* N/A	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020**: **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe) Increase the number of five and six year olds with at least one well-child visit.	**Goal #2** (Describe) Increase the number of five and six year olds with at least one well-child visit.	**Goal #2** (Describe) Increase the number of five and six year olds with at least one well-child visit.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional..
	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data **Reported**:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used:* 2015 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2016 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: The numerator represents the number of five and six year olds who had at least one well-child check with a primary care provider. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of five and six year olds who had at least one well-child check with a primary care provider. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of five and six year olds who had at least one well-child check with a primary care provider. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 06/2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: 6 Denominator: 127 Rate: 4	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 6 Denominator: 127 Rate: 4.7	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 8 Denominator: 19 Rate: 42.11

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications:	**Deviations from Measure Specifications:**	**Deviations from Measure Specifications:**
☐ Year of Data, *Explain*.	☐ Year of Data, *Explain*.	☐ Year of Data, *Explain*.
☐ Data Source, *Explain*.	☐ Data Source, *Explain*.	☐ Data Source, *Explain*.
☐ Numerator, *Explain*.	☐ Numerator, *Explain*.	☐ Numerator, *Explain*.
☐ Denominator, *Explain*.	☐ Denominator, *Explain*.	☐ Denominator, *Explain*.
☐ Other, *Explain*.	☐ Other, *Explain*.	☐ Other, *Explain*.
Additional notes on measure: We are deeply concerned about this data. We're concerned that stipulations such as "by a primary care provider" or "continuous eligibility" is causing such low numbers. We will be reviewing the situation.	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** Significantly lower. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** We were not able to verify if the reporting of this measure was reviewed. This still needs to be accomplished in this next year. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** See previous question.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** We know the reporting is accurate this year. We are confident in the percentage of 5 and 6 year olds that are receiving a well-child visit. At least through the claims data. We suspect that the providers are not using the appropriate billing codes and the percentage is actually higher. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We would like to educate providers on billing appropriately.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**
Annual Performance Objective for FFY 2018: We will be reviewing the data to determine if restrictions such as "continuous eligibility" or "primary care provider" are causing these numbers to be so low. All of this depends on whether CHIP is refunded. **Annual Performance Objective for FFY 2019:** When we have a clearer idea of what data we are really collecting we will then be setting objectives, pending CHIP approval. **Annual Performance Objective for FFY 2020:**	**Annual Performance Objective for FFY 2019:** We will verify the accuracy of the reporting and then develop a performance objective for 2019, 2020 and 2021. **Annual Performance Objective for FFY 2020:** See previous question. **Annual Performance Objective for FFY 2021:** See previous question.	**Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:**
Explain how these objectives were set:	*Explain how these objectives were set:* N/A	*Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe) Increase the number of five and six year olds receiving dental service before kindergarten.	**Goal #3** (Describe) Increase the number of five and six year olds receiving dental service before kindergarten.	**Goal #3** (Describe) Increase the number of five and six year olds receiving dental service before kindergarten.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used:* 2015 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2016 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: The numerator represents the number of five and six year olds from the eligible population who received dental service before kindergarten. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of five and six year olds from the eligible population who received dental service before kindergarten. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The numerator represents the number of five and six year olds from the eligible population who received dental service before kindergarten. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 06/2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: 285 Denominator: 465 Rate: 62	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 280 Denominator: 458 Rate: 61.1	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 276 Denominator: 504 Rate: 54.76

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications:	**Deviations from Measure Specifications:**	**Deviations from Measure Specifications:**
☐ Year of Data, *Explain*.	☐ Year of Data, *Explain*.	☐ Year of Data, *Explain*.
☐ Data Source, *Explain*.	☐ Data Source, *Explain*.	☐ Data Source, *Explain*.
☐ Numerator, *Explain*.	☐ Numerator, *Explain*.	☐ Numerator, *Explain*.
☐ Denominator, *Explain*.	☐ Denominator, *Explain*.	☐ Denominator, *Explain*.
☐ Other, *Explain*.	☐ Other, *Explain*.	☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** we experienced an improvement. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Last year's performance was 61.3 so there was a slight decrease. Again, we need to review the report and the timing of the report for consistency. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** See previous question.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** There was a drop in the percentage of 5 and 6 year olds receiving any dental service prior to kindergarten. It could be related to the difference in the timing of the claims data being pulled. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** We will see if there is a difference next year related to the same timing of the data being pulled. However, we will have Delta Dental of Wyoming educate clients and providers on the importance of having children get services prior to kindergarten.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** A rate of 63, pending approval of CHIP funding. **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** We will verify the accuracy of the reporting and then develop a performance objective for 2019, 2020 and 2021. **Annual Performance Objective for FFY 2020:** See previous question. **Annual Performance Objective for FFY 2021:** See previous question. *Explain how these objectives were set:* N/A	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** **Annual Performance Objective for FFY 2022:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

   Our contractor monitors providers who bill with EPSDT coding to measure the clients receiving EPSDT services. Families with clients under the age of 2 who do not receive services are contacted to assist in finding a provider to obtain services.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

   The obesity and uncontrolled diabetes management has been discontinued as it was found to be ineffective. New health management is being reviewed.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found? **[7500]**

   New health management is being reviewed by running reports to see what diseases our CHIP population currently has.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives. **[7500]**

   N/A

Enter any Narrative text related to Section IIB below. [7500]

Section III: Assessment of State Plan and Program Operation

Please reference and summarize attachments that are relevant to specific questions

Please note that the numbers in brackets, e.g., [7500] are character limits in the CHIP Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

Section IIIA: Outreach

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

   During this reporting period, we have reached out to five targeted counties with higher uninsured rates among children. This outreach has included contacting libraries, non-profit organizations, and employers of potentially eligible parents through email and phone. The information has been well received.
   The targeted counties are:
   Teton County
   Sublette County
   Albany County
   Crook County
   Big Horn County

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

   A back-to-school campaign has been our biggest effort. We build materials to share with schools and allow the school to use materials that they find most appropriate, whether electronic or hard copy, flier or tri-fold brochure. We measure these results by assessing enrollment numbers for the months of August, September, and October when the results of these campaigns would have the greatest impact.
   Much of our state depends on a robust hospitality industry for its economy. We have reached out to hospitality businesses like hotels, resorts, salons, and restaurants and shared information about Kid Care CHIP. Human resources representatives and managers have expressed thanks for this information because many do not have insurance available to their employees. This is measured through enrollment rates from the targeted areas of the state.

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

   Reaching out to schools, either to administrators during back-to-school or nurses and counselors during the school year, is the most reliable method to reach families. Families look to schools for resources and come to schools when they need assistance. In addition, occasionally we are contacted by school nurses who are assisting children who need medical care in order to perform better in school.
   We have a 100% participation rate with each school district in the state. Some will be more involved than others, but every school district shares information about Kid Care CHIP.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

☒ Yes
☐ No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Most of our state is rural, so most of our outreach is targeted at children living in rural areas. In addition, Kid Care CHIP has a good relationship with the Wind River Reservation Indian Health Services. We provide outreach materials and giveaway items for their special events. In addition, we provide support to their community outreach personnel.

Concerned about the chilling effect of the Public Charge Rule changes, Kid Care CHIP sent a notification to immigration attorneys and organizations that assist immigration populations to share with their immigrant clients explaining that the rule will not affect the permanent resident eligibility for children enrolled in Kid Care CHIP or Medicaid.

5. What percentage of children below 200 percent of the federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? **[5]** 87.5

(Identify the data source used). **[7500]**

Small Area Health Insurance Estimate 2017, https://www.census.gov/data-tools/demo/sahie/#/?s_statefips=56&s_agecat=4&s_iprcat=1&s_year=2017&s_measures=ic_snc

Enter any Narrative text related to Section IIIA below. **[7500]**

Section IIIB: Substitution of Coverage (Crowd-out)

Please answer the following questions as they apply to your state's program (some questions are not applicable to Medicaid expansion programs.) Medicaid expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A. Please include percent calculations in your responses when applicable and requested.

1. Does your separate CHIP program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?

☐ No
☒ Yes
☐ N/A

If no, skip to question 5. If yes, answer questions 2-4:

2. How many months does your program require a child to be uninsured prior to enrollment? 1

3. To which groups (including FPL levels) does the period of uninsurance apply? **[1000]**

All Wyoming CHIP children are required to wait one month before they are eligible. The Wyoming CHIP FPLs are 134% to 200%.

4. List all exemptions to imposing the period of uninsurance **[1000]**

Parent or guardian providing insurance dies, terminated employment, is no longer working due to disability, lapse in coverage due to new employment; employer no longer offers insurance; insurance is not accessible; insurance is for illness or body part; school related coverage from IHS or Medicaid; coverage was Medicaid; or the affordability exemption applies.

Please answer questions 5, 7, 8 (and 6 and 9 if applicable) regardless of the response the state provided to question 1.

5. Does your program match prospective enrollees to a database that details private insurance status?

    ☒ No
    ☐ Yes
    ☐ N/A

6. If answered yes to question 5, what database? **[1000]**

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]**

    a. Of those found to have had employer sponsored insurance and have been uninsured for only a portion of the state's waiting period, what percent meet the state's exemptions and federally required exemptions to the waiting period [(# individuals subject to the waiting period that meet an exemption/total # of individuals subject to the waiting period)*100]? **[5]**

8. Do you track the number of individuals who have access to private insurance?

    ☐ Yes
    ☒ No

9. If yes to question 8, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? **[5]**

Enter any Narrative text related to Section IIIB below. **[7500]**
We are not able to report what percent of Wyoming CHIP applicants have Medicaid and what percent have other insurance at the time of application. We are not able to report what percent of Wyoming CHIP applicants meet the waiting period exemption.

Section IIIC: Eligibility

This subsection should be completed by all states. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this?

    ☐ Yes
    ☒ No

    If yes,

    a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**

    b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]**

2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.

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

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
  1

- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**
  The renewal notice is sent to the family 60 days prior to the renewal being due.

☒ Other, please explain: **[500]**

Our newsletter consistently contains reminders to parents about the importance of renewal to avoid a gap in coverage.

3. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

No one approach seems to be more effective. Using all means to remind families to renew seems to be the most effective.

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2019

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2019. Please enter the data requested in the table below and the template will tabulate the requested percentages.
If you are unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.

Measure	Number	Percent
1. Total number of denials of title XXI coverage	1511	100
a. Total number of procedural denials	623	41.2
b. Total number of eligibility denials	625	41.4
i. Total number of applicants denied for title XXI and enrolled in title XIX	0	
☐ (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate: Not Found Disabled by WDH; Not Eligible Under Coverage Group; No Category; State Insurance Eligible; Other Insurance Eligible; Non-Wyoming Resident	263	17.4

2. Please describe any limitations or restrictions on the data used in this table:

   Wyoming does not collect a reason on all denials.

Definitions:

1. The "the total number of denials of title XXI coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2019. This definition only includes denials for title XXI at the time of initial application (not redetermination).

   a. The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2019 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).

   b. The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2019 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)

      i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.

   c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2019.

Table 2a. Redetermination Status of Children Enrolled in Title XXI.

Please enter the data requested in the table below in the "Number" column, and the template will automatically tabulate the percentages.

Description	Number	Percent				
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	5226	100%				
2. Total number of children screened for redetermination for title XXI	3340	63.91	100%			
3. Total number of children retained in title XXI after the redetermination process	2517	48.16	75.36			
4. Total number of children disenrolled from title XXI after the redetermination process	800	15.31	23.95	100%		
a. Total number of children disenrolled from title XXI for failure to comply with procedures	575			71.88		
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	222			27.75	100%	
i Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	209				94.14	
ii Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☒)						
iii Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here ☐)	11				4.95	
iv Disenrolled from title XXI for other eligibility reason(s) Please indicate: Non-Wyoming Resident (If unable to provide the data check here ☐)	2				0.9	
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: Client Request; Not Eligible Under Coverage Group; No Category; Enrolled in Medicaid (Check here if there are no additional categories ☐)	3			0.38		

5.   If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data **[7500]**.

___

Definitions:
1.   The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination.   This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The "total number of children disenrolled from title XXI after the redetermination process" is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2019. This includes those children that states may define as "transferred" to Medicaid for title XIX eligibility screening.
    a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
    b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state's CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
    c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
    The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

Table 2b. Redetermination Status of Children Enrolled in Title XIX.

Please enter the data requested in the table below in the "Number" column, and the template will automatically tabulate the percentages.

Description	Number	Percent			
1. Total number of children who are enrolled in title XIX and eligible to be redetermined		100%			
2. Total number of children screened for redetermination for title XIX			100%		
3. Total number of children retained in title XIX after the redetermination process					
4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here ☐)					
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)					
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories ☐)					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data **[7500]**.

Definitions:
1. The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination.   This total number may include those children

who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).

3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.

4. The "total number of children disenrolled from title XIX after the redetermination process" is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2019. This includes those children that states may define as "transferred" to CHIP for title XXI eligibility screening.

    a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).

    b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state's Medicaid eligibility criteria (i.e., income too high, etc.).

    c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

    The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2018

The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees' coverage. This information is required by Section 402(a) of CHIPRA. **Reporting on this table is required**.

The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018 If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2019 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018. For the FFY 2018 report, States only reported on lines 1-4a of the tables. **In the FFY 2019 report, no updates will be made to lines 1-4a. For the FFY 2019 report, data will be added to lines 5-10a.** The next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).

Instructions: For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)

Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2019 report you will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. You will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

Table 3 a. Duration Measure of Children Enrolled in Title XIX

☐ Not Previously Enrolled in CHIP or Medicaid—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

☐ Not Previously Enrolled in Medicaid—"Newly enrolled" is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XIX in December 2017, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018		100%		100%		100%		100%		100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX										
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)										
4. Total number of children disenrolled from title XIX										
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)										
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX										
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)										
7. Total number of children disenrolled from title XIX										
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)										
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XIX										

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)										
10. Total number of children disenrolled from title XIX										
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here ☐)										

Definitions:

1. The "total number of children newly enrolled in title XIX in the second quarter of FFY 2018" is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2018
   3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.

4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
   4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.

5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
   the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
   + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
   + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XIX coverage during <u>12 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:

    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XIX by the end of December 2018

    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XIX by the end of January 2019

    + the number of children with birthdates after September 2001 who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XIX by the end of February 2019

    6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.

7. The total number of children who disenrolled from title XIX <u>12 months</u> after their enrollment month is defined as the sum of:

    the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018

    + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019

    + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019

    7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.

8. The total number of children who were continuously enrolled in title XIX for <u>18 months</u> is defined as the sum of:

    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019

    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019

    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XIX coverage during <u>18 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:

    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2019

    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2019

    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2019

    9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.

10. The total number of children who were disenrolled from title XIX <u>18 months</u> after their enrollment month is defined as the sum of:

    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019

    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019

    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019

    10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

Table 3b.   Duration Measure of Children Enrolled in Title XXI

Specify how your "newly enrolled" population is defined:

☐ Not Previously Enrolled in CHIP or Medicaid—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

☐ Not Previously Enrolled in CHIP—"Newly enrolled" is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XXI in December 2017, etc.)

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018	276	100%	13	100%	100	100%	127	100%	36	100%

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XXI	221	80.07	10	76.92	80	80	101	79.53	30	83.33
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	3	1.09	0		0		3	2.36	0	
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	3	1.09	0		0		3	2.36	0	
4. Total number of children disenrolled from title XXI	52	18.84	3	23.08	20	20	23	18.11	6	16.67
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)	45	16.3	2	15.38	20	20	19	14.96	4	11.11
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI	177	64.13	7	53.85	62	62	82	64.57	26	72.22
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	3	1.09	0		0		3	2.36	0	
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	3	1.09	0		0		3	2.36	0	
7. Total number of children disenrolled from title XXI	96	34.78	6	46.15	38	38	42	33.07	10	27.78
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)	67	24.28	3	23.08	31	31	28	22.05	5	13.89
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI	61	22.1	2	15.38	19	19	33	25.98	7	19.44
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	16	5.8	1	7.69	7	7	4	3.15	4	11.11
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	7	2.54	0		4	4	2	1.57	1	2.78
10. Total number of children disenrolled from title XXI	199	72.1	10	76.92	74	74	90	70.87	25	69.44
10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)	108	39.13	7	53.85	41	41	50	39.37	10	27.78

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2018" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
    3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
    4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
    6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
    + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
    + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
    7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2019
    9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
    + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
    + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
    10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to Section IIIC below. **[7500]**

Section IIID: Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.

    a. Cost sharing is tracked by:

    ☒ Enrollees (shoebox method)

    If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

    Our contractor has a tool on their website that allows Wyoming CHIP families to track their cost sharing expenditures. If preferred, Wyoming CHIP families can access a form on the Wyoming CHIP website for tracking purposes. The receipts, along with the completed form are sent to the CHIP program.

    ☐ Health Plan(s)
    ☐ State
    ☐ Third Party Administrator
    ☐ N/A (No cost sharing required)
    ☐ Other, please explain. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?
    ☒ Yes
    ☐ No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**

    The providers are notified by our contractor that no cost sharing should be applied for that family.

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**

    No Wyoming CHIP child has ever exceeded the 5% CAP.

5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

    ☐ Yes
    ☒ No If so, what have you found? **[7500]**

6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

    ☐ Yes
    ☒ No If so, what have you found? **[7500]**

7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the state monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

   N/A

Enter any Narrative text related to Section IIID below. **[7500]**

Section IIIE: Employer sponsored insurance Program (including Premium Assistance)

1. Does your state offer an employer sponsored insurance program (including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI Demonstration) for children and/or adults using Title XXI funds?

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

   Check all that apply and complete each question for each authority

   ☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
   ☐ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
   ☐ Section 1115 Demonstration (Title XXI)

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

   ☐ Parents and Caretaker Relatives
   ☐ Pregnant Women

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

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

5. Are there any minimum coverage requirements for the benefit package?

   ☐ Yes
   ☐ No

6. Does the program provide wrap-around coverage for benefits?

   ☐ Yes
   ☐ No

7. Are there limits on cost sharing for children in your ESI program?

   ☐ Yes
   ☐ No

8. Are there any limits on cost sharing for adults in your ESI program?

☐ Yes
☐ No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

☐ Yes
☐ No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?

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

Number of childless adults ever-enrolled during the reporting period

Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2019.

Children
Parents

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

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

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

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

16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Population	State	Employer	Employee
Child			
Parent			

17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

	Low	High
Children		
Parent		

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

19. Please provide the income levels of the children or families provided premium assistance.

Income level of	From	To
Children	% of FPL **[5]**	% of FPL **[5]**
Parents	% of FPL **[5]**	% of FPL **[5]**

20. Is there a required period of uninsurance before enrolling in premium assistance?

☐ Yes
☐ No

If yes, what is the period of uninsurance? **[500]**

21. Do you have a waiting list for your program?

☐ Yes
☐ No

22. Can you cap enrollment for your program?

☐ Yes
☐ No

23. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]**

Enter any Narrative text related to Section IIIE below. **[7500]**

Section IIIF: Program Integrity

COMPLETE ONLY WITH REGARD TO SEPARATE CHIP PROGRAMS, I.E., THOSE THAT ARE NOT MEDICAID EXPANSIONS)

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

> (1) prevention:
> ☐ Yes
> ☒ No
> (2) investigation:
> ☐ Yes
> ☒ No
> (3) referral of cases of fraud and abuse?
> ☐ Yes
> ☒ No

Please explain: **[7500]**

Our contractor is responsible for program integrity.

Do managed health care plans with which your program contracts have written plans?

☒ Yes
☐ No

Please Explain: **[500]**

Our contractor delivers our managed care services and their written plans include provisions for fraud, waste, abuse and provider enrollment and screening.

2. For the reporting period, please report the

0 Number of fair hearing appeals of eligibility denials

0 Number of cases found in favor of beneficiary

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

> CHIP ☐
>
> Medicaid and CHIP Combined ☐

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

☒ Yes, please answer question below.

☐ No

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

The contractor reports monthly of any cases being investigated.

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

☒ Yes

☐ No

Please Explain: **[500]**

Our contractor is a managed care contractor and they provide all of these activities and report monthly on any cases.

Enter any Narrative text related to Section IIIF below. **[7500]**

Section IIIG: Dental Benefits:

Please ONLY report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs. If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why. Explain: **[7500]**

1. **Information on Dental Care for Children in Separate CHIP Programs (including children in the Separate CHIP part of Combination programs). Include all delivery system types, e.g. MCO, PCCM, FFS.**

   Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

   a. **Annual Dental Participation Table for Children Enrolled in Separate CHIP programs and the Separate CHIP part of Combination programs (for Separate CHIP programs, please include ONLY children receiving full CHIP benefits and supplemental benefits).**

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Individuals Enrolled for at Least 90 Continuous Days[1]	4965	0	354	667	1218	1659	1067
Total Enrollees Receiving Any Dental Services[2] **[7]**	2658	0	82	350	728	982	516
Total Enrollees Receiving Preventive Dental Services[3] **[7]**	2495	0	78	322	692	938	465

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[1] **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the federal fiscal year, distributed by age. For example, if a child was enrolled January 1st to March 31st , this child is considered continuously enrolled for at least 90 continuous days in the federal fiscal year. If a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age grouping.

[2] **Total Enrollees Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

[3] **Total Enrollees Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Enrollees Receiving Dental Treatment Services[4] [7]	1043	0	2	100	346	374	221

> b. **For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth[5]? [7]**
> 211

2. **Does the state provide supplemental dental coverage?**

☐ Yes
☒ No

If yes, how many children are enrolled? [7]

What percent of the total number of enrolled children have supplemental dental coverage? [5]

Enter any Narrative text related to Section IIIG below. **[7500]**

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[4] **Total Enrollees Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 1st, but had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age category.

[5] **Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

Report all sealant data in the age category reflecting the child's age at the end of the federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 1st, but had a sealant applied in July, the sealant would be counted in the age 6-9 category.

Section IIIH: CHIPRA CAHPS Requirement:

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid Expansion programs, Separate Child Health Programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children's Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf

If a state would like to provide CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?
☒ Yes
☐ No

If Yes, How Did you Report this Survey (select all that apply):
☐ Submitted raw data to AHRQ (CAHPS Database)
☒ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
☐ Other. Explain:

If No, Explain Why:
Select all that apply (Must select at least one):

☐ Service not covered
☐ Population not covered
    ☐ Entire population not covered
    ☐ Partial population not covered
    Explain the partial population not covered:
☐ Data not available
    Explain why data not available
    ☐ Budget constraints
    ☐ Staff constraints
    ☐ Data inconsistencies/accuracy
    Please explain:
    ☐ Data source not easily accessible
    Select all that apply:
        ☐ Requires medical record review
        ☐ Requires data linkage which does not currently exist
        ☐ Other:

☐ Information not collected.
Select all that apply:
　　　☐ Not collected by provider (hospital/health plan)
　　　☐ Other:

　　☐ Other:
☐ Small sample size (less than 30)
　　Enter specific sample size:
☐ Other. Explain:

Definition of Population Included in the Survey Sample:

Definition of population included in the survey sample:
☒ Denominator includes CHIP (Title XXI) population only.
　　☐ Survey sample includes CHIP Medicaid Expansion population.
　　☒ Survey sample includes Separate CHIP population.
　　☐ Survey sample includes Combination CHIP population.

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

Which Version of the CAHPS® Survey was Used?
☒ CAHPS® 5.0.
☐ CAHPS® 5.0H.
☐ Other. Explain:

Which Supplemental Item Sets were Included in the Survey?
☒ No supplemental item sets were included
☐ CAHPS Item Set for Children with Chronic Conditions
☐ Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?
☐ NCQA HEDIS CAHPS 5.0H administrative protocol
☒ HRQ CAHPS administrative protocol
☐ Other administrative protocol. Explain:

Enter any Narrative text related to Section IIIH below. **[7500]**

Section III I: Health Service Initiatives (HSI) Under the CHIP State Plan

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, states have the option to use up to 10 percent of actual or estimated Federal expenditures to develop state-designed Health Services Initiatives (HSI) (after first funding costs associated with administration of the CHIP state plan), as defined in regulations at 42 CFR 457.10, to improve the health of low-income children.

All states with approved HSI program(s) described in the CHIP state plan should answer "Yes" to question 1, and complete questions 2 and 3. If the state has an approved HSI that is not currently operating using Title XXI funds, please check "Yes", to question 1, include the program name and description in the table for question 2, and indicate in the narrative portion of this section that the state is not currently implementing the program.

1) Does your state operate HSI(s) to provide direct services or implement public health initiatives using Title XXI funds?

☐ Yes, please answer questions below.

☒ No, please skip to Section IV.

2) In the table below, please provide a brief description of each HSI program operated in the state in the first column. In the second column, please list the populations served by each HSI program. In the third column, provide estimates of the number of children served by each HSI program. In the fourth column, provide the percentage of the population served by the HSI who are children below your state's CHIP FPL eligibility threshold.

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[6]

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[6] The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[6]

3) Please define a metric for each of your state's HSI programs that is used to measure the program's impact on improving the health of low-income children. In the table below, please list the HSI program title in the first column, and include a metric used to measure that program's impact in the second column. In the third column, please provide the outcomes for metrics reported in the second column. States that are already reporting to CMS on such measures related to their HSI program(s) do not need to replicate that reporting here and may skip to Section IV.

HSI Program	Metric	Outcome

Enter any Narrative text related to Section III I below. **[7500**]

Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).
(Note: This reporting period equals federal fiscal year 2019. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

Benefit Costs	2019	2020	2021
Insurance payments			
Managed Care	11510106	12251357	13040344
Fee for Service			
Total Benefit Costs	11510106	12251357	13040344
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 11510106	$ 12251357	$ 13040344

Administration Costs	2019	2020	2021
Personnel	240781	240781	240781
General Administration	8741	8741	8741
Contractors/Brokers (e.g., enrollment contractors)	553870	550000	550000
Claims Processing			
Outreach/Marketing costs	5369	4778	4778
Other (e.g., indirect costs)	35430	27281	27281
Health Services Initiatives			
Total Administration Costs	844191	831581	831581
10% Administrative Cap (net benefit costs ÷ 9)	1278901	1361262	1448927

	2019	2020	2021
Federal Title XXI Share	10871781	10008448	9016751
State Share	1482516	3074490	4855174
TOTAL COSTS OF APPROVED CHIP PLAN	12354297	13082938	13871925

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

☒ State appropriations
☐ County/local funds
☐ Employer contributions
☐ Foundation grants
☐ Private donations
☐ Tobacco settlement
☐ Other (specify) **[500]**

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

No

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

A. Managed Care

Year	Number of Eligibles	PMPM ($)
2019	3304	$271
2020	3255	$288
2021	3255	$307

A. Fee For Service

Year	Number of Eligibles	PMPM ($)
2019		$
2020		$
2021		$

Enter any Narrative text related to Section IV below. **[7500]**

Section V: Program Challenges and Accomplishments

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. **[7500]**

   Wyoming's political and fiscal environment are stable as is the CHIP population.

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

   CHIP's biggest challenge has been the Eligibility Contractor. The Eligibility Contractor has had high staff turnover causing inconsistent eligibility determinations and frustration for clients.

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

   Wyoming has taken many steps to come into compliance with the managed care regulations.

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

   Wyoming is still struggling to come into compliance with the managed care regulations. CMS is involved and this may require substantial changes to how the Wyoming CHIP program is currently run.

Enter any Narrative text related to Section V below. **[7500]**