WYOMING TITLE XXI PROGRAM
FACT SHEET

Name of Plan:	Wyoming Kid Care
Date Plan Submitted:	August 5, 1999
Date Plan Approved:	September 8, 1999
Effective Date:	April 1, 1999
Date Amendment #1 Submitted:	March 16, 2001
Date Amendment #1 Approved:	June 13, 2001
Date Amendment # 1 Effective:	September 1, 2001
Date Amendment #2 Submitted:	June 20, 2002
Date Amendment #2 Approved:	September 18, 2002
Date Amendment #3 Submitted:	April 1, 2003
Date Amendment #3 Approved:	June 30, 2003
Date Amendment #3 Effective:	July 1, 2003
Date Amendment #4 Submitted:	April 5, 2005
Date Amendment #4 Approved:	June 24, 2005
Date Amendment #4 Effective:	July 1, 2005
Date Amendment #5 Submitted:	April 16, 2007
Date Amendment #5 Approved:	June 27, 2007
Date Amendment #5 Effective:	July 1, 2007
Date Amendment #6 Submitted:	May 18, 2009
Date Amendment #6 Approved:	September 8, 2009
Date Amendment #6 Effective:	October 1, 2009
Date Amendment # 7 Submitted:	June 3, 2010
Date Amendment #7 Approved:	August 12, 2010
Date Amendment #7 Effective:	July 1, 2010

Background:

- On April 5, 1999, Wyoming submitted its initial SCHIP State plan to establish a separate child health program. The initial State plan provided coverage to children up to age 19 in families with family incomes up to 133 percent of the Federal poverty level (FPL), who are not eligible for Medicaid.

- Wyoming's Medicaid program, EqualityCare, covers children through age 5 up to 133 percent of the FPL and children ages 6 through age 18 up to 100 percent of the FPL.

- Wyoming's approved program, Kid Care CHIP, extends coverage to children in families with incomes from 134 to 200 percent of the FPL. Kid Care CHIP offers children a Secretary-approved benefit package through a private insurance carrier.

Amendments

- Wyoming submitted its first amendment on March 6, 2001. This amendment established Kid Care C to provide coverage to children between 134 and 150 percent of the FPL through coverage obtained from eligible employers' plans or from the private health insurance market. Kid Care C was never implemented.

- Wyoming submitted its second amendment on June 20, 2002. This amendment updates and amends the SCHIP State plan to indicate the State's compliance with the final SCHIP regulation.

- Wyoming submitted its third amendment on April 1, 2003. This amendment extends coverage to children with family incomes from 134 to 185 percent of the FPL, amends the State's Secretary-approved benefit package, replaces the current Medicaid look-alike benefit package with the amended Secretary-approved benefit package, and implements cost sharing.

- The State submitted its fourth amendment on April 5, 2005. Through this amendment, Wyoming expanded the upper eligibility limit from 185 percent of the FPL to 200 percent of the FPL. This amendment also added additional dental services and increased the annual maximums for dental services, physical and occupational therapy, and services for individuals with speech, hearing and language disorders.

- The State submitted its fifth amendment on April 16, 2007. Through this amendment, Wyoming expanded inpatient mental health benefits from the current twenty-one days per year of coverage to an additional nine days of care per year; changed the current dental benefits to exclude preventative and diagnostic services from the child's yearly benefit maximum; added contact lenses to the current vision benefits and updated the State's current strategic objectives, performance goals and performance measures.

- Wyoming submitted its sixth amendment on May 18, 2009. This amendment makes changes to the State's cost sharing and enrollment procedures, including providing applicants with access to an online application and changing its process for implementing an enrollment cap under its existing State plan authority.

- Wyoming submitted its seventh amendment on June 3, 2010. This amendment complies with the Children's Health Insurance Reauthorization Plan (CHIPRA) mandates for mental health parity and with requirements for medically necessary dental care and orthodontics. The SPA also proposes to meet the alternative payment methodology for FQHCs and RHCs by establishing a process that every four months, the State reviews the difference between the Blue Cross and Blue Shield current payment rate and what each

FQHC or RHC would be paid through a prospective payment methodology. If the FQHC or RHC is paid less than they would be under a prospective payment methodology, then the State will pay each facility the difference. If the payment is higher than it would be under the prospective payment methodology, then the State will not seek to recapture that payment overage. The State is estimating that an additional aggregate $150,000 each year will be paid to the FQHCs and RHCs in the State. The source of these funds is the State's General Fund.

Children Covered Under the Program

- The State reported that 8,871 children were ever enrolled in its program during Federal fiscal year 2009.

Administration

- The Community and Family Health Division of the Wyoming Department of Health (WDH), working closely with the Kid Care coalition, administers the State's separate child health program, Kid Care CHIP.

Health Care Delivery System

- The delivery system through which both Medicaid and Kid Care CHIP operate is a contracted fee-for-service model. The penetration rate for managed care systems is low in Wyoming and there is no Medicaid managed care system or a primary care case management program.

- WDH contracts with one private insurance company to provide insurance coverage to Kid Care CHIP participants.

Benefit Package

- Benefits provided under Kid Care CHIP are through Secretary-approved coverage.

- The benefit package includes well-baby and well-child services, immunizations, emergency services, inpatient and outpatient care, prescription drugs, diagnostic services, dental services, medically necessary orthodontics, vision, and inpatient and outpatient mental health and substance abuse treatment and services.

Crowd-Out Strategy

- An applicant is ineligible for Kid Care CHIP if the applicant has voluntarily terminated their group health plan or individual coverage within the month prior to the application date for coverage.

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

Cost Sharing

- There are no premiums or deductibles but there are co-payments for services. There are three levels of cost sharing based on family income. Plan A for those with family income below 100 percent of the FPL; Plan B for those with family income between 101 and 150 percent of the FPL; and Plan C for families with incomes between 151 and 200 percent of the FPL. All cost-sharing is capped at 5 percent of income.
    - Plan A requires no copayments for services.
    - Under Plan B, there is a maximum of $200 per child annually for medical and vision out-of-pocket expenses per plan year. Individual copayments consist of $5 office visits, $5 outpatient hospital, $30 inpatient hospital and $5 emergency room charges. Plan B restricts copayments to $100 per child per plan year for pharmacy benefits at $3 for each generic prescription and $5 for a brand prescription. The dental out of pocket maximum a year is $15 per child. No copayment is required for preventive and diagnostic services while basic and major services require $5 per visit.
    - Under Plan C, there is a cap of 300 per child per plan year for medical and vision out-of-pocket. Copayment amounts are $10 per office visits, $10 copayment for outpatient hospital visits, $50 for inpatient hospital and $25 for emergency room visits. The pharmacy annual maximum is $200 per child comprised of $5 per generic prescription or $10 per brand name prescription. Dental out-of-pocket costs are capped at $75 per child per plan year with no copayment required for preventive and diagnostic services and $25 per visit required for basic and major services.

State Outreach and Enrollment Activities

- Kid Care CHIP will use an outreach and marketing campaign developed by the Kid Care CHIP program to inform families of children likely to be eligible for Kid Care CHIP or other public or private health coverage programs of the availability of these programs and to assist them in enrolling their children. It is also anticipated that insurance companies will conduct direct marketing efforts.

- The Kid Care CHIP program is continuing the Coalition that the Robert Wood Johnson Covering Kids and Families grant began. The “Covering Kids” Coalition includes representatives from child advocacy organizations, education organizations, health care provider associations, the insurance industry, and other public and private providers who are concerned with children’s health.

Coordination Between CHIP and Medicaid

- All Kid Care Plans use a single eligibility application. The form contains the information necessary to determine eligibility for all Kid Care programs. The application is screened for EqualityCare (Medicaid) eligibility prior to determining eligibility for KidCare CHIP.

- Through SPA #6 the State implemented a new on-line application process to facilitate enrollment into the healthcare programs.

Financial Information

Total FFY ‘10 CHIP Allotment—$12,063,423
FFY ’10 Enhanced Federal Matching Rate—65%

Date Last Updated—August 17, 2010