# Kíd Care CHIP 2009 Annual Report

















# <u>Kíd Care CHIP</u> <u>Míssíon Statement</u>

Kid Care CHIP Helps to Keep Children Healthy by Providing Health Insurance in an Efficient and Timely Manner. We Strive to Educate and Serve Wyoming Families and Providers.

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# Introductory Section

# <u>Serving Our Customers</u> In SFY 2009 Kid Care CHIP Staff handled:

7,919 Phone calls from parents &/or províders

28,138 pieces of incoming and outgoing mail

8,864 applications

# Overview of CHIP Nationally

The Children's Health Insurance Program was created by Congress in 1997 and is funded by both the federal and state government. CHIP was designed to help states expand the provision of child health insurance to uninsured, low-income children. States had the ability to implement a Medicaid expansion CHIP program (M-CHIP), a Separate CHIP program (S-CHIP) or one of each as a Combination program. The type of program states implemented defines the flexibility they have. At the federal level, CHIP is administered by the Department of Health and Human Services through the Centers for Medicare and Medicaid Services (CMS). CHIP is administered by states within required federal quidelines.

CHIP was originally authorized for 10 years, from 1997-2007. In order for the program to continue beyond its original authorization, federal action had to be taken before the end of September 2007. On two occasions in 2007, Congress passed legislation to reauthorize CHIP, but President Bush vetoed that legislation each time it was placed on his desk. In response, Congress passed stopgap legislation to continue the program for 18 months, extending it through the end of March 2009.

# Reauthorization of CHIP (CHIPRA)

On February 4, 2009, President Obama signed into law the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The act extends and expands the Children's Health Insurance Program and adds \$33 billion in federal funds nationwide for children's coverage over the next four and a half ( $4\frac{1}{2}$ ) years. This reauthorization lasts through the end of September 2013 (when CHIP will need to be reauthorized again). Under CHIPRA, states will be able to strengthen their existing programs and provide coverage to additional low-income, uninsured children and pregnant women.

The CHIPRA legislation includes many new requirements both in medical and dental coverage as well as in eligibility that states will have to comply with over the next year. These new requirements may have an increased financial impact on states.



# CHIPRA Required Provisions & New Options for States

Required Change	Section	Fiscal Impact	Issue for Wyoming	Implementation Date
Mental Health Parity Kid Care CHIP will be required to provide mental health parity.	502 (a)(6)(A)	Estimated 2% increase in premiums  *Claims are estimated to increase in the biennium as providers and clients are aware of the new benefits.	Medical premiums will be increasing effective 7/1/2010.	7/1/2010
Application of Prospective Payment System Kid Care CHIP will be required to reimburse FQHC's and Rural Health Clinics based on Medicaid's payment system.	503 (a) (1) – Required for all services provided by Federally Qualified Health Centers (FQHC's) and Rural Health Clinics	Estimated 1.5% increase in premiums	Medical premiums will be increasing effective 7/1/2010.	7/1/2010
Dental Benchmarking Kid Care CHIP must provide dental services to all children enrolled and benchmark those benefits off of one of three options (1) FEHBP dependent coverage; (2) State Employee Dependent coverage; (3) Coverage offered through largest insured commercial plan OR create a state defined benefit package. Kid Care CHIP must also provide class 3 orthodontic coverage and coverage for anything medically necessary.	501 (5)(B)to(C)	*Experience is estimated to increase in premiums  *Experience is estimated to increase in the biennium as providers and clients are aware of the new benefits.	Dental premiums will be increasing effective 7/1/2010.	7/1/2010 – Kid Care CHIP will create a state defined benefit package.
Managed Care requirements applied to CHIP managed care delivery systems  Kid Care CHIP could be required to offer a second coverage option to all children if they choose to disenroll prior to the end of their 12 months of coverage.	403	Kid Care CHIP will most likely see higher premiums from BCBS if numbers of children decrease.	The managed care requirement would require Kid Care CHIP to have a second option for families to enroll in. The program has only had one option in 6 years and does not feel that they will be able to meet this requirement.  The only other option suggested by CMS is to offer a Medicaid fee for service option.  This would require a WY state statute change.	Wyoming would be required to implement this change on 7/1/2010, however we are working with other states to request a rural exemption waiver from the requirement.

Required Change	Section	Fiscal Impact	Issue for	Implementation Date
Deeming Newborns Kid Care CHIP must provide coverage to newborns of girls enrolled in Kid Care CHIP for 12 months from the date of birth.	2112 & 2112 (e)	Kid Care CHIP will see an increase in premiums.	Wyoming  Kid Care CHIP currently does not provide coverage to newborns. This requirement will have a significant impact on premiums.	7/1/2010
Citizenship Verification Kid Care CHIP will be required to verify citizenship on all children applying for the program. This will be done via a social security number match, matches with vital records or submission of paper birth certificates, etc.	211 (a)	Some additional administrative expenditures will be required including eligibility system changes. Requirement will be exempt from the 10% administrative cap.  90% federal match to set up systems.  75% federal match to operate the systems.		1/1/2010
Removal of 5 year Citizenship requirement Provides Kid Care CHIP with the option to eliminate the five-year waiting period now imposed on lawfully residing immigrant children.	214	There will be additional case service expenditures, however the amount has not been determined at this time.	Kid Care CHIP cannot implement this change unless the Medicaid program also changes.	Not an option for Wyoming at this time.
Coverage of Pregnant Women Provides Kid Care CHIP with the option to cover pregnant women with CHIP funding.		There would be additional case service expenditures, however the amount has not been determined at this time.	Kid Care CHIP cannot implement this change unless Medicaid covers pregnant women up to 185% FPL.	Not currently an option for Wyoming at this time.
Coverage up to 300% FPL Provides Kid Care CHIP with the option of increasing its eligibility to 300% FPL with 65% federal matching funds.			Would require state statue changes.	

Required Change	Section	Fiscal Impact	Issue for Wyoming	Implementation Date
Increased Federal Funding Levels Provides each state with additional federal allotments and reduces the number of years to spend from 3 to 2.  Future allotments are based on previous year's expenditures.		FY 2008 Allotment \$6.3 million. FY 2009 Allotment \$11.3 million.	Wyoming currently has enough Federal Funding due to its increased allotments.  However if Wyoming does not spend its new allotments the money will be redirected to other states to cover their children.	
Performance Bonus States must implement specific enrollment and renewal procedures and increase enrollment of children in Medicaid above a target level to receive a federal payment for each extra child enrolled.			States must have 5 of the 8 enrollment simplification efforts in place in order to be eligible for the performance bonus. Wyoming has 4 of the 8.	Not currently an option for Wyoming.
Outreach Grants Provides states with the option of applying for grants to conduct outreach.		\$268,889 in Federal funds received.	Wyoming received an Outreach Grant for \$268,889 to place laptops in 10 counties across the state so families can utize the new HelathLink online application.	10/2009
Translation & Interpreter Services Provides an enhanced matching rate for translation & Interpreter services		75% federal matching rate		Implemented 7/1/09
PERM Requires CHIP to continue to participate in PERM and establishes the issuance of new PERM regulations.		Estimated \$400,000 for PERM Eligibility reviews in FY 2012.		Kid Care CHIP will be required to conduct reviews again in FY 2012.
Managed Care Quality Reporting Kid Care CHIP will be required to implement managed care Quality Standards with its two contractors Blue Cross Blue Shield and Delta Dental.	1932 (c)(1)	May have some additional administrative costs associated with implementation.		7/2010

## <u>Financing</u>

CHIP is jointly financed by the Federal and State Governments with an enhanced match and is administered by each state. The federal match rate known as the federal medical assistance percentage (FMAP) ranges from state to state and is inversely related to state per capita income. Nationwide, Federal Fiscal Year 2009 CHIP FMAP's ranged from 65% to 83.40%. Wyoming's CHIP FMAP for FFY 2009 was 65%.

While the Federal government pays a greater portion of the cost of CHIP than it does for Medicaid, aggregate federal CHIP funds are capped and allocated each year as part of a yearly "Allotment". The CHIP program is not an entitlement and therefore only has the money available to spend that it has been allotted.

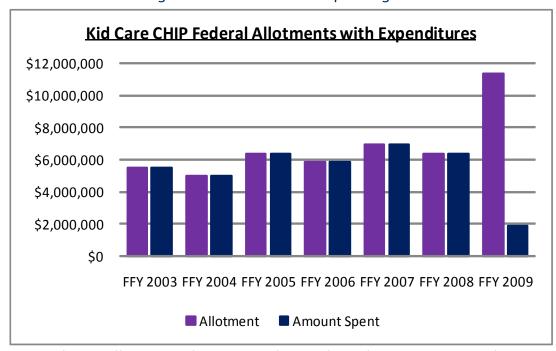
The CHIPRA legislation establishes a new way for CMS to distribute the money to those states that are covering more children. Under the old law, each state had <u>three years</u> to spend its annual CHIP allotment. Under CHIPRA, states will instead have only <u>two years</u> to spend the money. Any amounts that are not used by the end of the second year will revert back to the "pot" and will be redistributed to other states that demonstrate a need for more CHIP funds.

Just as before, a specific amount of federal CHIP funding will be available for each state for each fiscal year. However, these annual allotments will be distributed to states according to a new formula that takes into account how much each state actually spends on CHIP:

Each state's FY 2009 CHIP allotment will be based on the highest of the following: its FY 2008 CHIP spending (plus an inflation factor), its FY 2008 allotment (plus an inflation factor), or its projected CHIP spending in FY 2009. As noted above, each state's FY 2009 allotment will be significantly higher than it has ever been.

In FY 2010 and FY 2012, each state's allotment will automatically be increased over the previous year's allotment according to an inflation factor (to account for medical inflation and for the growth in the number of children in the state).

In FY 2011 and FY 2013, allotments will be "rebased" (basically, recalibrated) according to how much each state actually spent the previous year (rather than how much it received in its allotment), as well as increased to account for medical inflation and the growth in the number of children in the state. This rebasing process will ensure that states that are not spending their allotments cannot withhold that unused funding from the states that are spending.



\*2009 Allotment-Kid Care CHIP has until October 1, 2010 to spend

## <u>Payment Error Rate Measurement (PERM)</u>

The Improper Payments Information Act of 2002 (IPIA) requires heads of federal agencies to estimate and report to the Congress annually the estimates of improper payments for the programs they oversee and the actions the agencies are taking to reduce erroneous payments. In response to this legislation, the Centers for Medicare and Medicaid Services (CMS) implemented the PERM project. Under PERM, each state's Medicaid and CHIP program are audited once every three years for improper payments due to errors in eligibility determinations, payments for services that weren't medically necessary, and data processing errors.

CMS contracts nationally with three firms: one that helps states pull a statistically valid sample, one that collects state policies and medical documentation requests, and the third conducts the medical necessity and data processing reviews. Eligibility determination reviews are left to the states, but are required to be conducted by agencies independent from those setting policies and completing the actual eligibility determinations.

Wyoming was one of the states selected for 2009. However due to the CHIPRA legislation and new PERM Rules and Regulations, PERM has been put on hold for CHIP. Wyoming CHIP will be required to complete PERM reviews again in 2012.



# Wyoming Kid Care CHIP

# Reaching More Kids...

In SFY 2009:

9,202 Children were touched by the Kid Care CHIP Program. 2,713 Children were approved for Coverage.

# Wyoming CHIP

Kid Care CHIP is the name chosen for Wyoming's CHIP program. Wyoming chose to implement a separate pstate CHIP program in December 1999. From 1999 through September 2003, Wyoming's CHIP program operated as a Medicaid Look-a-Like. Meaning although the program was a separate CHIP program it had the same benefits and claims payments as the Medicaid program.

"Wyoming's children through age 18 may only be 25% of the population but they are 100% of Wyoming's future!"

In 2003, the Wyoming Legislature re-wrote the program as a Public/Private partnership in which the Department of Health contracts with an insurance company to provide the insurance benefits to all eligible children.



## Administration

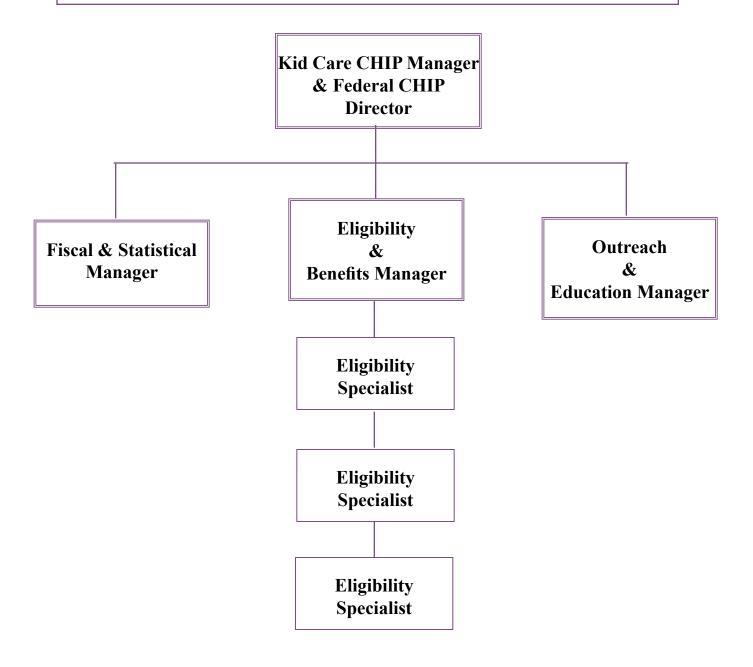
The Department of Health administers Kid Care CHIP. Kid Care CHIP is housed within the Office of HealthCare Financing, which also houses the EqualityCare (Medicaid) and Pharmacy programs. Patti Guzman serves as the Federal CHIP Director and Kid Care CHIP Program Manager. Kid Care CHIP has seven employees and they are split into three sections within the program which include: Eligibility and Benefits, Outreach and Education and Fiscal and Statistical.

Wyoming Department of Health provides overall program oversight and administration, benefit and claims oversight; eligibility determination and outreach and education activities for the program. The administration of the programs benefits and claims is bid out and is currently administered by Blue Cross Blue Shield and Delta Dental of Wyoming.

Kid Care CHIP works closely with other divisions/programs within WDH including the Community & Public Health Division (Public Health, WIC, Dental, Immunization, etc); Pharmacy services; Medicaid; and Mental Health and Substance Abuse as well as other agencies within state government including the Department of Education, Department of Workforce Services and the Department of Family Services.

Kid Care CHIP also partners with many non-profit organizations, schools, providers and businesses to educate and enroll children in the state.

# Wyoming Department of Health Children's Health Insurance Program Office 12/2009



## Kid Care CHIP Units:

## Eligibility and Benefits Unit

The Kid Care CHIP eligibility and benefit unit is in charge of determining eligibility for the Kid Care CHIP program, screening applications for Children's Special Health, Family EqualityCare (Medicaid), Pregnant Woman's Program, Emergency Services, and coordinating benefits for our enrollees. The unit also performs a quality control check on 20% of approved applications each month to ensure program integrity.

This past year, we implemented a new cost sharing structure (what the families pay for co-payments). This included updates to our eligibility system along with new enrollee and provider correspondence.

The eligibility system that was completed in 2008 has proven to be an asset to Kid Care CHIP. It has improved application turn around, accuracy in eligibility determinations, and has allowed us better access to data.

The unit is currently working on developing an on-line application (HealthLink) in the hope of gaining an additional avenue for enrollment. The first phase of this project will allow families to apply from any computer with internet access and will be ready to roll out in mid January 2010. The second phase will allow families to renew or provide the program with updated information. We hope to have this phase completed by June 1, 2010.

### Fiscal and Statistical Unit

The Kid Care CHIP Fiscal and Statistical Unit is responsible for the management and oversight of all fiscal functions and statistical reporting requirements. This includes detailed internal fiscal and eligibility program analysis to identify trends and to provide tools for management to shape effective program policy. In addition, the Fiscal and Statistical Unit provides statistical program data as required and upon special request to interested stakeholders.

The fiscal function of this unit includes, but is not limited to:

- Analysis and development of all Kid Care CHIP program budgets to forecast future enrollment trends and their projected expenditures for the next biennium.
- The processing of all payments, requisitions, and service contracts for Kid Care CHIP programs, including both administrative as well as case service expenditures.
- All federal reporting.

The statistical functions include but are not limited to:

- Monthly, quarterly, and yearly utilization reporting.
- Monthly enrollment reporting and analysis to identify trends critical in the development of estimates and projections.
- Research of other health care programs.
- Utilization and trends as well as detailed analysis of insurance and U.S. Census data for program planning purposes.

## Outreach and Education Unit

#### Responsibilities

The Outreach Unit is responsible for activities to inform families of available programs and to assist them in enrolling by working with local coalitions, application sites, DFS field offices, Indian Health Services, other non-profit organizations, state agencies, schools, providers' offices and other interested parties.

#### SFY 2009 Activities

This year the unit has worked closely with medical and dental contractors as well as with the Wyoming Association of Municipalities, School Nurses, PHN nurses, pre-schools, theaters, NEEDS, school secretaries, Work Force Services, Wyoming Junior Colleges, newspapers and others across the state.

Activities included but were not limited to:

- Back to school events
- Health fairs
- Print ads
- University Football/ Basketball games
- Targeted Dental outreach
- Targeted outreach to pre-schools
- Specific immunization and wellness education to enrolled families

This year we partnered with the Department of Work Force Services to hand out Kid Care CHIP materials (applications, brochures and posters) to families who are unemployed due to the economic decline.

We added magazine advertisements and newsletter articles through-out the state this year to reach out to families about the program.

The Back to School Campaign was a large event completed in 2009. Kid Care CHIP partnered with 18 Wyoming schools, and worked with approximately 4,950 children.

"How do families hear about Kid Care CHIP?"

- Department of Family Services 50%
- Kid Care CHIP Website- 17%
- Public Health Nurse- 13%
- Kid Care CHIP- 12%
- School- 8%

"Where did families receive their applications from?"

- Family/ Friends- 38%
- Department of Family Services- 27%
- Doctor Offices- 20%
- School- 12%
- Public Health Nurse- 3%

# Kíd Care CHIP 2009 "At A Glance"

## Engaging Our Community Partners:

In SFY 2009:

Kid Care CHIP Outreach Staff attended over <u>41</u> events at schools, healthcare providers, social services offices and other community partner organizations.

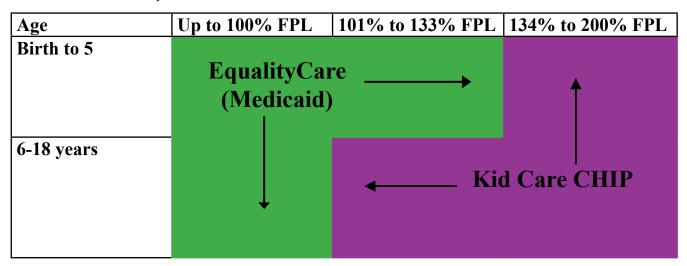
They also provided over <u>7,500</u> materials to community partners in the state.



#### **Guidelines**

Eligible children must meet basic eligibility guidelines in order to be enrolled in the program. Children must be:

- Birth through the age of 18.
- Family income at or below 200% of the federal poverty level (FPL).
- US Citizen or Lawful Permanent Resident who has resided in the US for 5 years or more.
- WY resident.
- Uninsured for 30 days prior to applying (with some exceptions).
- Not a dependent of an employee of the state of WY, Community Colleges or University of WY (Federal law).



#### Retention

On average Kid Care CHIP has lost 28% of children at renewal because they fail to return the renewal form. Kid Care CHIP has collaborated with many other states and has found that this is a nation-wide problem. The program has tried several retention projects including:

- Calling all families 10 days before they are set to end and then again in the following month to determine why their renewal form wasn't returned.
- Having the insurance contractor call the families.
- Placing renewal stickers on the front of the envelopes so that the families don't discard the envelope thinking it is not important.
- Simplifying the renewal forms to a one page renewal form that can be faxed to the office for processing.
- Partnering with the insurance contractors and the Post Office to obtain updated addresses and phone numbers.

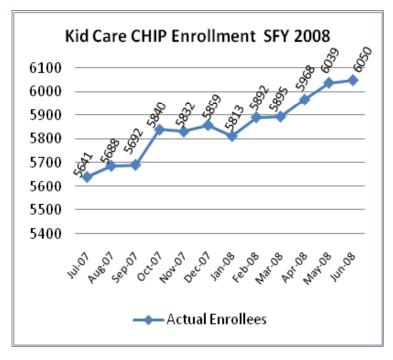
The result of these projects has had a minimal impact on retaining these children. We were unable to contact many of these families due to disconnected phone numbers and returned mail. The program continues to coordinate with other states to find solutions.

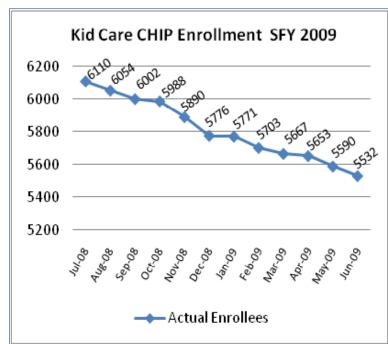
In the next year, Kid Care CHIP will begin call in renewals and online renewals. These two new approaches may assist in increasing the retention rate d for the program.

## **Enrollment**

In SFY 2009, Kid Care CHIP had its first ongoing decline in enrollment of children since its inception almost 10 years ago. As the economy in the state worsened, enrollment in Kid Care CHIP declined. More families lost jobs or had hours cut and therefore became eligible for Medicaid.

In SFY 2009, enrollment averaged a <u>decrease</u> of 33 children per month, which is a decrease from SFY 2008 where the average <u>increase</u> in enrollment was 31 children per month.





As of June 30, 2009 5,532 children were enrolled in Kid Care CHIP.

In SFY 2009 Kid Care CHIP denied: (Denied=persons who applied and were not put onto Kid Care CHIP)

- 3,060 children for being under income
- 1,006 children for being over income
- 806 children for having health insurance
- 119 children for being a dependant of a state employee

<u>In SFY 2009 Kid Care CHIP closed:</u> (Closed=a child that was on the program, but at a review period was closed because they no longer met Kid Care CHIP's eligibility regulations)

- 1,421 children for being under income
- 1,158 children for not returning their renewal form
- 589 children for being over income
- 162 children for having health insurance
- 107 children for not returning Quality Control information

# Of the current enrollees the ethnicity, age, race and income breakdown are as follows:

#### Ethnicity (Unduplicated Children SFY 2009)

Hispanic or Latino	653	(7%)
Hispanic or Latino & one or more race	326	(4%)
Unspecified or No Ethnicity	8222	(89%)

#### Race (Unduplicated Children SFY 2009)

American Indian/Alaska Native	397	(4.31%)
Asian	42	(0.46%)
Black	80	(0.87%)
Native Hawaiian/Pacific Islander	31	(0.34%)
White	6194	(67.3%)
Unspecified	2457	(26.7%)

#### Age (Unduplicated Children SFY 2009)

Under 1	77	(3%)
1-5	2231	(24%)
6-12	4263	(46%)
13-18	2431	(27%)

#### Income (Unduplicated Children SFY 2009)

0-100%	10	(00.11%)
101-150%	3115	(33.85%)
151-185%	4520	(49.12%)
186-200%	1557	(16.92%)



Number of Children Served by Kid Care CHIP each year on June 30th				
	Year	Number		
	SFY 2009	5,532		
	SFY 2008	6,039		
	SFY 2007	5,684		
	SFY 2006	5,263		
	SFY 2005	4,121		
	SFY 2004	3,328		

# Benefits and Claims

The benefits and claims administration for Kid Care CHIP is the responsibility of the programs insurance contractors, currently Blue Cross Blue Shield and Delta Dental of Wyoming.

Benefits for Kid Care CHIP are determined by a Health Benefits Committee that is appointed by the Governor.

With CHIP, states have the option to choose which types of health benefits coverage they want to provide, however each state is required to cover at a minimum:

- Inpatient and outpatient hospital services
- Physicians' surgical and medical services
- Laboratory and x-ray services
- Well-baby and well-child care
- Age appropriate immunizations
- Emergency services
- Dental

Kid Care CHIP provides the above benefits to children as well as the following additional services:

- Mental Health and Substance Abuse
- Prescription Drugs
- Maternity Care
- Vision
- Occupational, Speech and Physical Therapy
- Internal Case Management

Blue Cross Blue Shield and Delta Dental have worked closely with Kid Care CHIP to develop an adequate provider network for the program. Currently there are 90% of the Doctors, hospitals, etc. participating and 71 % of the dentists.

# Cost Sharing

For the last 6 years, families enrolled in Kid Care CHIP have been required to pay "\$200 per family per year" in medical cost sharing. This has been paid in small co-payments of \$5 throughout the year for medical appointments, ER visits and prescription drugs.

Beginning October 1, 2009, families were split up into three different cost sharing plans based on their disclosed income at the time of application or renewal. Those with higher incomes will pay more cost sharing than those with lower incomes. Families now pay co-payments on a per child basis for both medical and dental benefits.

Plan A: Native American\* or children in families up to 100% FPL

Plan B: Children in families with income between 101% and 150% FPL

Plan C: Children in families with income between 151% and 200% FPL

	Benefits	Plan A	Plan B	Plan C
Out of Pocket Maximum		No cost sharing required	5% of the families gross yearly income	5% of the families gross yearly income
Medical out of pocket per year		No co-payment required	\$200 per child per year	\$300 per child per year
	Office Visits	No co-payment required	\$5	\$10
	Outpatient Hospital	No co-payment required	\$5	\$10
	Inpatient Hospital	No co-payment required	\$30	\$50
	Emergency Room	No co-payment required	\$5	\$25
	Well Child Visits	No co-payment required	No co-payment required	No co-payment required
	Immunizations	No co-payment required	No co-payment required	No co-payment required
	Lab and X-ray	No co-payment required	No co-payment required	No co-payment required
Pharmacy out of pocket per year		No co-payment required	\$100 per child per year	\$200 per child per year
	Generic Drugs	No co-payment required	\$3	\$5
	Brand Name Drugs	No co-payment required	\$5	\$10
	Non-Preferred Brand	No Coverage	No Coverage	No Coverage
Dental out of pocket per year		No co-payment required	\$15 per child per year	\$75 per child per year
	Preventive services (cleaning, x-ray, etc)	No co-payment required	No co-payment required	No co-payment required
	Basic Services (fillings, extractions, etc)	No co-payment required	\$5 per child per visit	\$25 per child per visit

<sup>\*</sup>Native American children are exempt from cost sharing per Federal law.

Kid Care CHIP is restricted by federal law in the amount of cost sharing it can impose on families below 150% FPL.

# **Expenditures**

Case Services expenditures (cost to insure the children) for Kid Care CHIP are based on the number of children enrolled in the program at the end of each month. Kid Care CHIP pays a "per member per month" (PMPM) premium to Blue Cross Blue Shield on behalf of the children enrolled. In SFY 09, this premium was \$188 PMPM for both medical and dental services.

State Fiscal Year 2009 Expenditures

Case Services- \$13,110,724.00

Administrative- \$1,126,024.52

## Performance Measures

#### **Wellness:**

#### Well-child visits in the 1st 15 months of life

77% of the children who turned 15 months old during the preceding year and were continuously enrolled in Kid Care CHIP from 31 days of age received at least four well child visits with a primary care provider during their first 15 months of life.

86% of 2 month olds had one or more well-child visits

92% of 4 month olds had one or more well-child visits

92% of 6 month olds had one or more well-child visits

94% of 9 month olds had one or more well-child visits

#### Well-child visits in children

43% of children ages 3-6 who were continuously enrolled had one or more well-child visits in SFY 2009.

51% of 3 year olds had one well-child visit

48% of 4 year olds had one well-child visit

55% of 5 year olds had one well-child visit

#### **Dental:**

#### Dental service utilization prior to kindergarten entry

97% of five and six year old children enrolled in Kid Care CHIP received dental services prior to kindergarten entry.

68% of five and six year old children had at least one preventive visit.

#### Performance Measures continued...

#### **Access:**

Children's access to primary care providers

76% of all children had one or more services in SFY 2009.

#### Medical provider access

90% of Wyoming counties had a sufficient network of medical providers in SFY 2009, so that participants in Kid Care CHIP had adequate access to covered services.

#### Dental provider access

71% of Wyoming counties had a sufficient network of dental providers in SFY 2009, so that participants in Kid Care CHIP had adequate access to covered services.

## **Utilization**

Number of Unduplicated Children Who Received a Service				
Services	SFY 2008	SFY 2009	Percentage of	
			Change	
Inpatient Hospital	159	155	-2.52%	
Outpatient Hospital	2675	2273	-15.03%	
Dental	6437	6733	4.60%	
Vision	2004	1948	-2.79%	
Mental Health	238	250	5.04%	
Substance Abuse	1036	981	-5.31%	
Pharmacy	4861	5527	13.70%	
Immunization/Well-Child	2413	2685	11.27%	



# <u>Celebrating Success: Program Initiatives</u> and Health Awareness

#### **Covering Wyoming's Kids-CHIPRA Outreach and Enrollment Grant**

Kid Care CHIP applied for and received a CHIPRA Outreach and Enrollment Grant grant from CMS for \$268,889. "Covering Wyoming Kids" will focus on the creation of outreach and enrollment sites at Public Health Nurse Offices in nine counties throughout the state and will create a partnership with the Cheyenne Health and Wellness Center. The ten enrollment sites will help facilitate enrollment through a "Health Front Door" concept and allow families to apply for health coverage through an online application system.

#### **Back to School 2009**

Kid Care CHIP partnered with schools across the state for Back to School 2009.

Kid Care CHIP staff attended events, where they spoke to parents, children and school administrators and provided information about the program.

Kid Care CHIP visited with 4,950 kids in this year's Back to School events.

#### "Be Happy, Be Healthy, Be You"

In order to increase overall utilization of preventive and wellness benefits, Kid Care CHIP continued its campaign entitled "Be Happy, Be Healthy, Be You" for all children enrolled in the Kid Care CHIP program. This campaign is an effort for the program to encourage families to take their children in for their immunizations and well-child visits.

All families of children enrolled in Kid Care CHIP receive information on the importance of wellness visits and immunization.

Public Health Nurse offices as well as most pediatricians and family practice offices, also have been provided materials for distribution.



#### <u>"Healthy Kids Need Healthy Smiles"</u>

Kid Care CHIP continues to educate families on the importance of oral health care. The education continues in the way of a quarterly family newsletter, dental magnet appointment reminder cards, clings for bathroom mirrors that reinforce the importance of brushing and remind children how often they should brush, and toothbrush distribution. The program also sends out postcards to families who are close to using up their annual benefit, but have not had a preventive visit.

Wyoming has found that overall utilization within the program continues to increase since the Healthy Kids Need Healthy Smiles Initiative was implemented. In 2009, 47 percent of all children and 68 percent of five- and six-year-old children used preventive dental benefits.



#### "Give Kids a Smile Day"

Kid Care CHIP partnered with Delta Dental and local dentists in Cheyenne, Rock Springs and Green River for the Annual Give Kids a Smile Day. Give Kids a Smile Day provides free dental care, toothbrushes and information on Kid Care CHIP to children who do not have dental coverage. Kid Care CHIP provided information to over 200 children in SFY 2009.



# Kid Care CHIP Contact Information

If you have any questions, comments or concerns please feel free to contact us at:

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(307)777-8923 or 1-877-543-7669

Email: kidcarechip@health.wyo.gov

Website: <a href="https://www.health.wyo.gov/CHIP">www.health.wyo.gov/CHIP</a>