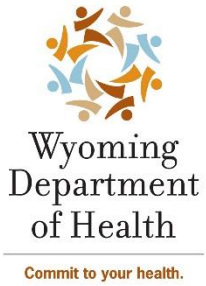


1115 Tribal Uncompensated Care Waiver

A Waiver Request Submitted Under Authority of
Section 1115 of the Social Security Act

To

The Centers for Medicare and Medicaid Services
US Department of Health Human Services

December 31, 2015

State of Wyoming
Matthew H. Mead, Governor

Teri Green, State Medicaid Director
Wyoming Department of Health
Division of Healthcare Financing

Table of Contents

Section I – Program Description

This section should contain information describing the goals and objectives of the Demonstration, as well as the hypotheses that the Demonstration will test. In accordance with 42 CFR 431.412(a)(i), (v) and (vii), the information identified in this section must be included in a state's application in order to be determined complete.

Q1. Summary of the proposed Demonstration Program and how it furthers the objectives of Title XIX and/or Title XXI of the Social Security Act

Introduction

The State of Wyoming, through its Department of Health, Division of Healthcare Financing, the single state agency responsible for administration of the state's Medicaid program, is submitting this request to the US Department of Health and Human Services (HHS) for the approval of a research Demonstration project under the authority of Section 1115(a) of the Social Security Act, being 41 USC 1315 (a). The purpose of the waiver is to test the hypothesis that providing targeted funding to qualifying Tribal health facilities will improve the health outcomes of Wyoming's American Indian/Alaska Native (AI/AN) population.

Executive Summary

The problem of health disparity in the Tribal population exists due to a mixture of circumstances including historical trauma, disproportionate poverty rates, disproportionate rates of substance abuse and access to culturally competent healthcare. Through the disbursement of supplemental payments to the Wind River Service Unit (Indian Health Services) and qualifying 638 tribal health facilities, the payments are intended to financially assist Wyoming's Tribal health programs in their critical roles as essential providers for AI/AN who experience disproportionate health disparities and provide culturally competent healthcare. These payments are significant to Tribes because IHS funding, which under federal law is the principle source of funding for AI/AN healthcare, does not cover the overall need of the facilities. Through the reinvestment of the supplemental funds by IHS and the Tribal health facilities, the 1115 Demonstration waiver is intended to backfill the shortfall of funds and broaden the number of services available with the goal of slowing or completely diverting a disability. This will further support an additional goal of eliminating or significantly reducing health disparities in this population.

The design of the 1115 Demonstration waiver is based upon a collaboration between the State of Wyoming, IHS, and the Tribes. The hypotheses for the waiver will be evaluated based on reporting and research provided by IHS and the Tribal health facilities. To accomplish the CMS evaluation requirements, the State developed an evaluation tool which will be completed and turned in quarterly to the State by IHS and qualifying Tribal health facilities prior to distribution of supplemental payments. The data collection required to test each hypothesis and collect meaningful metrics will provide needed information to determine the success of the 1115 Demonstration.

Existing Medicaid Program Background (Before Waiver)

In SFY 2015 Wyoming Medicaid covered 86,252 unique enrollees or approximately 1 in 7 individuals in the overall Wyoming population, with 62% of the enrollees being children. Overall claims expenditures totaled over $527 million, while the average per member per month (PMPM) cost for enrollees was $581 or $6,972 per year. Based on enrollment figures, the Wyoming

Medicaid program may now be slightly larger than the state's Medicare program (84,076[1]).

Several significant initiatives were launched this year to promote cost containment, improved healthcare outcomes, and compliance with Federal mandates.

- To better coordinate care and reward primary care providers for improving quality, the State launched a monthly incentive payment for Patient Centered Medical Homes.
- Comprehensive technical system changes were made to accommodate the nationwide transition from ICD-9 to ICD-10 diagnosis coding. A major outreach campaign was planned and accomplished to educate Wyoming providers, ensure they were prepared for the change and continued to receive timely reimbursement.
- Ongoing communication and support has been extended to providers in order to assist them in meeting a new federal requirement to "re-enroll" and be rescreened by the Division prior to December 31, 2015
- A new vendor for the Care Management Entity for children with serious emotional disturbance was procured and these services were launched statewide on July 1, 2015.
- A Tribal Advisory Group was created in order to improve communications with the Northern Arapaho and Eastern Shoshone Tribes.

For the Intellectual Disability waivers coordinated by the Behavioral Health Division a number of changes were implemented.

- The transition of adults from the Adults with Developmental Disabilities to new Comprehensive and Support waivers was completed September 30, 2014. A transition of children from the Children with Developmental Disabilities waiver to the Comprehensive and Support waivers was completed June 30, 2015.
- The Behavioral Health Division finalized implementation of conflict-free case management.
- A budget appropriation in SFY 2015 allowed many clients needing services to move from waitlists to receiving waiver services.

Further activity focused on changes driven by legislation in the 2014 and 2015 sessions including the addition of licensed mental health professionals, chiropractors and provisional Mental Health professionals as direct Medicaid providers. "Employment First" was passed to promote employment options for persons with disabilities. Budget appropriations provided funding to support the implementation of new acuity-based nursing home rates and a rate increase for persons with higher level of care needs on the ID/DD waivers. In addition, funding was added for Wyoming to pursue a Tribal Uncompensated Care 1115 Demonstration waiver.

Operational projects and technological improvements for the year included the continuation of the replacement of our Medicaid Management Information System (MMIS). This project will span several years and will transform Medicaid administrative operations. We continue to explore opportunities and initiatives that will improve healthcare for members while saving tax dollars. These include further development and maturation of the Wyoming Eligibility System, State Level Registry for quality and outcome information, Health Information Exchange, telehealth, and electronic health record initiatives. In the course of these significant projects we remain committed

[1] http://kff.org/medicare/state-indicator/total-medicare-beneficiaries/ 2012 is most recent data available.

to collaboration with our stakeholders to ensure access to and delivery of quality healthcare services for our members.[2]

Rationale and Purpose for the Demonstration

Q. Include the rationale for the Demonstration

The Wyoming Medicaid Tribal Uncompensated Care Section 1115 Demonstration proposal is intended to financially assist Indian Health Services (IHS) and tribal health facilities operating under the Indian Self-Determination and Education Assistance Act (P.L. 93-638) (herein referred to as "providers") in their critical role as essential health care providers for American Indians and Alaska Natives (AI/AN) on the Wind River Indian Reservation. The proposed Demonstration has been designed as a disability diversion model intended to provide additional financial resources to qualifying facilities as determined eligible for medical assistance payments as defined in section 1911 [42 U.S.C. 1396].

In line with the goals under the approved 1115 Waiver Demonstrations in Arizona, California, and Oregon, this Demonstration will provide additional financial resources to expand access to medically necessary healthcare services delivered through IHS and other qualifying facilities and to develop expanded specialty service capacity in order to prevent and in some cases reduce the development of a Supplemental Security Income (SSI) qualifying disease or condition. The definition of disability under Social Security is a total disability, not partial or short-termed. It is based on your inability to do the work you did before, cannot adjust to other work because of your medical condition and has lasted or is expected to last for at least one year or to result in death.[3] The supplemental payments made to qualifying IHS and 638 facilities will promote each facility's viability and allow for the required financial resources to increase service capacity, expand operating hours, increase available clinical staff and globally improve access to needed healthcare services. In the State of Wyoming, a person receiving SSI benefits automatically qualifies for full Medicaid. Through the availability of additional financial resources to increase access to and expand specialty service availability, it is projected that the overall progression rate of AI/AN health to a condition qualifying as a disability under SSI criteria will slow and in some cases divert completely, thereby reducing future overall Federal and State Medicaid expenditures for SSI-qualifying Medicaid participants and monthly SSI payments as well.

Supplemental payments made for the purpose of reducing the burden of uncompensated care are an essential component of improving access and availability to medically required healthcare services on the Wind River Reservation. From September of 2014 to 2015, the Wind River Service Unit (IHS) provided services to 5,236 uninsured individuals which was 45.7% of the total population seen at the facilities. IHS funding, which is one of the principal sources of funding for AI/AN health care on the Wind River Reservation, covers approximately 50% of the need. This ongoing funding shortfall continues to plague the Wind River health care delivery system. To address this ongoing funding shortfall for uncompensated care costs, both the State of Wyoming and the Centers for Medicare and Medicaid Services (CMS) have encouraged IHS-Wind River Service Unit, the Northern Arapaho Tribe, and the Eastern Shoshone Tribe through their qualifying 638 facilities to maximize other payment sources to supplement needed funding. Wyoming Medicaid is the largest external funding source for Wyoming's tribal health programs. However,

[2] http://www.health.wyo.gov/healthcarefin/medicaid/home.html - 2014 Wyoming Medicaid Annual Report
[3] https://www.ssa.gov/planners/disability/dqualify4.html

even with the added revenue of private and governmental healthcare payers, services are underfunded and are continually unable to meet the healthcare service demand for the Wind River residents and other AI/ANs seeking healthcare from tribal healthcare programs.

The Wind River Service Unit on the Wind River Reservation serves approximately 11,413 individuals, with additional services provided by the tribal health programs of the Northern Arapaho Tribe and the Eastern Shoshone Tribe. Facilities providing health services include: Fort Washakie Health Center, Arapahoe Health Center, Wind River Family and Community Health Care System (Northern Arapaho Tribal Health Programs), Eastern Shoshone Tribal Health Program, Eastern Shoshone Recovery Center, and White Buffalo Treatment Center.

Scope of the 1115 Demonstration

The State of Wyoming, in collaboration with the Northern Arapaho Tribe and the Eastern Shoshone Tribe of the Wind River Reservation and Indian Health Services, is seeking CMS approval of an 1115 Tribal Uncompensated Care waiver for an initial program period of five (5) years. As a non-Medicaid expansion state, the 1115 Tribal Uncompensated Care Waiver program is intended to increase resources to IHS and 638 facilities to improve care for AI/AN members and will not be used to reduce or supplant State funding sources for these facilities or for the AI/AN population.

The proposed Demonstration would further the objectives of title XIX and XXI of the Social Security Act by allowing for supplemental payments to IHS, the Northern Arapaho Tribe and Eastern Shoshone Tribe (herein referred to as the providers) at their qualifying Wind River Service Unit and 638 facilities. The supplemental payments will be based on the uninsured populations served to reduce the burden of uncompensated care costs and allow service expansion to meet unmet demand. Through the reduction of uncompensated care, qualifying facilities will have the resources needed to improve access to medically necessary healthcare services by increasing capacity, expanding service hours, expanding specialty service availability and increasing staff. Increased access to healthcare services now will reduce, and in some instances completely divert an individual's progression to an SSI qualifying disability.

The total aggregate uncompensated care payment will be prospectively calculated annually throughout the waiver period and distributed quarterly to the qualifying providers. Data used for the calculations will be provided by the National Indian Health Board (NIHB), and based on analyses of the US Census Bureau's American Community Survey data.

Scope of 1115 Demonstration	
Target Population	Uncompensated Care Costs - Uninsured individuals that are eligible for IHS services
Total number of Uninsured AI/AN Individuals	6,231 per ACS/NIHB reporting
Program Period	Five (5) years
Geographic Service Area	Statewide but limited to IHS and qualifying 638 providers
Summary of Covered benefits	Any service Tribal health facilities have authority to provide based on Indian Health Services guidance.
Financing Model	Disability Diversion, Supplemental Payment to IHS and qualifying 638 providers

Summary of Stakeholder Engagement/Input	Ten (10) workgroup meetings related to waiver with Tribal and IHS Leadership Seven (7) meetings between Centers for Medicare and Medicaid, IHS, Tribal Health facilities and WDH Division of Healthcare Financing Three (3) public comment meetings Two (2) Tribal Leadership Advisory Council meetings and Two (2) Tribal Select Committee
Proposed Implementation Date	July 1, 2016

Indian Health Disparities

Access to health care in Wyoming is limited due to factors including geography and availability. Wyoming is the ninth largest state in land mass (97,914 square miles), but has the smallest population (584,153)[4]. This translates into an average of 5.8 persons per square mile the second lowest in the nation. Seventeen of the twenty-three counties are considered "frontier", four are considered "rural" and two are "urban".[5] Frontier counties are currently defined as having less than six persons per square mile and urban is defined as a county that has at least one city with at least 50,000 citizens. At least 34% of the state's residences are in shortage areas with inadequate access to primary care. The Wind River Reservation and surrounding areas are in an area considered geographically and medically underserved.

Wyoming has a population of approximately 22,176 AI/AN individuals statewide according to the 2011-2013 American Community Survey report[6]. This population suffers from significant health disparities. For the years 2007-2011, the death rate among children ages 1-17 in Wyoming was 27.2 per 100,000. AI/AN children had the highest rate of deaths at 61.2 per 100,000, more than twice the rate for White children.[7] The Indian Health system statistics indicate the average age of death for tribal members is 56 years of age with the average age of death for those with alcohol addiction being 39 and for those with multi-substance addictions falling to an average age at death of 31.5. These average age at death statistics are not only younger compared to the general population but are also younger than the AI/AN population in other states (Table 1).

Table 1: Health Disparities in Wyoming, and National Comparison

	American Indians in Wyoming (average)	National American Indians Population (average)	National General Population (average)
Life Expectancy-Average Age of Death	56	71.1	78.7

While Wyoming's Tribes have achieved improvements in health status, the Wyoming AI/AN population have continued to experience disproportionate health disparities when compared to the

[4] http://quickfacts.census.gov/qfd/states/56000.html
[5] Wyoming OHR Annual Report 2010
[6] http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_S0201&prodType=table Source U.S. Census Bureau 2011-2013 3 year American Community Survey
[7] State of Wyoming Department of Health, Racial and Ethnic Disparities in Wyoming: 2012 Report. http://www.health.wyo.gov/rfhd/multicultural/Report.html

Wyoming general population (Table 2). Nationally, AI/AN people have long experienced lower health status than other Americans. Lower life expectancy and the disproportionate disease burden exist due to inadequate education, disproportionate poverty, discrimination in the delivery of health care services and higher indicated substance abuse[8].

Table 2: Wyoming Mortality Rates/100,000 Population (2009-2013)		
Causes of Death	**American Indians**	**Non-American Indians**
Cancer	247.1	156.5
Heart Disease	191.5	204.1
Chronic Obstructive Pulmonary Disease	127.5	65.2
Accidents and Adverse Effects	106.4	65.1
Cerebrovascular Diseases	87.4	34.1
Alzheimer's (ICD-9 and 10 only)	59.3	20.8
Suicide and Self- Inflicted Injury	48.4	39.0
Pneumonia and Influenza	42.0	20.2
Diabetes	27.6	19.0
Chronic Liver Disease	23.4	13.1
Infant Mortality	14.0	6.0

From the State of Wyoming Department of Health, Racial and Ethnic Disparities in Wyoming: 2012 Report, in Wyoming from 2007 – 2011:

- 70.8% of women received prenatal care in the first trimester. This percentage was lowest among AI/AN women with 53% receiving prenatal care in the first trimester compared to White women (72.5%) and Asian/Pacific Islander women (75.0%);
- Reported smoking during pregnancy was highest in AI/AN women at 26.5% compared to 18.8% in White women;
- AI/AN teens had the highest teen birth rate at 81.5% compared to 38.7% in White teens;
- AI/AN youth had the highest rate of child and adolescent deaths at 61.2 per 100,000 compared to 26.1 for White children;
- More AI/AN adults were overweight or obese (72.7%) compared to White/Non-Hispanic (61.5%) adults;
- Nearly half of all AI/AN adults smoke (47.5%);
- 41.7% of all AI/AN adults report having high blood pressure compared to 24.1% of White adults (2005, 2007, 2009);
- 27.9% of AI/AN adults report not being able to see a doctor due to cost as compared to 11.5% of White/Non-Hispanic adults (2005-2009); and
- The 2000-2010 AI/AN suicide rate was 24.7 compared to 19.8 in White citizens, well above the national suicide rate for AI/ANs of 12.3.

Proven Successes

In the last few years, programs operated by tribal health programs and IHS have seen some improvements in overall health conditions. As an example, the Wind River Service Unit - IHS is now certified by the Ambulatory Care Association of America as a patient-centered medical home.

[8] https://www.ihs.gov/newsroom/index.cfm/factsheets/disparities/

As a functioning medical home, the IHS clinic provides a managed care–like approach that, through increased care coordination and treatment adherence, has shown improvements in overall health outcomes. The Eastern Shoshone Community Based Diabetes Self-Management Education program has demonstrated an average 12% total reduction in total costs of health care for non-Medicare patients and a majority of patients lost weight and had a lower body mass index (BMI) with reduced blood glucose and blood pressure levels. In addition, 25% of tribal members with diabetes voluntarily participated in the program. One-time funding from the Merck Foundation provided the resources for this Demonstration project that holds great promise for health disparity reduction. The Northern Arapaho Suicide Prevention efforts have demonstrated nationally recognized successes with the reduction of teen suicide rates to historic lows with no loss of life to suicide by youth under age 18 in over eight (8) years.

The continued shortage of funding, vast geography and low availability of providers continues to create barriers to ongoing efforts by IHS and Wind River tribal health programs to sustain successful programs and allowing expansion and growth into high need specialty service areas.

Hypothesis for Demonstration

Q3. Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them

The State of Wyoming Department of Health (WDH), using the data submitted by qualifying providers as part of the program, will evaluate and report on progress toward improving health disparities between AI/ANs and the average general population metrics in Wyoming and deterring disability prevalence that leads to a qualifying disability.

The Demonstration will:

- Test the effect of added financial resources on improving service access and utilization as measured by
    - Total number of visits provided to members (by service type, or category of service)
    - Types of services provided – specialty services included
    - Total # of unique individuals served
    - Total # of uninsured individuals served
    - Average number of visits per unique individual
    - Total by type of other funding sources (Medicare, Medicaid, CHIP, VA, Marketplace and Third Party)
- Test the effect of added financial resources on improving the facility's financial viability, increasing the volume of primary and preventative care services delivered, and impacting the facility's capacity and sustainability for continued service delivery to AI/ANs on the Wind River reservation
    - Percentage of increase or decrease of services delivered at facility
    - Percentage of increase or decrease of specialty services provided at facility
    - Total number of employed staff by hours worked (clinical, administrative, full time, part time, contracted, specialty)
    - Number of hours of expanded hours of operation (extended office hours) in hours

  - Were you able to maintain or expanded hours? If so explain.

- Test the effect of added financial resources on patient outcomes, health disparities and SSI/ABD-qualifying disability progression
  - Reduction of disparity of death due to cancer
  - Life Expectancy - Average age of death
  - Reduction in disparity of death due to chronic obstructive pulmonary disease
  - Reduction in disparity of death due to diabetes
  - Reduction in disparity of death due to chronic liver disease
  - Reduction in disparity of death due to infant mortality
- Test the effect of added financial resources on the availability of Purchased and Referred Care (formerly Contract Health Service (CHS)) funding (as applicable to each participating provider).
  - Total of Purchased and Referred Care funding
  - Type of services provided
  - Total of referrals funded outside of facility
  - Number of referrals funded

- Submit any successes and/or best practices determined during the reporting period

Facilities will be responsible for documenting and retaining documentation of all services provided to the uninsured population (as required by standard medical practice guidelines and retention requirements) in support supplemental payments for uncompensated care costs.

Q4. Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State.

This Demonstration will be statewide but limited by provider and facility type. Only IHS and 638 tribally operated healthcare facilities providing Medicaid services may participate in this Demonstration.

Q5. Include the proposed timeframe for the Demonstration; and

A five (5) year Demonstration period is requested by the State of Wyoming – July 1, 2016 through June 30, 2021.

Q6. Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

This Demonstration will not alter Wyoming's Medicaid or CHIP state plan.

Section II – Demonstration Eligibility

This section should include information on the populations whose eligibility will participate in the Demonstration, including income level.

Eligibility

Q1. Include a chart identifying any populations whose eligibility will be affected by the Demonstration (an example is provided below; note that populations whose eligibility is not proposed to be changed by the Demonstration do not need to be included).

This program has not been designed as an eligibility waiver. National ACS metrics related to the number of uninsured AI/AN individuals in the State has been used to calculate supplemental payment funding under this demonstration waiver. This Demonstration would provide supplemental payments for qualifying facilities providing uncompensated care to individuals not currently eligible for Medicare, Medicaid, Kid Care CHIP or covered by third party reimbursement but eligible under Indian Health Services guidelines.

For purposes of quarterly reporting, participating IHS and tribal 638 facilities will maintain existing policies for pursuing third party liability, and shall have procedures to ensure that individuals who have an active source of third party liability are not considered uninsured.

Q2. Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan

The number of AI/AN uninsured in Wyoming is 6,231 based on analyses of the US Census Bureau's American Community Survey data for 2011-2013[9].

Q3. Specify any enrollment limits that apply for expansion populations under the Demonstration.

N/A

Q4. Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs.

The projected number of uninsured will be derived from the analysis completed by the US Census Bureau American Community Survey data. The projected number of uninsured individuals used to calculate the year one cost estimate is 6,231 AI/AN individuals[10].

Q5. To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the Demonstration will utilize spousal impoverishment rules under section 1924, or will utilize regular post-eligibility rules under 42 CFR 435.726.

N/A. This is a supplemental facility based payment for qualifying Wind River Service Unit and tribal 638 facilities.

Q6. Describe any changes in eligibility procedures the state will use for populations under the Demonstration, including any eligibility simplifications that require 1115 authority (such as

[9] http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_S0201&prodType=table Source U.S. Census Bureau 2011-2013 3 year American Community Survey

[10] http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_S0201&prodType=table Source U.S. Census Bureau 2011-2013 3 year American Community Survey

continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013) (if additional space is needed, please supplement your answer with a Word attachment); and

For purposes of reporting data used to calculate the distribution of aggregate program costs, each qualifying facility determined eligible for supplemental payments will be required to have policies and procedures in place to determine if an individual is eligible or receiving services funded under Medicaid, KidCare CHIP, Medicare or other third party insurance prior to counting them as uninsured. If an individual is determined to be eligible for or receiving services funded under another resource, the facility will be required to bill for services to the identified resource and cannot be considered an uncompensated care cost for that same service

Q7. If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014

N/A

Section III – Demonstration Benefits and Cost Sharing Requirements

This section should include information on the benefits provided under the Demonstration as well as any cost sharing requirements.

Q1. Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan.

N/A. The Demonstration is a supplemental payment for uncompensated care made to IHS and other qualifying 638 facilities, and does not alter the benefits provided under the Medicaid and/or CHIP State plan.

Q2. Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid or CHIP State Plan.

This is a facility based payment. There will be no premiums or cost sharing.

Eligibility Group Name	Premium Amounts
Uncompensated care costs for uninsured – supplemental payment to facility	No premium

Eligibility Group Name	Copayments, Coinsurance, Deductible
Uncompensated care costs for uninsured – supplemental payment to facility	No Copayments, Coinsurance, Deductible

Q3. If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration.

Eligibility Group Name	Benefit package

Uncompensated care costs for uninsured – supplemental payment to facility	Demonstration only benefit package

Proposed Benefits Differing under the State Plan
This is a supplemental facility based payment for uncompensated care costs.

Q4. If electing benchmark-equivalent coverage for a population, please indicate which standard is being used.

N/A

Q5. In addition the benefit specifications and qualifications form, please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan.

N/A

Please refer to List of Medicaid and CHIP Benefits: http://www.medicaid.gov/Medicaid- CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Medicaid-and-CHIP-Benefits.pdf, when completing this chart.

Q6. Indicate whether Long Term Services and Supports will be provided.

☐Yes (if yes, please check the services that are being offered

☒No

N/A – This is a supplemental facility based payment for uncompensated care costs.

In addition, please complete the: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-LTSS-Benefits.pdf, and the: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Long-Term-Services-Benefit-Specifications-and-Provider-Qualifications.pdf.

☐Homemaker ☐Case Management ☐Home Health Aide
☐Adult Day Health Services Habilitation – Supported Employment Habilitation – Day Habilitation ☐Habilitation – Other Habilitative
☐Respite ☐Non-Medical Transportation
☐Psychosocial Rehabilitation
☐Environmental Modifications (Home Accessibility Adaptations)
☐Home Delivered Meals ☐Personal Emergency Response
☐Community Transition Services
☐Day Supports (non-habilitative) ☐Supported Living Arrangements
☐Assisted Living
☐Habilitation – Residential Habilitation
☐Habilitation – Pre-Vocational ☐Habilitation – Education (non-IDEA Services)
☐Day Treatment (mental health service) ☐Clinic Services

☐Vehicle Modifications ☐Special Medical Equipment (minor assistive devices)
☐Assistive Technology ☐Nursing Services ☐Adult Foster Care
☐Supported Employment ☐Private Duty Nursing
☐Adult Companion Services
☐Supports for Consumer Direction/Participant Directed Goods and Services
☐Other (please describe)

Q7. Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.

☐Yes (if yes, please address the questions below)
☒No (if no, please skip this question)
N/A. This is a supplemental facility based payment for uncompensated care costs

Q8. If different from the State plan, provide the premium amounts by eligibility group and income level (if additional space is needed, please supplement your answer with a Word attachment).

N/A

Q9. Include a table if the Demonstration will require copayments, coinsurance and/or deductibles that differ from the Medicaid State plan (an example is provided):

N/A

Q10. Indicate if there are any exemptions from the proposed cost sharing.

N/A

Section IV – Delivery System and Payment Rates for Services

This section should include information on the means by which benefits will be provided to Demonstration participants. In accordance with 42 CFR 431.412(a)(ii), a description of the proposed healthcare delivery system must be included in a state's application in order to be determined complete. Specifically, this section should:

Q1. Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:

☒Yes (if yes, please address the questions below) These are supplemental payments for uncompensated care costs to specific providers.
☐No (if no, please skip this question)

Q2.Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the healthcare system. Specifically, include information on the proposed Demonstration's expected impact on quality, access, cost of care and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms.

The Demonstration is expected to have a positive impact on access to healthcare by providing supplemental payments to IHS Wind River Service Unit and other qualifying 638 tribal facilities most needed by individuals who are currently uninsured and have no means to become insured. These services can often be fragmented and not meet the needs of the individual. Access to healthcare services for individuals who are uninsured typically occur at IHS or other tribal facilities unless care is unavailable or underfunded. If care from one of these facilities is unavailable the uninsured typically present at hospitals and emergency rooms for urgent or on a crisis basis. Treatment is costly, uncoordinated, and often only addresses the presenting symptoms, not the root of the condition. This leads to an increase in healthcare costs for all and sometimes becomes a pattern of utilizing higher cost services.

The Demonstration will improve the quality of care and help stabilize individuals by expanding and providing primary, preventative and specialty care services. Addressing the needs of these individuals in the beginning will slow the cost of healthcare contributing to frequent care at hospitals or emergency rooms. Lack of access to appropriate services and providers encourages individuals to receive services from these higher cost facilities. If individuals receive the needed and appropriate healthcare services there is a chance of better health status and the slowing or prevention of a disability.

Q3. Indicate the delivery system that will be used in the Demonstration.

Program Administration

The Wyoming Department of Health, Medicaid program will be responsible for administration and oversight of the 1115 Tribal Uncompensated Care Waiver implemented pursuant to this Demonstration. The Wyoming Department of Health, Medicaid program will conduct evaluation for the Demonstration with CMS recommended components of a state evaluation plan for the Tribal Uncompensated Care Waiver. Cost effectiveness and budget neutrality review, outreach, and evaluation of the program's effectiveness and success meeting its goals will be conducted by Medicaid staff or its contractor.

The Demonstration will not be administered through the fee-for-service payment process (MMIS) as Medicaid, Kid Care CHIP or other agency programs. The Demonstration will provide a supplemental payment to IHS and 638 facilities. A prospective payment will be determined annually and supplemental payments will be disseminated quarterly following the submission of reporting (Appendix A) sent in by the facility or tribe.

The supplemental payments to qualifying providers will increase the resources needed to improve access to medically necessary healthcare services by increasing capacity, expanding service hours, expanding specialty service availability and increasing staff. Increased access to healthcare services now will reduce, and in some instances completely divert an individual's progression to an SSI qualifying disability.

Indian Health Service operating the Wind River Service Unit and the Northern Arapaho Tribe and the Eastern Shoshone Tribe operating their own qualifying tribal 638 facilities will each be required to enter into a contract with the State of Wyoming to provide data on a quarterly basis prior to their payment distribution. Data will be used to establish baseline trends and evaluate the impact of the waiver program on access to medically necessary services, increased capacity for

specialty service delivery, expanded operational hours, increased staff/specialty services, and reduction in referred health costs/contract health services (# of people who received contract health funding and type of services) that will increase the available federal funds for health care services on the Wind River Indian Reservation.

Q4. If multiple delivery services will be used, please provide a table for each eligibility group.

N/A

Q5. Will the Demonstration utilize a managed care delivery system?

No, the Demonstration will not be utilizing a managed care delivery system.

Q6. Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion (if additional space is needed, please supplement your answer with a Word attachment);

N/A

Q7. If the Demonstration will provide personal care and/or long term services and supports, please indicate whether self-direction opportunities are available under the Demonstration. If yes, please describe the opportunities that will be available, and also provide additional information with respect to the person-centered services in the Demonstration and any financial management services that will be provided under the Demonstration (if additional space is needed, please supplement your answer with a Word attachment).
N/A

☐Yes ☒No

Q8. If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology (if additional space is needed, please supplement your answer with a Word attachment);

N/A.

Q9. If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438 (if additional space is needed, please supplement your answer with a Word attachment); and

N/A.

Q10. If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected (if additional space is needed, please supplement your answer with a Word attachment).

See Appendix A and Appendix B

Section V – Implementation of Demonstration

This section should include the anticipated implementation date, as well as the approach that the State will use to implement the Demonstration.

Implementation of Demonstration

Q1. Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone

The Demonstration will begin upon approval from CMS with an implementation date of July 1, 2016 with supplemental provider payments to be paid quarterly thereafter. The state of Wyoming intends to use a financial payment system similar to QRA and other facility based supplemental payments. The supplemental payments will be paid through the State Financial System. The state will conduct training sessions with the providers that will include reporting, benefits, billing and program integrity to promote a successful implementation of the Demonstration. Both the federally recognized Northern Arapaho Tribe and the Eastern Shoshone Tribes (with tribal healthcare facilities) in Wyoming and IHS would be eligible to participate in the Demonstration. All qualifying 638 facilities and IHS will need to participate in the Medicaid program to be eligible for the supplemental payment.

Q2. Describe how potential Demonstration participants will be notified/enrolled into the Demonstration

Program Outreach

Program information will be made available to all Indian Health Service and 638 facilities regarding eligibility for all Department of Health programs, particularly Medicaid and Kid Care CHIP. Providers will be required to disseminate this information to their clients. All clients screened and determined eligible for Medicare, Medicaid and Kid Care CHIP will be encouraged to apply for such funding. This information would provide a description of the program as well as who is eligible for the different programs.

Surveys and collaboration with IHS and qualifying tribal facilities will provide feedback on how the program is being perceived and barriers to applying for services. Promoting the benefits of eligibility for Medicaid and Kid Care CHIP will be a priority when conducting outreach efforts.

Outreach efforts coordinated and evaluated through conference calls with IHS and 638 facilities and other program agencies will be made to determine if facilities are receiving funding for all services they are providing. A survey of uninsured members receiving services will also be taken to determine the effectiveness of expanded healthcare. This survey will be facilitated through the qualifying health facilities.

Q3. If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits, including whether the state needs to conduct a procurement action (if additional space is needed, please supplement your answer with a Word attachment).

N/A

Section VI – Demonstration Financing and Budget Neutrality

This section should include a narrative of how the Demonstration will be financed as well as the expenditure data that accompanies this application. The State must include 5 years of historical data, as well as projections on member month enrollment.

Historical Data

The current funding received from IHS and other external payers only covers a portion of the full cost of care, members are left without medically necessary care due to the depletion of purchased and referred care dollars. This leads individuals to seek care from nearby off-reservation emergency care facilities. These costs are billed to Medicaid, as appropriate, or written off by local hospitals and urgent care clinics as uncompensated care expenses.

Table 3 details the insurance status of AI/ANs in Wyoming based on a three year analysis of the US Census Bureau's American Community Survey as summarized by the National Indian Health Board (NIHB), 2011 – 2013. For purposes of calculating initial year program costs, the total number of uninsured AI/NAs has been used.

Table 3: Insurance Status, American Community Survey 2011-2013, Wyoming

Category	# of individuals served	Percentage	Margin of Error
Private/other	8,843	41.3%	+/-3.8
Public insurance	7,729	36.1%	+/-2.9
Uninsured	6,231	29.1%	+/-2.6
Total Population	**21,411** (+/-978)		

Table 4 shows Medicaid expenditures made to IHS and qualifying 638 facilities which have shown an increase of 5.27% from SFY 2013 to SFY 2015. It should also be noted that the Wyoming's disabled AI/AN population is the only group with an increasing per member per month trend. A three (3) year rolling total and annual Medicaid per member cost were used to determine an average annual Medicaid per member cost of $2,508 for each uninsured AI/AN.

Table 4: Medicaid payments to IHS and other qualifying 638 facilities

State Fiscal Year	IHS & 638 Payments	Member Months	Per Member per Month	Annual Medicaid per Member Cost
SFY 2013	$7,775,547	38,534	$202	$2,424
SFY 2014	$8,158,305	39,008	$209	$2,508
SFY 2015	$8,616,816	39,942	$216	$2,592
SFY 2013-2015	$24,550,668	117,484	$209 (calculated)	$2,508 (calculated)
Three (3) year rolling average annual cost of Medicaid per member				**$2,508**

Budget Neutrality - Disability Diversion Model

The cost estimate for Demonstration Year one was calculated using the total number of the uninsured population in Wyoming (Table 3) and the average annual Medicaid per Member cost (Table 4). Each Demonstration year cost calculations may change based on the determined number of uninsured population derived from the US Census Bureau's American Community Survey as summarized by the National Indian Health Board (NIHB). For the purposes of determining budget neutrality for future Demonstration years, the first year cost estimate is being used. It is assumed that by using the SFY 2011 – SFY 2013 ACS uninsured number as reported, with the implementation of the Affordable Care Act requirements for and availability of more affordable healthcare coverage, the total number of uninsured reported will decline over the upcoming Demonstration period. Therefore, using the current number as a baseline is conservative and confirms budget neutrality even without a decline in the number of uninsured individuals reported.

First Year Cost Estimate:

Total number of AI/AN uninsured population		6,231
Three year rolling average cost per eligible	X	$2,508.00
Total Program Cost, Year 1		**$15,627,348**

Note: The total year one cost could increase or decrease based on historical trending rates from Non-disabled AI/AN population. These projections are independent of the State's participation in Medicaid expansion. Uninsured rate is assumed to decrease if Wyoming takes up Medicaid expansion, thereby adjusting program costs accordingly.

The Demonstration will:

1) Be cost-neutral in that federal funds spent under the Demonstration will off-set/divert other federal funds currently spent in Wyoming.
2) Improve patient outcomes through disability prevention by increasing access to primary, preventative care and specialty service approaches and improve treatment adherence through better coordination of care among providers and the patient.

Budget neutrality will be monitored against Medicaid experienced costs of services (PMPM or in annual aggregate cost of care for Medicaid eligible) for AI/AN enrolled disabled Medicaid beneficiaries.

An analysis of SFY2015 Medicaid utilization and expenditure data specific to Medicaid-enrolled AI/ANs demonstrate the total cost of a disabled Medicaid enrolled beneficiary to be $2,074 per member month, or $24,888 per year as seen in Table 6. Table 6: Disabled Population – AI/AN Only

Eligibility Category	Eligibility Sub-Group	Expenditures	Member Months	Per Member Per Month
ABD - ID/DD/ABI	Adults with Acquired Brain Injuries	$1,150,657	164	$7,016
	Adults with ID/DD	$4,464,622	758	$5,890
	Children with ID/DD	$886,006	331	$2,677
	ICF ID (WY Life Resource Center)	$2,192,801	103	$21,289

ABD - Long-Term Care (Elderly/Physically Disabled)	Assisted Living Facility Waiver	$453,271	290	$1,563
	Hospice	$21,902	11	$1,991
	Long-Term Care Waiver	$1,092,867	835	$1,309
	Nursing Home	$2,270,135	440	$5,159
	PACE	$4,917	--	--
ABD EID	Employed Individuals with Disabilities	$60,643	19	$3,192
ABD Institution	Hospital	$106,304	3	$35,435
ABD SSI	SSI and SSI Related	$6,404,014	6,257	$1,023
TOTAL - Disabled		**$19,108,140**	**9,211**	**$2,074 PMPM or $24,888 per year**

In comparing the proposed annual cost per eligible uninsured individual of $2,508 per year against the annual amount of $24,888 reflected in Table 6, the value of drastically slowing or in some cases completely preventing the development of an SSI/ABD-qualifying condition or disease is of cost benefit both to the State of Wyoming and the Federal Government. The cost of adequately funding health care services through IHS and qualifying 638 facilities (currently costing Medicaid $2,508 per year) is a mere 10.1% percent of the total annual cost of care for a disabled Medicaid-enrolled participant in SFY 2015. For each year an AI/AN member avoids or prolongs disease progression qualifying him/her for Medicaid, Medicaid saves $22,380.00.

Most importantly, the increased access to, availability and coordination of needed services has already begun to demonstrate the improved health conditions possible with resources to sustain and improve delivery system reform efforts already underway. Appropriate sustainability of these efforts will only positively impact documented health disparities plaguing AI/ANs in the State of Wyoming.

In terms of evaluating the overall cost neutrality of the program, it must be assumed that not all (100%) of those receiving services will develop or progress toward a qualifying SSI qualifying condition or disease. In SFY2015, AI/AN Medicaid eligible beneficiaries accounted for 68,991 of the total member months recorded. Of these 68,991 total member months, 13.3% (or 9211) were attributed to SSI/ABD qualified enrollees. Data obtained from the United States Census factfinder for year 2014[11] indicates the percentage of individuals with a disability reported for Wyoming's AI/AN population is 14.6%. If 14.6% is applied to the 6,231 total uninsured individuals, 909 AI/AN individuals already have (unreported) or will develop a qualifying disability costing $24,888 per year, the total projected amount for serving these individuals through Medicaid would be $22,623,192 a year.

The goal of the 1115 disability prevention model is to prevent a portion of the 6,231 AI/AN uninsured individuals from developing a disability. By increasing access to expanded prevention and specialty care services, the 1115 Demonstration program will reduce the rate of becoming disabled from the current AI/AN Wyoming disability prevalence rate (14.6% - 2014 ACS, Wyoming[11)] to the current disability prevalence rate for whites in Wyoming (12.4%), a decrease of 2.3%. This would be a reduction of 141 of the original 909 AI/AN uninsured individuals determined to develop a disability. Year over year there would be a cost savings to the Federal Government for funding the waiver (see Table 8). The cost avoidance for Demonstration Year

[11]http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S1810&prodType=table Source: U.S. Census Bureau, 2014 American Community Survey 1-year Estimates

One would be $17,156 which would increase as the annual cost of care for disabled members are not incurred.

The State of Wyoming is not participating in Medicaid expansion. According to figures determined by Wyoming Medicaid expansion projections, if Medicaid were to expand in Wyoming to include non-disabled adults under 138% of the Federal Poverty Level, 2,290 AI/AN would be eligible to receive services.

Table 7 illustrates the cost of expanding Medicaid for the AI/AN population at $13,599,900 per year. Total medical costs are a product of the estimated number of individuals in the expansion group, broken into age, sex subgroups, multiplied by the estimated per member per month (PMPM) cost for each subgroup and in this case by the AI/AN population. Most of the initial projections in states that decided to expand Medicaid ended up significantly underestimating actual enrollment. Due to this, we would anticipate that the number of uninsured between 0-138% or 2,290 would increase.

Table 7: Cost of Medicaid Expansion to 2,290 under 138% FPL

Age Group	# of Males	# of Females	Male PMPM	Female PMPM	Expected Monthly Cost Male	Expected Monthly Cost Female
19-24	324	261	$277.50	$310.00	$89,910.00	$80,910.00
25-29	57	152	$316.00	$354.00	$18,012.00	$53,808.00
30-34	118	191	$364.00	$433.00	$42,952.00	$82,703.00
35-39	61	54	$443.00	$529.00	$27,023.00	$28,566.00
40-44	151	221	$537.00	$650.00	$81,087.00	$143,650.00
45-49	204	182	$595.00	$721.00	$121,380.00	$131,222.00
50-54	84	160	$638.00	$780.00	$53,592.00	$124,800.00
55-59	33	30	$678.00	$835.00	$22,374.00	$25,050.00
60-64	0	7	$734.00	$898.00	$0.00	$6,286.00
Total Monthly					**$456,330.00**	**676,995.00**
Total Annually (total monthly*12 months)						**$13,599,900.00**

Wyoming proposes combining the portion of funding attributable to AI/AN individuals allocated by the Centers for Medicare and Medicaid Services for the Wyoming Medicaid expansion with the savings created through a disability diversion model to create the budget neutrality funding cap for an 1115 Demonstrated Tribal Uncompensated Care Waiver. An improvement in health status through preventative and specialty services will decrease the chance of AI/AN uninsured individuals developing a disability in the future.

Table 8 illustrates the overall cost neutrality and cost avoidance based on using the Medicaid expansion allotment for AI/AN individuals combined with a disability diversion model. Table 8 compares these savings to the cost of supplemental payments that would be provided to IHS and 638 providers to allow the providers to expand, develop and sustain programs and services to AI/AN individuals.

Table 8	DY 2017	DY2018	DY 2019	DY 2020	DY 2021	Totals
FEDERAL SHARE						
Disability Prevention of 143 individuals (IHS and 638 Based Services -100% FMAP)	$794,867	$883,124	$981,181	$1,090,125	$1,211,165	$4,960,462
Disability Prevention of 143 individuals (Regular Medicaid Services 50% FMAP)	$1,589,734	$1,766,248	$1,962,361	$2,180,249	$2,422,330	$9,920,923
Medicaid Expansion (Federal Share)	$13,259,902	$12,851,905	$12,715,906	$12,443,908	$12,239,910	$63,511,531
Total Federal Funding Available for Waiver	**$15,644,504**	**$15,501,278**	**$15,659,448**	**$15,714,282**	**$15,873,405**	**$78,392,916**
1115 Waiver Costs (Facility Based Payments to IHS and 638) (100% FMAP)	$15,627,348	$15,438,776	$15,252,479	$15,068,430	$14,886,602	$76,273,634
Cost Neutrality -- Variance	**$17,156**	**$62,502**	**$406,969**	**$645,852**	**$986,803**	**$2,119,282**

Payment Methodology for the Demonstration:

This Demonstration will be limited to IHS and contracted 638 providers on the Wind River Reservation.

Payment Methodology:

The methodology outlined below will be used to calculate an annual aggregate supplemental payment that will be made to participating IHS and tribal providers at 638 facilities. The payment amount to each facility will be based on the proportion of the total reported uninsured population (as determined from data provided by the National Indian Health Board) seen by each participating provider. The total cost of care for each uninsured individual will be calculated based on a three (3) year rolling average annual per member per year cost of services for Medicaid clients served by the same providers. The cost of services rendered to Medicaid clients is representative of the costs and utilization expected to be incurred by all uninsured tribal members receiving services through these same providers.

Annual calculation

1. Total number of AI/AN uninsured population (per NIHB Summary Report) _____

2. Three (3) year rolling average annual cost per Medicaid member X_____

Total Aggregate of Prospective Uncompensated Care Payments _____

Determining Payment to facility

3. Number of uninsured clients served at each facility _____

4. Total number of uninsured seen at all facilities /_____

Percentage of the total uninsured population served _____

5. Percentage of the total uninsured population served by the facility _____
6. Total annual aggregate of prospective uncompensated care payments X_____

Total payment to each facility _____
(Quarterly payments will be distributed)

IHS and providers operating qualifying tribal 638 facilities will be required to enter into a contract with the State of Wyoming to provide data on a quarterly basis prior to payment distribution. Data will be used to establish baseline trends and evaluate the impact of the waiver program on access to medically necessary services, increased capacity for specialty service delivery, expanded operational hours, increased staff/specialty services, and reduction in referred health costs/contract health services (# of people who received contract health funding and type of services).

Payments to a contract provider will not be processed and distributed until all required data is submitted to the State verifying services and supporting reported volumes. The State will also require through its executed contract with each participating provider that the accuracy of the data submitted be confirmed by authorized signature prior to final submission.

Quality Assurance, Evaluation & Reporting

The expected outcome of the 1115 Tribal Uncompensated Care Waiver program is to promote each facility's longstanding viability and allow for the required financial resources to increase service capacity, expand operating hours, increase available clinical staff and globally improve access to needed healthcare services.

Wyoming Medicaid staff will conduct evaluations of the providers for the Demonstration consistent with CMS recommended components of a state evaluation plan for the uncompensated care waiver. Similarly, annual and final reports will include recommended components for reports on state evaluations the waiver Demonstrations as recommended by CMS.

The evaluation will be conducted under the supervision of Wyoming Medicaid by a third party entity and will include the following components:

Information about the Demonstration

- Introduction and history of the Demonstration project
- Summary of requirements of special terms and conditions of the Demonstration
- Purposes, aims, objectives, and goals of the Demonstration

Evaluation Design

- Management/coordination of the evaluation
- Performance measures
- Minimum data set for hypothesis parameters
- Data sources for the above measures
- Integration of earlier evaluation findings and recommendations

- Plan for analysis, to include: Evaluation of performance, outcomes, limitations/challenges/opportunities, successes/best practices, interpretations/conclusions, revisions to strategy or goals, and recommendations and implications at the state and national levels

Evaluations and Reports to be provided

- Annual and Final Report

Section VII – List of Proposed Waiver and Expenditure Authorities

This section should include a preliminary list of waivers and expenditures authorities related to title XIX and XXI authority that the State believes it will need to operate its Demonstration.

Q1 & Q2. Provide a list of proposed waivers and expenditure authorities and describe why the state is requesting the waiver or expenditure authority, and how it will be used.

Statewide Operation

To the extent necessary, the State requests that current authority waiver Section 1902 (a)(1) of the Social Security Act (the ACT), 42 CFR 431.50, state wideness and comparability, be extended to the uncompensated care payment program contained in this request.

Freedom of Choice

To enable the state to restrict freedom of choice of provider by offering benefits only through Indian Health Services and other qualifying 638 tribal health facilities in a manner not authorized by section 1932 of the Social Security Act (the Act).

Title XIX – Costs Not Otherwise Matchable (CNOM)

Uncompensated Care for Tribal Health Facility Program: Expenditures for supplemental payments to Indian Health Service (IHS) and the Northern Arapaho Tribe and Eastern Shoshone Tribe operating health facilities under the Indian Self Determination and Education Assistance Act 638 authority for uncompensated care costs will be matched at 100% FMAP. This promotes the objectives of Title XIX by increasing access to, stabilizing and strengthening the services to Wyoming's American Indians receiving services from the providers, to improve health outcomes for Medicaid and low income populations utilizing these facilities. By legislative authority and on agreement from Tribes and IHS, administrative costs to implement and continue program will be paid by the Northern Arapaho Tribe, the Eastern Shoshone Tribe and the IHS with each providing an equal share of this amount.

Section VIII – Public Notice

This section should include information on how the State solicited public comment during the development of the application in accordance with the requirements under 42 CFR 431.408.

Q1. Start and end dates of the state's public comment period (if additional space is needed, p l e ase supplement your answer with a Word attachment); November 16, 2015- December 16, 2015

Q2. Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS (if additional space is needed, please supplement your answer with a Word attachment); See Appendix F

Q3. Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted (if additional space is needed, please supplement your answer with a Word attachment); See Appendix F

Q4. Certification that the state used an electronic mailing list or similar mechanism to notify the public. (If not an electronic mailing list, please describe the mechanism that was used. If additional space is needed, please supplement your answer with a Word attachment); See Appendix F

Q5. Comments received by the state during the 30-day public notice period (if additional space is needed, please supplement your answer with a Word attachment); See Appendix F

Q6. Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application (if additional space is needed, please supplement your answer with a Word attachment); and See Appendix F

Q7. Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation (if additional space is needed, please supplement your answer with a Word attachment).

Tribal discussions began in late 2014. Regularly scheduled waiver workgroup meetings, comprised of tribal representatives, began in July 2015 to present.

A Tribal Leadership Advisory Council was formed and met quarterly to discuss tribal issues as well as the 1115 Tribal Uncompensated Care Waiver Demonstration. As required by Section 1115 of the Social Security Act (the Act), Wyoming Medicaid will conduct two (2) public hearings.

With unanimous support of the two (2) federally recognized Tribes and IHS in the State of Wyoming, the period for public comment and tribal consultation was closed December 16, 2015 (See Appendix F)

Tribal Workgroup Meetings
July 15, 2015
July 28, 2015
August 18, 2015
September 01, 2015
September 15, 2015
September 29, 2015
October 13, 2015

November 4, 2015
December 8, 2015
December 22, 2015

Tribal Workgroup Membership – Two (2) Tribal healthcare leadership members from Eastern Shoshone, Two (2) Tribal healthcare leadership members from Northern Arapaho, One (1) Tribal healthcare leadership member from IHS, Three (3) Wyoming Department of Health Staff, additional members by invite

Tribal, State & CMS Meetings
April 7, 2014
August 13, 2014
August 20, 2014
August 26, 2014
August 07, 2015
August 21, 2015
September 02, 2015

Tribal Leadership Advisory Council Meetings
August 13, 2015
November 30, 2015

Public Comment Hearings
November 30, 2015 - in person
December 1, 2015 - in person
December 8, 2015 - telephonic

Section IX – Demonstration Administration

Please provide the contact information for the State's point of contact for the Demonstration application.

Amy Guimond, Tribal Waiver Manager
(307) 777-3427
amy.guimond@wyo.gov

Lindsey Schilling, Operations Administrator
(307) 777-6032
Lindsey.schilling@wyo.gov

Appendix A

Claiming Protocol

Appendix A

Tribal Health Program for Uncompensated Care Claiming Protocol

A prospective payment will be determined annually and supplemental payments will be issued when facility or tribe has sent in summary of outcomes on a quarterly basis. Supplemental payments will be made from the date of CMS approval of the Demonstration for a five (5) year period.

Using the methodology, the state shall make supplemental payments to IHS and tribal health facilities operating under the Indian Self Determination and Education Assistance Act 638 authority for uncompensated care costs to IHS eligible individuals for primary and preventative care services included in Wyoming's Medicaid State Plan.

Provider Claiming Methodology

1. Participating provider health facilities shall track qualifying uncompensated encounters by utilizing a tracking document or other electronic meant to record the following:
    - Service Provided
    - Date of Service
    - Tribal Affiliation (Northern Arapaho, Eastern Shoshone, Other, IHS eligible but not a member of tribe)

2. Participating provider health facilities shall maintain existing policies for pursuing third party liability and shall have procedures to ensure that members who have a third party liability are not considered uninsured.

3. Participating provider health facilities shall submit to Wyoming Division of Healthcare Financing, Medicaid, on a quarterly basis, the following:

    a) Total number of uninsured members served – Number of unique uninsured members

    b) Total number of unique individuals served by other funding sources such as Medicaid, Medicare, CHIP, Tricare, third party or marketplace insurance

    c) Total number of encounters provided to uninsured members

    d) Total number of encounters provided to insured members

    e) Average number of encounters per uninsured member

    f) Average number of encounters per insured member

    g) Types of services provided to members – by category
        - Preventative
        - Clinical – Medical
        - Clinical – Behavioral Health

- Optometric
- Dental
- Pharmacy
- In clinic therapies - physical therapy, speech, occupational (rehabilitative), and
- Dialysis (health maintenance)

h) Types of specialty services provided to members by category
   - Health education
   - Health initiatives
   - Home health services (including home based therapies)
   - Non-emergent transportation
   - School health clinics
   - Special populations clinics
   - Community outreach
   - Nutrition
   - Community/Public Health
   - Promotion, health advocacy, and self-care management,
   - Integrative medicine (promotion of mainstream and conventional health care practices with alternative e.g., traditional Native American wellness approaches)
   - Other:

i) Total dollar amount of payment by type of other funding source (Medicare, Medicaid, CHIP, VA, Marketplace, IHS funding and Third Party)

   If IHS pays for PRC services outside of Tribal Health facilities the data information would come from IHS. If PRC is managed and paid through a Tribal health facility not including HIS, the data would come from the Tribal facility that referred and paid for service. The PRC money is separate from the money received by the facilities from IHS.

j) Total cost of Purchased and Referred Care services paid for by IHS

k) Type of services provided through Purchased and Referred Care
   - Inpatient hospital
   - Ground ambulance
   - Air Ambulance
   - Outpatient services
   - Surgeries
   - Other:

l) Total # of unique members who were referred outside of IHS or 638 qualifying facility through the Purchased and Referred Care program

m) Total # of referrals made through the Purchased and Referred Care program

n) Total number of employed staff by hours (the facilities will start with a baseline)

- Full-time hours
  - Clinical/professional staff
  - Ancillary staff (administrative/office staff, enrollment staff, receptionists)
- Part-time hours
  - Clinical/professional staff
  - Ancillary staff (administrative/office staff, enrollment staff, receptionists)
- Contract hours
  - Clinical/professional staff
  - Ancillary staff (administrative/office staff, enrollment staff, receptionists)

o) Were you able to increase the number of hours worked? If so in what service category?

p) Were you able to maintain or expanded operation hours? If so explain.

q) Submit any challenges, strategies, successes and/or best practices determined during the reporting period

State Payment Process

1. Wyoming Division of Healthcare Financing will process the reports from each provider delivered at their qualifying health facilities and submit to CMS, within 60 days after the end of each quarter, a Quarterly Uncompensated Care Report specifying amount of supplemental payments, broken down per each facility. The submission will also include a summary page totaling supplemental payment and any third party payments received by facility.

2. The state shall make supplemental payments to each qualifying provider for their qualifying facilities based on the prospective amount determined annually. The payment amount for each facility will be based on the proportion of the total reported uninsured population (as determined from data provided by the National Indian Health Board) seen by each participating provider.

3. The providers and their qualifying facilities must maintain documentation to support reporting for supplemental payments and provide to the state and CMS upon request.

4. The state may claim federal matching funding for supplemental payments to IHS and tribal health facilities at the 100 percent FMAP rate.

5. Wyoming Division of Healthcare Financing shall send an invoice to IHS and participating tribal health facilities for costs accrued by the state for administrative duties of the Demonstration.

Annual calculation

1. Total number of AI/AN uninsured population

(per NIHB Summary Report) _____

2. Three (3) year rolling average annual cost per Medicaid recipient

X_____

Total Aggregate of Prospective Uncompensated Care Payments _____

Determining Payment for facility services

3. Number of uninsured clients served at each facility _____
4. Total number of uninsured seen at all facilities / _____

Percentage of the total uninsured population served _____

5. Percentage of the total uninsured population served by the facility _____
6. Total annual aggregate of prospective uncompensated care payments X_____

Total payment to each provider for facility services _____

(Quarterly payments will be distributed)

Appendix B

Quarterly Report

Appendix B

Quarterly Report (submitted to state by tribal facilities)

Facility Name	
Tribal Affiliation	

Individual Counts, Funding Source and Expenditures

Time Period			
Resource category	**# of unique patients**	**# of encounters**	**Total dollar amount**
No 3rd party insurance			
MCR only			
MCD only			
Private insurance or Marketplace only			
MCR+MCD			
MCR +MCD+PI			
MCR +PI			
MCD+PI			
IHS Funding			
Totals			

Services

Types of Services - Traditional		**Type of Services - Specialty**	
	Preventative		Health Education
	Clinic - Medical		Health Initiatives
	Clinic – Behavioral Health		Nutrition
	Optometric		Community Outreach
	Dentist		School Health Clinics
	Pharmacy		Non-Emergent Transportation
	In clinic therapies (physical, speech and occupational)		Home Health Services – including home based therapies
	Dialysis		Community/Public Health
			Promotion, Health Advocacy, and Self-care Management
			Integrative medicine (promotion of mainstream and conventional health care practices with alternative e.g., traditional Native American wellness approaches)
			Other:

Purchased and Referred Care

Purchased and Referred Care	
Type of Service	
	Inpatient Hospital
	Ground Ambulance
	Air Ambulance
	Outpatient Services
	Surgeries
	Other:

Purchased and Referred Care

Referrals	Total
Total # of referrals made through Purchased and Referred Care	
Total # of Unique Members referred Through Purchased and Referred Program	
Total Cost of Purchased and Referred Care	

Increase Staffing and Capacity to Provide Services

Employed Staffing hours	Total # of hours
Full-time Staff Hours	
Clinical/Professional Staff (therapists, physicians, dentists, opticians, nurses, case managers, etc – those providing direct care services)	
Ancillary Staff (administrative/office staff, enrollment staff, receptionists –those in support of direct services)	
Part-time Staff Hours	
Clinical/Professional Staff	
Ancillary Staff	
Contract Staff Hours	
Clinical/Professional Staff	
Ancillary Staff	
Total Staffing Hours	

Is this an increase from last quarter? ____yes _____no

If so in what category of service was the increase? _____

Were you able to expand or maintain hours? _____

Submit any challenges, strategies, successes and/or best practices during the reporting period.

_____

_____

ATTESTATION

Agency			
Address			
Report Period		to	
Administrator			
Telephone Number			
Contact Name (if different)			
Telephone Number			
Provider Number or Numbers			

I declare and affirm under the penalties of perjury that this report and all statements have been examined by me and, to the best of my knowledge and belief, is in all things a true and accurate statement of the information requested and submitted to the Wyoming Department of Health. I understand that any payment resulting from this report will be from Federal funds, and that any false statements or documents, or the concealment of a material fact, maybe be prosecuted under applicable Federal and State laws. I also understand that all information in this report and all attachments may be subject to a completed audit and verification by the Wyoming Department of Health, Department of Social Services and/or by the United State Department of Health and Human Services. I will keep all records, books and information pertaining to the provisions of providing services for a period of six years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

_____

Signature & Title of Owner/Administrator or Preparer

Dated this _____day of _____(month), _____(year)

Appendix C

Benefits Specifics and Provider Qualifications

Appendix C

Benefits Specifications and Provider Qualifications

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this Formby providing a description of the amount, duration, scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

This is a supplemental payment to Indian Health Services, the Northern Arapaho Tribe and the Eastern Shoshone Tribe (herein referred to as providers) for uncompensated care. Questions do not apply for this reason. Participation for this Demonstration is limited for services provided at provider qualifying facilities operated with Indian Health Service or 638 funding.

Name of Benefit or Service:

Scope of Scope of Benefit/Service, including what is provided, what qualifying facility can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amount: _____ per ☐Day ☐Week ☐Month ☐Year

☐Other, describe:

Duration of Benefit/Service: Describe any limitations on the duration of the service under the Demonstration:

Day(s)	
Week(s)	
Month(s)	
(Other)	

Authorization Requirements: Describe any prior, concurrent or post authorizations requirements, if any:

Provider Specifications and Qualifications: Indian Health Service,, Northern Arapaho Tribe and Eastern Shoshone Tribe through their Wind River Service Unit and 638 qualifying facilities operated by the providers
Provider Category(s):

☐ Individual (list types) ☐ Agency (list types of agencies)

The service may be provided by a:

☐ Legally Responsible Person ☐ Relative/Legal Guardian

Description of allowable providers:

Specify the types of providers of this benefit or service and their required qualifications:

1. Provider Type:
   License Required: ☐ Yes ☐ No
   Certification Required: ☐ Yes ☐No
   Describe:
   Other Qualifications Required for this Provider Type (please describe):
2. Provider Type:
   License Required: ☐ Yes ☐ No
   Certification Required: ☐ Yes ☐No
   Describe:
   Other Qualifications Required for this Provider Type (please describe):
3. Provider Type:
   License Required: ☐ Yes ☐ No
   Certification Required: ☐ Yes ☐No
   Describe:
   Other Qualifications Required for this Provider Type (please describe):
4. Provider Type:
   License Required: ☐ Yes ☐ No
   Certification Required: ☐ Yes ☐No
   Describe:
   Other Qualifications Required for this Provider Type (please describe):

Appendix D

Demonstration Financing Form

Appendix D

Demonstration Financing Form

Please complete this form to accompany Section VI of the application in order to describe the financing of the Demonstration.

The State proposes to finance the non-federal share of expenditures under the Demonstration using the following (please check all that are applicable):

☐ State General Funds

☐ Voluntary intergovernmental transfers from governmental entities. (Please specify and provide a funding diagram in the narrative section – Section VI of the application).

☒ Voluntary certified public expenditures from governmental entities. (Please specify and provide a funding diagram in the narrative section – Section VI of the application). **There is not a cost to the State of Wyoming to implement and continue the waiver. By legislative authority and agreement from the sovereign Northern Arapaho Tribe, Eastern Shoshone Tribe and the IHS, who will share equally in the payment of administrative costs when participating in this waiver.**

☐ Provider taxes. (Provide description the narrative section – Section VI of the application).

☐ Other (If the State is interested in other funding or financing arrangements, please describe. Some examples could include, but are not limited to, safety net care pools, designated state health programs, Accountable Care Organization-like structures, bundled payments, etc.)

Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State Plan. To ensure that program dollars are used only to pay for Medicaid services, we are asking States to confirm to CMS that providers retain 100 per cent of the payments for services rendered or coverage provided.

Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, DRG, DSH, fee schedule, global payments, supplemental payments, enhanced payments, capitation payments, other), including the Federal and non-Federal share (NFS)?

☒ Yes ☐ No

If no, provide an explanation of the provider payment arrangement.

Do any providers (including managed care organizations [MCOs], prepaid inpatient health plans [PIHPs] and prepaid ambulatory health plans [PAHPs]) participate in such activities as intergovernmental transfers (IGTs) or certified public expenditure (CPE) payments, or is any portion of payments are returned to the State, local governmental entity, or other intermediary organizations?

☐ Yes ☒ No

If providers are required to return any portion of any payment, please provide a full description of

the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount of percentage of payments that are returned, and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.).
Please indicate the period that the following data is from.

Section 1902(a) (2) provides that the lack of adequate funds from other sources will not result in the lowering of the amount, duration, scope, or quality of care and services available under the plan.

Please describe how the NFS of each type of Medicaid payment (normal per diem, DRG, fee schedule, global, supplemental, enhanced payments, capitation payments, other) is funded.
There is no NFS portion.

Please describe whether the NFS comes from appropriations from the legislature to the Medicaid agency, through IGT agreements, CPEs, provider taxes, or any other mechanism used by the State to provide NFS. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. **N/A**

Please provide an estimate of total expenditures and NFS amounts for each type of Medicaid payment. Please indicate the period that the following data is from: **N/A**

If any of the NFS is being provided using IGTs or CPEs, please fully describe the matching arrangement, including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. **N/A**

If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for Federal matching funds is in accordance with 42 CFR 433.51(b). **N/A**

For any payment funded by CPEs or IGTs, please provide the following, and indicate the period that the data is from:

Name of Entity Transferring/ Certifying Funds	Type of Entity (State, County, City)	Amount Transferred or Certified	Does the entity have taxing authority?	Did the entity receive appropriations?	Amount of appropriations

Section 1902(a) (30)(A) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a) (1) and 2105(a)(1) provide for Federal financial participation to States for expenditures for services under an approved State Plan. If supplemental

or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type, and indicate the time period that that the data is from.

Provider Type	Supplemental or Enhance Payment Amount
IHS or other 638 qualifying Tribal facility	Total of one year cost – 15,627,348

Please provide a detailed description of the methodology used by the State to estimate the upper payment limit for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated).

Does any governmental provider or contractor receive payments (normal per diem, DRG, fee schedule, global, supplemental, enhanced, and other) that, in the aggregate, exceed its reasonable costs of providing services?

☐ Yes ☒ No

If yes, provide an explanation.

In the case of MCOs, PIHPs, PAHPs, are there any actual or potential payments which supplement or otherwise exceed the amount certified as actuarially sound as required under 42 CFR 438.6(c)? (These payments could be for such things as incentive arrangements with contractors, risk sharing mechanisms such as stop-loss limits or risk corridors, or direct payments to providers such as DSH hospitals, academic medical centers, or FQHCs.)

☐ Yes ☐ No ☒ Not Applicable

If so, how do these arrangements comply with the limits on payments in §438.6(c)(5) and §438.60 of the regulations?

If payments exceed the cost of services (as defined above), does the State recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report? N/A

☐ Yes ☐ No

Use of other Federal Funds

Are other federal funds, from CMS or another federal agency, being used for the Demonstration program? ☐ Yes ☒No

If yes, provide a list below of grants the State is receiving from CMS or other federal agencies. CMS must ensure these funds are not being used as a source of the non-federal share, unless such use is permitted under federal law. In addition, this will help to identify potential areas of duplicative efforts and highlight that this demonstration is building off of an existing grant or program.

Source of Federal Funds	Amount of Federal Funds	Period of Funding

Appendix E

Budget Neutrality Form

Appendix E

Budget Neutrality Form

Section 1115 Medicaid Demonstrations should be budget neutral. This means the Demonstration cannot cost the federal government more than what would have otherwise been spent absent the Demonstration. In this section, the state must provide its explanation of how the Demonstration program will achieve budget neutrality and the data to support its rationale.

New Demonstration Request: The following form provides guidance on some of the most commonly used data elements for demonstrating budget neutrality. CMS is available to provide technical assistance to individual states to identify any other elements needed to demonstrate budget neutrality for their specific request. Use the accompanying Excel Workbook to submit supporting data, following the instructions below. All expenditure totals in the Excel Workbook are total computable expenditures (both federal and state shares combined), unless indicated otherwise.

I. Without- and With-Waiver Projections for Historical Medicaid Populations

A. Recent Historical Actual or Estimated Data

Provide historic data, actual or estimated, for the last five years pertaining to the Medicaid Populations or sub-Populations (Populations broken out by cost categories) in the Demonstration program.

The "Historical Data" tab from the Table Shell contains a structured template for entering these data. There are slots for three Medicaid Populations; more slots should be added as needed. The year headers "HY 1," "HY 2," etc., should be replaced with the actual historical years.

The Medicaid Populations submitted for budget neutrality purposes should correspond to the Populations reported in Section II. If not identical, a crosswalk must be provided that relates the budget neutrality Populations to the Section II populations. Use the tables below to provide descriptions of the populations defined for budget neutrality, and the cross-walk to Section II.

States that are submitting amendments or extension requests and that wish to add new Medicaid populations can use the "Historical Data" tab to provide 5 years of historical data for the new populations. N/A – this is a supplemental payment to facilities for uncompensated care

opulation/Sub-Population Name:	Uninsured AI/AN qualifying for services at IHS
Brief Description	Those individuals meeting IHS guidelines with no insurance and no means to obtain it.
Relationship to Section II	Same population

Population/Sub-Population Name:	

Brief Description	
Relationship to Section II	

Population/Sub-Population Name:	
Brief Description	
Relationship to Section II	

Population/Sub-Population Name:	
Brief Description	
Relationship to Section II	

Explain the sources and methodology used for the actual and/or estimated historical data. If actual data have been provided, explain the source of the data (MMIS data, other state system Medicaid data, other program data, etc.) and the program(s) and source(s) of program funding that the data represent. Indicate if the data represent all Medicaid expenditures for the population. For example, are they inclusive of long-term care expenditures? Were the expenditures reported on the CMS-64? If the data provided are a combination of actual and estimated data, provide the dates pertaining to each type of data. If any of the data are estimated, provide a detailed explanation concerning how the estimated data were developed.

Historical MMIS fee-for-service and encounter claim data was utilized as a source of the historical data figures. The data was pulled by unduplicated individuals using program codes and "race code" indicators set to run against fee-for-service and encounter claims. Clients with SSI/ABD program codes were excluded from Non-Disabled AI/AN population counts. Historical data was pulled from paid claims based on service dates.

B. Bridge Period

Based on the ending date of the most recent year of historic data and the proposed Demonstration implementation date, a bridge period will apply to this proposal. Estimates of Demonstration costs must be trended across this bridge period when calculating the projected first year of PMPM costs without the waiver.

In the blanks below, enter the last day of the most recent historical year, and the last day of the year immediately preceding the first Demonstration Year. The number of months between these dates is the length of the bridge period. Depending on the length of the available historical data series and data quality, each demonstration population could have its own unique bridge period.

Enter the number of months in the bridge period in the "WOW" tab of the Excel Workbook, in the grayed cell under "MONTHS OF AGING." The spreadsheet is programmed to project Demonstration Year PMPM expenditures and member month totals using historical trend rates and the length of bridge period, and assumes that the same bridge period applies to all calculations.

Applicants should feel free to alter these programming features as needed.

Demonstration Bridge Period: 7/1/2015 to 6/30/2016

C. Without-Waiver Trend Rates, PMPM costs and Member Months with Justification

The WOW tab of the Excel Workbook is where the state displays its projections for what the cost of coverage for included Medicaid populations would be in the absence of the demonstration. A block of cells is provided to display the WOW estimates for each Medicaid population specified. Next to "Pop Type," the correct option should be selected to identify each group as a Medicaid population.

The workbook is programmed to project without-waiver (WOW) PMPM expenditures and member months using the most recent historical data, historical enrollment and per capita cost trends, and the length of bridge period specified. CMS policy is to use the lower of the state's historical trends and President's Budget trends to determine the WOW baseline.

Note that the workbook includes a projected Demonstration Year 0 (DY 00), which is an estimate of the last full year immediately prior to the projected demonstration start date. DY 00 is included to provide a common "jumping off point" for both WOW and with waiver (WW) projections.

D. Risk

CMS will provide technical assistance to states to establish an appropriate budget neutrality methodology for their demonstration request. Potential methodologies include:

PER CAPITA METHOD: The state will be at risk for the per capita (PMPM) cost of individuals served by the Demonstration, to the extent these costs exceed those that would have been incurred absent the Demonstration (based on data shown and to be agreed to above). The state shall be at risk to repay CMS for the federal share of any costs in excess of the "Without Demonstration" cost, based on historical data shown above, which are the sum of the estimated PMPM costs times the number of member months by Population. The state shall not be at risk for the number of member months of participation in the Demonstration, to the extent that they may increase above initial projections.

Per Capita Method:
The State has used calculated experience PMPMs to establish a cost per individual. The State does not anticipate the Demonstration exceeding determined costs.

AGGREGATE METHOD: The state will be at risk for both the number of member months used under the Demonstration, as well as the per capita cost for Demonstration participants; to the extent these exceed the "without waiver" costs and member months that are agreed to based on the data provided above.

E. Historical Medicaid Populations: With-Waiver PMPM Cost and Member Month Projections

The "WW" tab of the Excel Workbook is for use by the State to enter its projected WW PMPM cost and member month projections for historical populations. In general, these can be different from the proposed without-waiver baseline. If the State's demonstration is designed to reduce

PMPM costs, the number of member months by category and year should be the same here as in the without-waiver projection. (This is the default formulation used in the Excel Workbook.)

F. Justification for With-Waiver Trend Rates, PMPM Costs and Member Months

The State must provide below a justification for the proposed with-waiver trend rate and the methodology used by the State to arrive at the proposed trend rate, estimates of PMPM costs, and number of member months.

The with-waiver Trend Rates, PMPM Costs and Member Months were developed as a preliminary estimate of the with-waiver program. The State developed the budget neutrality projections including trend rates, PMPM costs and member months using fee-for-service, encounter and financial data. The data covers the five year period of July 1, 2011 through June 30, 2015 (SFY11-SFY15). The historical data is broken up into two different populations (AI/AN SSI/ABD Disabled population and Non-Disabled AI/AN population). Only unique individuals and member months for each group were counted.

II. Cost Projections for New Populations

This section is to report cost projections for new title XIX Populations. These could be Populations or sub-Populations that will be added to the state's Medicaid program under the Demonstration, including "Expansion Populations" that are not provided for in the Act but are created under the Demonstration.

In the table below, list all of the New Populations and explain their relationship to the eligibility groups listed in Section II. N/A – this is a supplemental payment to facilities for uncompensated care

Population Name		Brief Description	Cross-Walk to Section II
Uninsured AI/AN		Uninsured individuals eligible for services at IHS.	Same population

Justification for New Populations' Trend Rate, PMPM and Member Month Projections

The state must provide below a justification for the proposed trend rate, estimates of PMPM costs, and number of member months for new populations, including a description of the data sources and estimation methodology used to produce the estimates. Historical data provided to support projections for new populations can be displayed in the Excel Workbook's Historic Data tab.

New Population:

PMPM for the program cost calculation was based on a three-year rolling history of per member per month costs paid to IHS or qualifying Tribal health facilities (See Table 4) using SFY13-SFY15. This PMPM of $2,508 was then multiplied by the number of uninsured individuals obtained from data U.S. Census, American Community Survey Factfinder data. The historical information detailing trending rates for SFY11-SFY15 were used to determine future costs and increases for the 1115 Demonstration waiver. Member months were based on the number of uninsured multiplied by twelve months. Prevalence of disability numbers

for the State of Wyoming and AI/AN population were also obtained from the U.S. Census, American Community Survey Factfinder data. Calculations using all of these sources and identified numbers were used to determine program costs, budget neutrality and cost avoidance.

Some state proposals may include populations that could be made eligible through a State plan amendment, but instead will be offered coverage strictly through the Demonstration. These populations are referred to as "hypotheticals" and CMS is available to provide technical assistance to states considering whether a Demonstration population could be treated as a hypothetical population.

III. Disproportionate Share Hospital Expenditure Offset

Is the state is proposing to use a reduction in Disproportionate Share Hospital (DSH) Claims to offset Demonstration costs in the calculation of budget neutrality for the Demonstration? N/A

☐ Yes ☐ ☒No

If yes, the state must provide data to demonstrate that the combination of Demonstration expenditures and the remaining DSH expenditures will not exceed the lower of the state's historical DSH spending amount or the state's DSH Allotment for each year of the Demonstration. The state may provide Adjusted DSH Claim Amounts if additional DSH claims are pending due to claims lag or other reasons.

In the DSH tab of the Excel Workbook, enter the state's DSH allotments and actual DSH spending for the five most recent Federal fiscal years in Panel 1. All figures entered should represent the federal share of DSH allotments and spending.

Provide an explanation for any Adjusted DSH Claim Amounts:

In Panel 2 of the Excel Workbook, enter projected DSH allotments for the federal fiscal years that will overlap the proposed Demonstration period, and in the following row, enter projections for what DSH spending would be in the absence of the demonstration. All figures entered should represent the federal share of DSH allotments and spending.

The Excel Workbook is set up to allow for the possibility that Demonstration Years will not coincide with federal fiscal years. If this is the case, and the Demonstration is proposed to last for five full years, then the Demonstration will be in existence for parts of six federal fiscal years. FFY 00 is the federal fiscal year during which the Demonstration is proposed to begin, and FFY 05 is the federal fiscal year that contains the Demonstration's proposed end date. CMS encourages states that use DSH diversion in their budget neutrality model to define Demonstration Years so that they align with the Federal fiscal years. (If Demonstration Years do align with Federal fiscal years, it is not necessary to populate the column for FFY 00.)

In Panel 3 of the Excel Workbook, the rows are set up to be used as follows. All amounts entered in Panel 3 are Federal share.

- State DSH Allotment: Formulas in the Excel Workbook automatically enter the same DSH allotment projects as are shown in Panel 2.

- State DSH Claim Amount: Enter the amounts that the state projects will be spent on DSH payments to hospitals for each federal fiscal year that overlaps with the proposed demonstration period.
- Maximum DSH Allotment Available for Diversion: If the state wishes to propose a dollar limit on the amount of potential DSH spending that is diverted each year, enter those amounts here. If no such limit is proposed, leave blank.
- Total DSH Allotment Diverted: The Excel Workbook is structured to populate the cells in this row from amounts entered in Panel 4. CMS's default assumption is that DSH diversion spending will align with the Federal fiscal year DSH allotments based on date of service. The Excel Workbook allocates DSH diversion spending from one or two overlapping Demonstration Years to each Federal fiscal year DSH allotment.
- DSH Allotment Available for DSH Diversion Less Amount Diverted: This row provides a check to ensure that diverted DSH spending does not exceed the Maximum DSH Allotment amount specified by the State. If no Maximum DSH Allotment, delete the formulas in this row.
- DSH Allotment Projected to be Unused: This row provides a check to ensure that the combination of diverted DSH spending plus DSH payments to hospitals does not exceed the DSH allotment each year.

Panel 4 of the Excel Workbook provides space for the state to indicate amounts of DSH diversion spending are planned for each Demonstration Year, and specify how much of that amount is to be assigned to the overlapping Federal fiscal years. DSH diversion spending is entered here as a total computable expenditures. An FMAP rate is needed for each total computable spending amount entered to enable it to be converted into a federal share equivalent that will appear in Panel 3. The amounts shown in the Total Demo Spending From Diverted DSH row automatically appear in the Summary tab in the Without Waiver panel.

Explanation of Estimates, Methodology and Data

IV. Summary of Budget Neutrality

The Excel Workbook's Summary tab shows an initial assessment of budget neutrality for the Demonstration. Formulas are included that reference cells in the WOW, WW, and DSH tabs so that projected WOW and WW expenditures for each category of expenditure appear in tabular form and can be summarized by Demonstration Year, and for the entire proposed duration of the Demonstration. The Variance shown for the entire duration of the demonstration must be non-negative.

As indicated above, spending estimates for Other WOW Categories and Other WW Categories should be entered directly into the Summary tab where indicated.

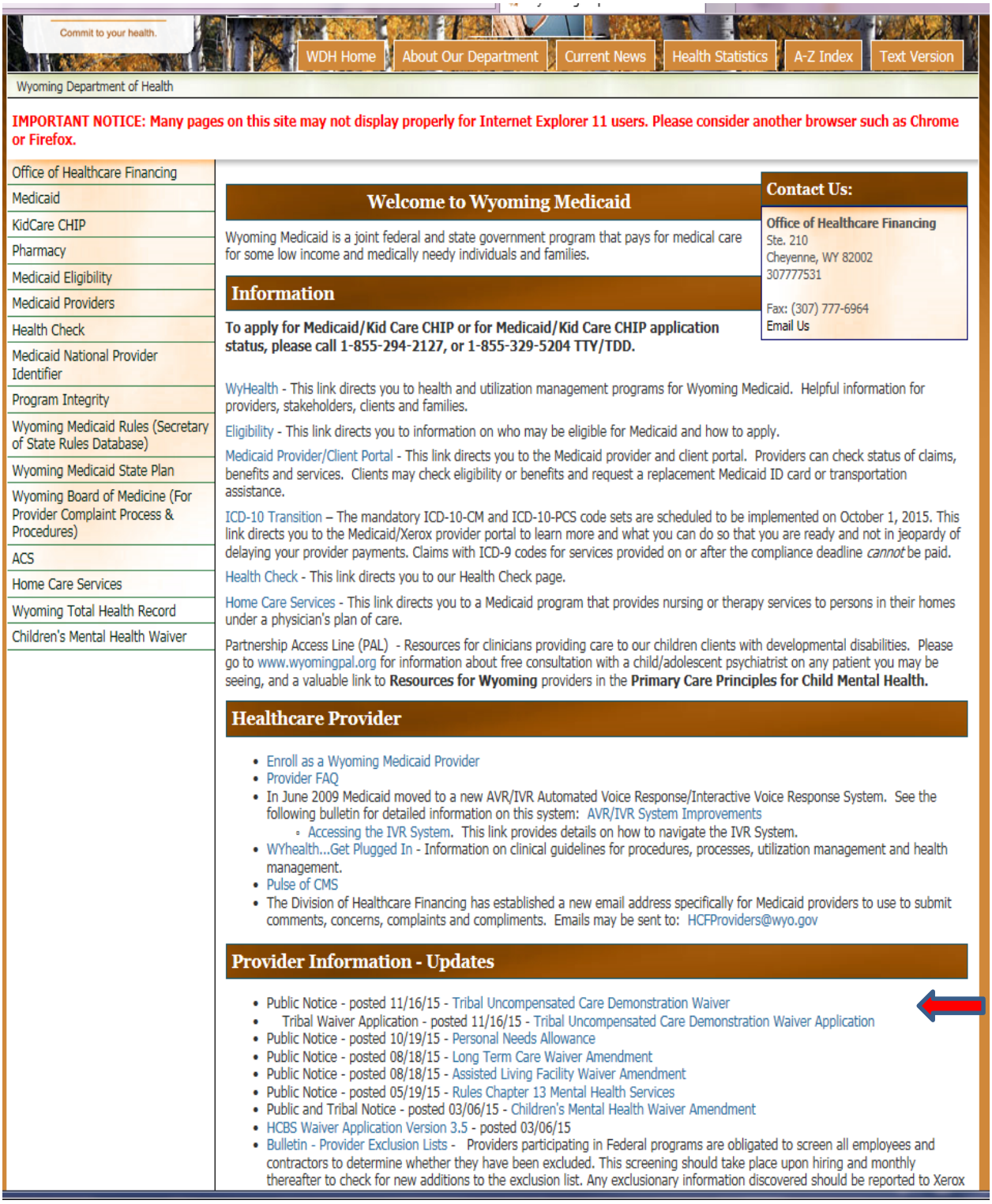
V. Additional Information to Demonstrate Budget Neutrality

Provide any additional information the State believes is necessary for CMS to complete its analysis of the budget neutrality submission.

APPENDIX F

Public Notice

Published on Wyoming Department of Health Website November 16, 2015



Tribal Notice Sent to Tribal Leadership, Tribal Business Councils and Indian Health Services – November 16, 2015

amy guimond <amy.guimond@wyo.gov>

Public Notice for 1115 Demonstration Tribal Uncompensated Care Waiver

amy guimond <amy.guimond@wyo.gov> Mon, Nov 16, 2015 at 8:26 AM
To: ivan.posey@e-shoshone.com, Alice Moore <Alice.moore@ihs.gov>, Burnett Whiteplume <whiteplume@wyoming.com>, Cathy Keene <catherine@esthealth.org>, "Chairman Darwin St. Clair JR - SBC" <Darwin.StClair@e-shoshone.com>, Claudia Russell <claudia@esthealth.org>, Clinton Wagon <cdwagon@e-shoshone.com>, Darrell O'Neal NA <darrell.oneal@northernarapaho.com>, "David Ron McElroy Sr. NA" <dmcelroy@northernarapaho.com>, Dean Goggles <dean@northernarapaho.com>, Debbie Antelope - Staff NA <Debbie.antelope@northernarapaho.com>, Ivan Posey - SBC <iposey@wyoming.com>, Jodie McAdams <jmcadams@e-shoshone.com>, "kathleen. keith@ihs. gov" <kathleen.keith@ihs.gov>, Lanell Vonfeldt <lanell.vonfeldt@ihs.gov>, Nick Harris <rharris@e-shoshone.com>, Norman Willow Sr NA <norman.willow@northernarapaho.org>, Northern Arapaho Tribe <northernarapaho@msn.com>, Richard Brannan NA <Richard.brannan@northernarapaho.org>, Ronald Oldman <ronaldk.oldman@northernarapaho.org>, sheree nall <sheree.nall@wyo.gov>

Good Morning,
The State of Wyoming in collaboration with the Wind River Service Unit (IHS), Eastern Shoshone and Northern Arapaho Tribes has submitted a draft of an 1115 Demonstration Tribal Uncompensated Waiver application for public comment.

Attached is the public notice and waiver application for the Tribal Uncompensated Care Waiver.

The 1115 Demonstration Tribal Uncompensated Care Waiver is intended to financially assist Indian Health Services and Tribal health facilities operating under the Indian Self-Determination and Education Assistance Act (P.L. 93-638) in their critical role as essential health care providers for American Indians and Alaskan Natives on the Wind River Indian Reservation. The proposed Demonstration has been designed as a disability diversion model intended to provide additional financial resources to qualifying facilities as determined eligible for supplemental medical assistance payments for uncompensated care costs.

Sincerely,

Amy Guimond, CPIP
Tribal Waiver Manager
6101 Yellowstone Road, Ste 210
Cheyenne, WY 82009
Phone: 307.777.3427
amy.guimond@wyo.gov

2 attachments

Tribal Public Comment document.pdf
220K

Draft Tribal Uncompensated Care Demonstration Waiver.pdf
1509K

Public Notice Short Version

Public Notice

Public notice is hereby given that the Wyoming Department Health, Division of Healthcare Financing proposes to submit an application to the Centers for Medicare and Medicaid for an 1115 Tribal Uncompensated Care Demonstration Waiver.

The purpose of this Demonstration waiver is to provide supplemental payments to financially assist Wyoming's Tribal Healthcare Programs in their critical role as essential healthcare providers for American Indians/Alaskan Natives in Wyoming. This Demonstration Waiver is budget neutral to the State of Wyoming.

The Department proposes implementation on July 1, 2016 or upon approval by the Centers for Medicare and Medicaid Services (CMS) if after the original stated date.

An expanded version of the public notice and Demonstration waiver application is available for review online at: http://health.wyo.gov/healthcarefin/medicaid/home.html. You can also request a hard copy by telephone at (307) 777-3427 or by writing to:

Division of Healthcare Financing
Attn: Amy Guimond
6101 Yellowstone Rd, Ste. 210
Cheyenne, WY 82002

Conference Calls and In-Person Public Comment Hearing

The State will host three public comment hearings:

- In person public comment hearing November 30, 2015 4:30-5:00PM
  The Inn at Lander 260 Grandview Drive Lander, Wyoming
- In person public comment hearing - December 1, 2015 3:00-3:30PM
  Intertribal Education and Community Center (CWC) 2660 Peck Avenue Rm 116 Riverton, Wyoming
- Statewide Telephonic public comment hearing December 8, 2015

The State will host one conference call on Tuesday, December 8, 2015 9:00 AM to 10 AM to address questions or comments associated with this waiver submission. Please use the following information to join:

Phone: 1-877-278-2734
Pin: 591766

Comments can also be submitted in writing to the following address or email by December 16, 2015:

Amy Guimond
Division of Healthcare Financing, Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
(307) 777-3427
Amy.guimond@wyo.gov

Long Version of Public Notice – Sent to Tribal Leadership, Business Councils, IHS and published to website

Wyoming Department of Health

Commit to your health.
visit www.health.wyo.gov

Thomas O. Forslund, Director **Governor Matthew H. Mead**

PUBLIC NOTICE

Wyoming Department of Health

1115 Tribal Uncompensated Care Demonstration Waiver

Notice is hereby given that the Wyoming Department of Health intends to submit an application for a Section 1115 Tribal Uncompensated Care Demonstration Waiver on or before December 31, 2015 to obtain the required administrative authority to provide supplemental payments to Indian Health Services (IHS) and qualifying 638 Tribal facilities.

The Tribal Uncompensated Care Payment Program is intended to financially assist Wyoming's Tribal Health Programs in their critical role as essential healthcare providers for American Indians/Alaskan Natives in Wyoming. Significant health disparities in the Tribal population exist due to a combination of circumstances including past trauma, disproportionate poverty rates, disproportionate substance abuse and lack of access to culturally competent and affordable healthcare. Forty-five percent of the individuals seen annually by Indian Health Services are uninsured. This ongoing financial shortfall for the cost of uninsured individuals continues to plague the Wind River healthcare delivery system. Despite added revenue of private and governmental healthcare payers, services are underfunded and insufficient to meet the healthcare needs of the tribal residents and other American Indians/Alaskan Natives seeking healthcare from Wyoming's tribal healthcare programs.

Goal of Waiver

This Demonstration waiver will provide financial resources to support the expansion of access to medically necessary healthcare services delivered through IHS and other qualifying 638 facilities to expand primary, preventative and specialty care service capacity. The long-term goal is to slow progression of and in some instances prevent the development of a Supplemental Security Income (SSI) qualifying disease or condition. The supplemental payments for uncompensated costs made to qualifying IHS and 638 facilities will promote each facility's viability and provide financial resources to increase service capacity, expand operating hours, increase available clinical staff and globally improve access to needed healthcare services.

This is not an eligibility waiver. Supplemental payments are limited to Indian Health Services and other qualifying 638 Tribal facilities. This Demonstration waiver is budget neutral for the State of Wyoming.

Impact

The Demonstration is expected to increase access to healthcare by providing supplemental payments to IHS and other qualifying 638 tribal health facilities for uncompensated care.. Supplemental payments used to increase and expand primary, preventative and specialty care are expected to improve the quality of care and help stabilize individuals by addressing healthcare needs as they occur. The areas to be tested in this 1115 Demonstration waiver include:

- The effect of added financial resources on improving service access and utilization as measured by:

- Total number of visits provided to members (by service type, or category of service)
- Types of services provided – specialty services included
- Total # of unique individuals served
- Total # of uninsured individuals served
- Average number of visits per unique individual
- Total by type of other funding sources (Medicare, Medicaid, CHIP, VA, Marketplace and Third Party)

- The effect of added financial resources on improving the facility's financial viability, increasing the volume of primary and preventative care services delivered and the facility's capacity and sustainability for continued service delivery to AN/ANs in Wyoming measure by:
  - Percentage of increase or decrease of services delivered at facility
  - Percentage of increase or decrease of specialty services provided at facility
  - Total number of employed staff (clinical, administrative, full time, part time, contracted, specialty)
  - Were you able to maintain or expanded hours? If so explain.
- The effect of added financial resources on the availability of Purchased and Referred Care (formerly Contract Health Service (CHS)) funding (as applicable to each participating provider) as measured by:
  - Reduction of disparity of death due to cancer
  - Life Expectancy - Average age of death
  - Reduction in disparity of death due to chronic obstructive pulmonary disease
  - Reduction in disparity of death due to diabetes
  - Reduction in disparity of death due to chronic liver disease
  - Reduction in disparity of death due to infant mortality

- The effect of added financial resources on patient outcomes, health disparities and SSI/ABD qualifying disability progression as measured by:
  - Total of Purchased and Referred Care funding
  - Type of services provided
  - Total of referrals funded outside of facility
  - Number of referrals funded

List of Waiver and Expenditure Authorities

This is a preliminary list of waivers and expenditure authorities related to title XIX and XXI authority that the State believes it will need to operate its Demonstration.

Statewide Operation

To the extent necessary, the State requests that current authority waiver Section 1902 (a)(1) of the Social Security Act (the ACT), 42 CFR 431.50, statewideness and comparability, be extended to the uncompensated care payment program contained in this request.

Freedom of Choice

To enable the state to restrict freedom of choice of provider by offering benefits only through Indian Health Services and other qualifying 638 tribal health facilities in a manner not authorized by section 1932 of the Social Security Act (the Act).

Title XIX – Costs Not Otherwise Matchable (CNOM)

Uncompensated Care for Tribal Health Facility Program: Expenditures for supplemental payments to Indian Health Service (IHS) and the Northern Arapaho Tribe and Eastern Shoshone Tribe operating health facilities under the Indian Self Determination and Education Assistance Act 638 authority for uncompensated care costs will be matched at 100% FMAP. This promotes the objectives of Title XIX by increasing access to, stabilizing and strengthening the services to Wyoming's American Indians receiving services from the providers, to improve health outcomes for Medicaid and low income populations utilizing these facilities. By legislative authority and on agreement from Tribes and IHS, administrative costs to implement and continue program will be paid by the Northern Arapaho Tribe, the Eastern Shoshone Tribe and the IHS with each providing an equal share of this amount.

Implementation Schedule

- Publication of public comment notice – November 16, 2015
- Closure of public comment period December 16, 2015
- Submission of 1115 Waiver application to CMS December 16, 2015-December 31, 2015
- Implementation of program – July 2016 with supplemental payments to be paid quarterly thereafter

Conference Calls and In-Person Public Comment Hearing

The State will host three public comment hearings:

- In person public comment hearing November 30, 2015 4:30-5:00PM
  The Inn at Lander 260 Grandview Drive Lander, Wyoming
- In person public comment hearing - December 1, 2015 3:00-3:30PM
  Intertribal Education and Community Center (CWC) 2660 Peck Avenue Rm 116 Riverton, Wyoming
- Telephonic public comment hearing December 8, 2015

The State will host one conference call on Tuesday, December 8, 2015 9:00AM to 10AM to address questions or comments associated with this waiver submission. Please use the following information to join:

Phone: 1-877-278-2784
Pin: 591766

Comments can also be submitted in writing to the following address or email by December 16, 2015:

Amy Guimond
Division of Healthcare Financing, Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
(307) 777-3427
Amy.guimond@wyo.gov

Copies of the final 1115 Demonstration waiver application will be made available online at http://health.wyo.gov/healthcarefin/medicaid/home.html. Paper copies may be obtained directly from the Department of Health, Division of Healthcare Financing. To obtain a copy of the document, contact:

Amy Guimond
Division of Healthcare Financing, Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
(307) 777-3427
Amy.guimond@wyo.gov

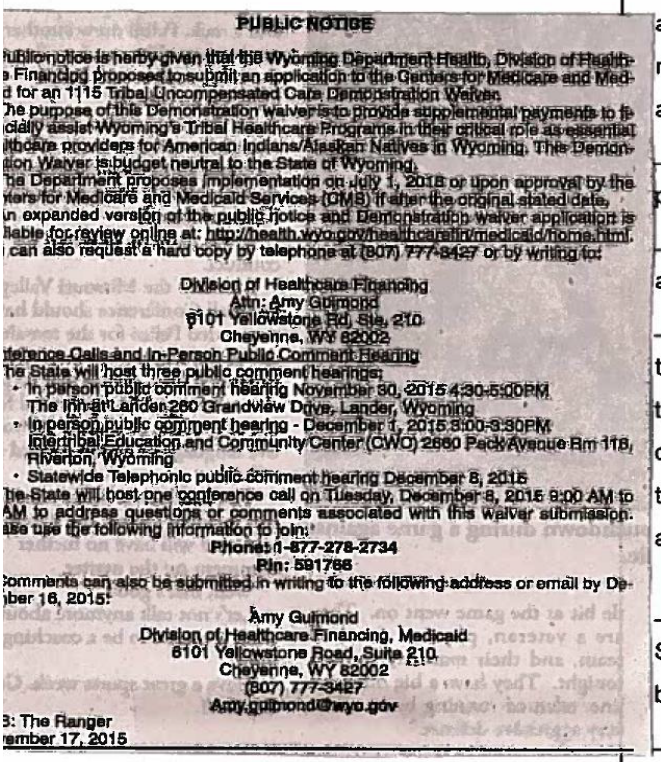
Dated this 13 day of November, 2015.

[redacted]

Teri Green, State Medicaid Agent
Wyoming Department of Health
Division of Healthcare Financing

Posted to Three (3) Newspapers – November 17, 2015

AFFIDAVIT OF PUBLICATION



PUBLIC NOTICE

Public notice is hereby given that the Wyoming Department Health, Division of Healthcare Financing proposes to submit an application to the Centers for Medicare and Medicaid for an 1115 Tribal Uncompensated Care Demonstration Waiver.

The purpose of this Demonstration waiver is to provide supplemental payments to fiscally assist Wyoming's Tribal Healthcare Programs in their critical role as essential healthcare providers for American Indians/Alaskan Natives in Wyoming. The Demonstration Waiver is budget neutral to the State of Wyoming.

The Department proposes implementation on July 1, 2016 or upon approval by the Centers for Medicare and Medicaid Services (CMS) if after the original stated date.

An expanded version of the public notice and Demonstration waiver application is available for review online at: http://health.wyo.gov/healthcarefin/medicaid/home.html. You can also request a hard copy by telephone at (307) 777-8427 or by writing to:

Division of Healthcare Financing
Attn: Amy Gutmond
6101 Yellowstone Rd, Ste. 210
Cheyenne, WY 82002

Conference Calls and In-Person Public Comment Hearing

The State will host three public comment hearings:

- In person public comment hearing November 30, 2015 4:30-5:00PM The Inn at Lander 260 Grandview Drive, Lander, Wyoming
- In person public comment hearing - December 1, 2015 3:00-3:30PM Intertribal Education and Community Center (CWC) 2660 Peck Avenue Rm 118, Riverton, Wyoming
- Statewide Telephonic public comment hearing December 8, 2015

The State will host one conference call on Tuesday, December 8, 2015 9:00 AM to 10:00 AM to address questions or comments associated with this waiver submission. Please use the following information to join:

Phone#: 1-877-278-2734
Pin: 591786

Comments can also be submitted in writing to the following address or email by December 16, 2015:

Amy Gutmond
Division of Healthcare Financing, Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
(307) 777-3427
Amy.gutmond@wyo.gov

3: The Ranger
ember 17, 2015

STATE OF WYOMING)
) ss.
COUNTY OF FREMONT)

I, Steven R. Peck, do solemnly affirm that I am the Publisher of THE RANGER, a daily paper of general circulation, published five times a week at Riverton, Fremont County, Wyoming, that the notice attached hereto and which is a part of this affidavit, was published in said newspaper for 1 consecutive weeks (issues) the first publication having been on the 17th of November, A.D., 2015, and the last publication on the 17th of November, A.D., 2015, that said notice was published in the regular and the entire issue of every number of the paper during the period and times of publication, and that the notice was published in the newspaper and not in a supplement. [redacted]

Subscribed in my presence and affirmed to before me this 17th day of November, A. D., 2015.

[redacted]

Notary Public.

My commission expires on the 24th day of June, A.D., 2018.

KIM R. DRAPER - NOTARY PUBLIC
County of Fremont
State of Wyoming
My Commission Expires June 24, 2018

Proof of Publication

THE STATE OF WYOMING)
County of Laramie) ss.

AFFIDAVIT

Faith Vroman, of said County of Laramie, being first duly sworn, deposes and says that she is the Administrative Assistant; or Kristy Simola, of said County of Laramie, being first duly sworn, deposes and says that she is an Advertising Representative of the

Wyoming Tribune-Eagle

a newspaper printed and published in said County and State, and in the Capitol of said State; that the notice of which the annexed is a true copy, has been published in the said newspaper.

for One
Times, to wit:
November 17, 2015

and that the first publication of said notice was made in said paper bearing date

November 17, A.D. 20 15

and that the last publication of said notice was made in said paper bearing date

November 17, A.D. 20 15

[redacted]

Subscribed in my presence and sworn to before me by the aforesaid Faith Vroman, Administrative Assistant or Kristy Simola, Advertising Representative.

this 24th
Day of November, 20 15
My commission expires:
August 25, 2017

SUSANNE ROCCAFORTE - NOTARY PUBLIC
COUNTY OF LARAMIE
STATE OF WYOMING
MY COMMISSION EXPIRES AUG. 25, 2017

Notary Public

PUBLIC NOTICE

Public notice is hereby given that the Wyoming Department Health, Division of Healthcare Financing proposes to submit an application to the Centers for Medicare and Medicaid for an 1115 Tribal Uncompensated Care Demonstration Waiver.

The purpose of this Demonstration waiver is to provide supplemental payments to financially assist Wyoming's Tribal Healthcare Programs in their critical role as essential healthcare providers for American Indians/Alaskan Natives in Wyoming. This Demonstration Waiver is budget neutral to the State of Wyoming.

The Department proposes implementation on July 1, 2016 or upon approval by the Centers for Medicare and Medicaid Services (CMS) if after the original stated date.

An annotated version of the public notice and Demonstration Waiver application is available for review online at: www.health.wyo.gov/healthcarefin/medicaid/improvements.html. You can also request a hard copy by telephone, at (307) 777-3427 or by writing to:

Division of Healthcare Financing
Attn: Amy Edmond
6101 Yellowstone Rd. Ste. 210
Cheyenne, WY 82002

Conference Calls and In-Person Public Comment Hearings

The State will host three public comment hearings:

1. In person public comment hearing November 30, 2015 4:30-5:30PM
The Inn at Dalton 250 Grandview Drive Dalton, Wyoming
2. In person public comment hearing December 1, 2015 2:00-3:30PM
Intertribal Education and Community Center (ITEC) 2660 Peck Avenue Rm 116 Riverton, Wyoming
3. Statewide Telephonic public comment hearing December 8, 2015

The State will host one conference call on Tuesday, December 8, 2015 9:30 AM to 10:30 AM to address questions or comments associated with this waiver submission. Please use the following information to join.

Comments can also be submitted in writing to the following address or email by December 16, 2015:

Amy Edmond
Division of Healthcare Financing, Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
T (307) 777-3427
Amy.edmond@wyo.gov

November 17, 2015

Public Notice

Public notice is herby given that the Wyoming Department Health, Division of Healthcare Financing proposes to submit an application to the Centers for Medicare and Medicaid for an 1115 Tribal Uncompensated Care Demonstration Waiver.

The purpose of this Demonstration waiver is to provide supplemental payments to financially assist Wyoming...s Tribal Healthcare Programs in their critical role as essential healthcare providers for American Indians/Alaskan Natives in Wyoming. This Demonstration Waiver is budget neutral to the State of Wyoming.

The Department proposes implementation on July 1, 2016 or upon approval by the Centers for Medicare and Medicaid Services (CMS) if after the original stated date.

An expanded version of the public notice and Demonstration waiver application is available for review online at: http://health.wyo.gov/healthcarefin/medicaid/home.html.

You can also request a hard copy by telephone at (807) 777-3427 or by writing to:

Division of Healthcare Financing
Attn: Amy Guimond
6101 Yellowstone Rd, Ste. 210
Cheyenne, WY 82002

Conference Calls and In-Person Public Comment Hearing

The State will host three public comment hearings:

• In person public comment hearing November 30, 2015 4:30-5:00PM
The Inn at Lander 260 Grandview Drive Lander, Wyoming

• In person public comment hearing - December 1, 2015 3:00-3:30PM
Intertribal Education and Community Center (CWC) 2660 Peck Avenue Rm 116 Riverton, Wyoming

• Statewide Telephonic public comment hearing December 8, 2015

The State will host one conference call on Tuesday, December 8, 2015 9:30 AM to 10 AM to address questions or comments associated with this waiver submission. Please use the following information to join:

Phone: 1-877-278-2734
Pin: 591765

Comments can also be submitted in writing to the following address or email by December 16, 2015:

Amy Guimond
Division of Healthcare Financing, Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
(307) 777-3427
Amy.guimond@wyo.gov

Published: November 17, 2015
Legal No. 1002532

CASPER **Star Tribune**
Wyoming's News Source

P.O. Box 80 ● Casper, WY 82602-0080 ● 307-266-0500

AFFIDAVIT OF PUBLICATION

STATE OF WYOMING)
COUNTY OF NATRONA)

I, the undersigned, being a person in the employ of the Casper Star-Tribune, a newspaper published in CASPER, NATRONA COUNTY, WYOMING, and, knowing the facts herein set forth do so solemnly swear that a copy of the notice as per clipping attached was printed and published

(Daily) Weekly

In the regular and entire issue of said newspaper, and not in any supplement thereof, for

1 Consecutive (Days) Weeks

commencing with issue dated

November 17, 2015

ending with issue dated

November 17, 2015

[redacted]

Signed

Subscribed in my presence and sworn to before me this

23rd day of NOV 2015

[redacted]

NOTARY PUBLIC
JEANETTE SAULSBURY
STATE OF WYOMING
COUNTY OF NATRONA
My Commission Expires January 18, 2018

Public Hearing Meetings – Monday, November 30, 2015 (in person), Tuesday December 1, 2015 (in person), Tuesday December 8, 2015 (statewide)

Public Comments
Monday, November 30, 2015

Gary Collins (Northern Arapaho Tribe) – Health is no different than education, transportation, infrastructure development and modules of teaching. All of these are federally funded. There are a lot of health disparities with respect to the number of uninsured individuals. We have spent a lot of time on this issue. And correctly so it has taken a lot of time to get it done. With federal dollars we can put on the table to make our community a better place. There shouldn't be any argument but it will be a steep hill to climb with the 1115 waiver. We do not have to do this for other federal dollars. We see the results of what happens when the dollars are spent wisely in the community. Our youth become better off and our families become complete. We have severe health issues and it takes everyone's resources to take care of even one family. And it isn't once a week but two or three times a week.
State Response: Thank you for the support of the 1115 Tribal Uncompensated Care Waiver. No changes are needed.

Select Committee on Tribal Affairs – The Wyoming Legislature's Select Committee on Tribal Relations, by unanimous resolution of all members present November 30, 2015, express its support for the Section 1115 Tribal Uncompensated Waiver and believes it serves the interest of the people of the State of Wyoming. This shows good cooperation between the State and the Tribal Governments.
State Response: Thank you for the support of the 1115 Tribal Uncompensated Care Waiver. No changes are needed.

Darwin St. Clair (Chairman Eastern Shoshone Business Council) – Comment to the Select Committee Members – Thank you for making the resolution to support the 1115 Waiver. I remember when I first came on in 2013. It was a whirlwind for me. We were lobbying for a couple of things the 1115 Waiver and Medicaid expansion. As we were going along it seemed like we were getting further away from where we were going. Thank you Lindsey Schilling and Ms. Sheree Nall over here for helping us out. And being a part of this hurricane who came together with us to figure things out. And we figured things out on our end and Cathy Keene, Richard Brannan and Glen Fowler were instrumental in pushing this forward. I think it was a thing when people come together and work together and collaborate good things can happen. I am glad to see now we are where we are at. I know it isn't over yet. But hopefully we are over the hurdle to finish the race. I want to thank them as well for all of their hard work and thank you committee for

all your hard work.
State Response: Thank you for the support of the 1115 Tribal Uncompensated Care Waiver. No changes are needed.

Sergio Maldonado (Northern Arapaho Tribe) – I would like to take a brief second to wax philosophically on the slow motion of healthcare. I can appreciate the points of concern from Tribal people that there has been a lack of federal responsibility with respect to treaties for healthcare. That is a given we know that. IHS has been underfunded to the detriment of both tribes. But as I look at this and with all due respect out in the other world if a person, I remember a conversation with Chairman Brannan several years ago where he was lamenting over the fact that IHS had spent $700,000 on two alcohol related accidents to provide care. The $700,000 could have been used for preventative and/or legitimate healthcare. The point being is have we, and I use the personal pronoun we, created a scenario as well as lived within the scenario of a dull mind set. Where we as tribal members believe that the money is going to be always coming all be it underfunded. For this type of behavior, this type of social behavior, this type of social choice is waxing heavy on the community people. I would recommend as punitive as it sounds, in the real world and again off the reservation, if I drink and drive and have an accident the insurance cuts you right there. We drink and drive over here and have an accident no effect you repeat it again and again and again. Is it any wonder that Wyoming, already reported over 6 alcohol related deaths. We perpetuate the lifestyle that really has not forethought for health, community let alone the future to the detriment financially speaking of the tribes. So the question is if I wax philosophically when will this stop? Maybe we as tribal members, business council have to work together and arrive at a point where if someone makes that kind of choice IHS will only provide the necessary basic level or care and not run $700,000. At what point in time do we stop this whole notion of a dull mind set? It has got to stop.
State Response: Thank you for the support of the 1115 Tribal Uncompensated Care Waiver. No changes are needed.

Richard Brannan (North Arapaho Business Council Member) – Support the 1115 Waiver 100% to improve the healthcare status, extend life expectancy of tribal members and provide needed resources for preventative care that is not currently provided by IHS. I am very appreciative of the Wyoming Department of Health. Amy, Lindsey and Sheree have been a Godsend.
State Response: Thank you for the support of the 1115 Tribal Uncompensated Care Waiver. No changes are needed.

Chesie Lee (Wyoming Association of Churches) – I have the opportunity both the 1115 waiver and as well as the 638 process. Both of them have been quite alarming

in experience of all the bureaucracy that has to be cut through to make these things happen. But it has been an exciting process as well as very promising. And so congratulations to everybody and thank you everybody's cooperation in getting the 1115 waiver and I know it is a wait and see.
State Response: Thank you for the support of the 1115 Tribal Uncompensated Care Waiver. No changes are needed.

Tuesday, December 1, 2015
No attendees

Tuesday December 8, 2015
No attendees

Per discussion and comments with IHS/Tribes/State Workgroup on December 8th and December 22nd information regarding reporting has been defined and clarified.

Appendix G

Letters of Support

MATTHEW H. MEAD
GOVERNOR

THE STATE OF WYOMING

STATE CAPITOL
CHEYENNE, WY 82002

Office of the Governor

January 19, 2015

The Honorable Tony Ross
The Honorable Steve Harshman
Joint Appropriations Committee
State Capitol Building, Room 204
Cheyenne, WY 82002

Re: Tribal Health Uncompensated Care Waiver

Dear Chairman Ross, Chairman Harshman and Members of the Joint Appropriations Committee,

The Select Committee on Tribal Relations (Committee) voted to request a Governor's letter be submitted to Appropriations in support of a Tribal Health Uncompensated Care Waiver. The Committee reports the Waiver is cost neutral.

Indian Health Services (IHS) and other qualifying tribal healthcare entities are eligible for 100% funding through an uncompensated care waiver. This is a five-year Waiver and must be approved by the Center for Medicare and Medicaid Services (CMS) and would be administered through the Department of Health. The Waiver increases federal funds payable to qualifying tribal health providers.

I recommend $16.9 million federal funds be appropriated to the Department of Health, Division of Healthcare Financing. This represents the Waiver cost for year one. The Waiver cost would have to be requested again for the other four years.

I further recommend one full-time employee for the Department of Health, Division of Healthcare Financing. This position will establish and manage the uncompensated care waiver. This request is subject to an agreement with the Tribal Business Councils and IHS to reimburse the state for any state incurred administrative costs including the cost of the employee.

Sincerely,

[redacted]

Matthew H. Mead
Governor

MHM:md

PHONE: (307) 777-7434

FAX: (307) 632-3909

SELECT COMMITTEE ON TRIBAL RELATIONS
December 8, 2015

Eliot Fishman, Director
State Demonstrations Group
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Director Fishman:

Greetings. The Wyoming Legislature's Select Committee on Tribal Relations (Committee) writes to express our strong support for the Wyoming Department of Health's proposal for the Section 1115 Tribal Uncompensated Care Demonstration Waiver.

At its November 30th meeting in Lander, Wyoming, the Committee heard testimony from the Department of Health, members of the Northern Arapaho and Eastern Shoshone tribes and a number of other interested Wyoming citizens on the benefits of such a waiver to the tribes and to the State. The testimony indicated that such a waiver will provide services and associated resources critical in promoting longstanding viability of tribal health programs and allow for the required financial resources to increase service capacity, expand operating hours, increase available clinical staff and globally improve access to needed healthcare services.

As a result of this testimony, the Committee voted to adopt the following resolution in support of the Department of Health's proposal:

> The Wyoming Legislature's Select Committee on Tribal Relations, by unanimous resolution of all members present November 30, 2015, expresses its support for the Section 1115 Tribal Uncompensated Care Demonstration Waiver and believes it serves the interest of the people of the state of Wyoming.

This is an important matter to our State. We thank you for your consideration of this waiver and the opportunity to expand health services for all American Indians in Wyoming.

Most Respectfully,

[redacted]
Senator Cale Case,
Co-Chairman

[redacted]
Representative Stan Blake,
Co-Chairman

SELECT COMMITTEE ON TRIBAL RELATIONS
213 State Capitol • Cheyenne, Wyoming 82002
TELEPHONE 307-777-7881 • **FAX** 307-777-5466 • **EMAIL** lso@state.wy.us • **WEBSITE** http://legisweb.state.wy.us

Representative **Lloyd Larsen**
Wyoming House of Representatives **House District 54**
1076 South Second Street
Lander, WY 82520

business (307) 332-4617
home (307) 332-6931
email Lloyd.Larsen@wyoleg.gov

October 26, 2015

Eliot Fishman, Director
State Demonstrations Group
7500 Security Boulevard
Baltimore, Maryland 2144-1850

Dear Mr. Fishman,

I currently serve in Wyoming's State House of Representatives, and have been assigned to the Labor, Health, and Social Services Committee, and the Select Committee on Tribal Relations. As a member of these two committees I am aware of the significant disparities in health care services provided to the members of the Eastern Shoshone, and Northern Arapahoe tribes on the Wind River Reservation. We have grappled with solutions to address those disparities in the past, but most centered around efforts to insure the Federal Government maintain their obligation by treaty to provide health care to those tribal members who qualify for services through the Indian Health Services (IHS). With IHS currently being funded by Congress at 45% of the recommended amount, we find the need to fund more of that burden from limited state resources.

Over the course of this last year, I have worked with members of the Eastern Shoshone tribe, the Northern Arapahoe tribe, representatives of IHS, and staff from Wyoming's Department of Health to develop an 1115 demonstration waiver application to address uncompensated care currently be being encountered by the IHS, and tribal health facilities on the Wind River Reservation. We passed legislation during our 2015 legislative session to authorize the Department of Health to pursue this demonstration waiver and if accepted and approved by CMS the department was also given the authority to receive and administer these funds for those qualifying for services at IHS and tribal health care facilities on the reservation. This effort required a significant amount of effort and collaboration by all parties involved. We are excited about the possible improvement of health care services on the reservation.

I am sending this letter to inform you of my support of this proposal and to share with you the efforts and support we are seeing for this demonstration waiver from the Wyoming legislature as a whole.

Sincerely,

[redacted]

Lloyd Charles Larsen

Northern Arapaho Business Council
P.O. Box 396
Ft. Washakie, Wyoming 82514
Phone: 332-6120 — 332-5006 - 307-856-3461

December 9, 2015

7015 0640 0001 4788 0667

Eliot Fishman, Director
State Demonstrations Group
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Fishman:

The purpose of this letter is to inform you that the Northern Arapaho Business Council fully supports the Wyoming Department of Health in their proposal to develop a tribal uncompensated care payment program. This program will provide Indian Health Services, the Northern Arapaho Tribe, and the Eastern Shoshone Tribe additional financial resources to expand access to medically necessary healthcare services.

The Indian Health Services, Northern Arapaho Tribe and the Eastern Shoshone Tribe have been a part of the workgroup developing this waiver and approve the preliminary proposal. We recommend that the Wyoming Department of Health submit the waiver to the Centers for Medicare and Medicaid Services (CMS) to establish this program. The services and associated resources that will be covered by this program are critical in promoting longstanding viability of tribal health programs and allow for the required financial resources to increase service capacity, expand operating hours, increase available clinical staff and globally improve access to needed healthcare services.

The focus of the Tribal Uncompensated Care Waiver is a disability diversion model. The population on the Wind River Reservation suffers from significant health disparities. These health disparities are not only extreme compared to the general population but also compared to the health disparity findings of other American Indian populations, with the average life expectancy for tribal members of 51.5 years of age. The continued shortage of funding for sustaining successful programs and allowing expansion continues to create barriers to ongoing efforts for our facilities. With additional needed medical services, we hope to slow the progression toward or divert the development of a disability.

In summary, we are supportive of the proposal for the Tribal Uncompensated Care Demonstration Waiver which would provide the tribal facilities with the needed funding to promote and provide adequate and expansive healthcare services to the American Indian population in Wyoming.

Thank you for your consideration of this waiver and the opportunity to expand health services for all American Indians in Wyoming.

Sincerely,

[redacted]

Dean Goggles, Chairman
Northern Arapaho Business Council

Eastern Shoshone Business Council
P.O. Box 538
Fort Washakie, WY 82514
(307) 332-3532/4932
Fax (307) 332-3055

October 16, 2015

Eliot Fishman, Director
Centers for Medicare and Medicaid
State Demonstrations Group
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Fishman:

The Eastern Shoshone Tribe fully supports the Wyoming Department of Health in their proposal to develop a tribal uncompensated care payment program. This program will provide Indian Health Services and the Wind River Tribes additional financial resources to expand access to medically necessary healthcare services.

The Indian Health Services and the Wind River Tribes have been a part of the workgroup developing this waiver and approve the preliminary proposal. We recommend that the Wyoming Department of Health submit the waiver to the Centers for Medicare and Medicaid Services (CMS) to establish this program. The services and associated resources that will be covered by this program are critical in promoting longstanding viability of tribal health programs and allow for the required financial resources to increase service capacity, expand operating hours, increase available clinical staff and globally improve access to needed healthcare services.

The focus of the Tribal Uncompensated Care Waiver is a disability diversion model. The population on the Wind River Reservation suffers from significant health disparities. These health disparities are not only extreme compared to the general population but also compared to the health disparity findings of other American Indian populations. The continued shortage of funding for sustaining successful programs continues to create barriers to ongoing efforts for our facilities. With additional needed medical services, we hope to slow the progression toward or divert the development of a disability.

In summary, we support the proposal for the Tribal Uncompensated Care Demonstration Waiver which would provide the tribal facilities with the needed funding to promote and provide adequate and healthcare services to the American Indian population in Wyoming.

Thank you for your consideration of this waiver.

Sincerely,

[redacted]

Darwin St. Clair, Jr., Chairman
Eastern Shoshone Business Council

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
Other WOW Categories						
Newly disabled AI/AN from 6,231 Uninsured Population (Current 14.6% Wyoming AI/AN Prevalence Rate) 909 individuals	$ 25,155,311	$ 27,948,395	$ 31,051,605	$ 34,499,375	$ 38,329,963	$ 156,984,648
Medicaid Expansion - 6,231 Uninsured, 2290 Medicaid-Eligible in Optional Expansion Group	$ 13,599,852	$ 13,599,852	$ 13,599,852	$ 13,599,852	$ 13,599,852	$ 67,999,260
TOTAL	$ 38,755,163	$ 41,548,247	$ 44,651,457	$ 48,099,227	$ 51,929,815	$ 224,983,908

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
Expansion Populations						
1115 Waiver Cost	$ 15,627,348	$ 15,438,776	$ 15,252,479	$ 15,068,430	$ 14,886,602	$ 76,273,634
Other WW Categories						
Newly disabled AI/AN from 6,231 Uninsured Population (12.3% Prevalence Rate) 766 individuals	$ 21,180,975	$ 23,532,774	$ 26,145,702	$ 29,048,752	$ 32,274,138	$ 132,182,341
TOTAL	$ 36,808,323	$ 38,971,550	$ 41,398,180	$ 44,117,182	$ 47,160,740	$ 208,455,974
VARIANCE	$ 1,946,840	$ 2,576,697	$ 3,253,276	$ 3,982,045	$ 4,769,075	$ 16,527,934

Difference in Disability Costs Between WOW and WW	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
Medicaid Expansion - 6,231 Uninsured, 2290 Medicaid-Eligible in Optional Expansion Group	$ 13,599,852	$ 13,599,852	$ 13,599,852	$ 13,599,852	$ 13,599,852	$ 67,999,260
Disability Prevention of 143 individuals	$ 3,974,336	$ 4,415,621	$ 4,905,903	$ 5,450,623	$ 6,055,825	$ 24,802,308
Total Funding Available for Waiver	$ 17,574,188	$ 18,015,473	$ 18,505,755	$ 19,050,475	$ 19,655,677	$ 92,801,568
1115 Waiver Costs (Facility Based Payments to IHS and 638)	$ 15,627,348	$ 15,438,776	$ 15,252,479	$ 15,068,430	$ 14,886,602	$ 76,273,634
Cost Neutrality --Variance	$ 1,946,840	$ 2,576,697	$ 3,253,276	$ 3,982,045	$ 4,769,075	$ 16,527,934

FEDERAL SHARE	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
Disability Prevention of 143 individuals (IHS and 638 Based Services -100% FMAP)	$ 794,867.24	$ 883,124.18	$ 981,180.60	$ 1,090,124.57	$ 1,211,164.98	$ 4,960,461.57
Disability Prevention of 143 individuals (Regular Medicaid Services 50% FMAP)	$ 1,589,734.48	$ 1,766,248.35	$ 1,962,361.20	$ 2,180,249.15	$ 2,422,329.97	$ 9,920,923.14
Medicaid Expansion (Federal Share)	$ 13,259,902.00	$ 12,851,905.00	$ 12,715,906.00	$ 12,443,908.00	$ 12,239,910.00	$ 63,511,531.00
Total Federal Funding Available for Waiver	$ 15,644,504	$ 15,501,278	$ 15,659,448	$ 15,714,282	$ 15,873,405	$ 78,392,916
1115 Waiver Costs (Facility Based Payments to IHS and 638) (100% FMAP)	$ 15,627,348	$ 15,438,776	$ 15,252,479	$ 15,068,430	$ 14,886,602	$ 76,273,634
Federal Cost Neutrality --Variance	$ 17,156	$ 62,502	$ 406,969	$ 645,852	$ 986,803	$ 2,119,282

The Federal Share shows budget neutrality and cost avoidance for the 1115 Demonstration based on various match rates for populations utilized in the analysis.

	A	B	C	D	E	F	G	H	I	J	K
1	**5 YEARS OF HISTORIC DATA**										
2											
3	**SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:**										
4											
5	**Medicaid Pop 1 - AI/AN SSI/ABD Disabled Population**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**				
6		**SFY2011**	**SFY2012**	**SFY2013**	**SFY2014**	**SFY2015**					
7	**TOTAL EXPENDITURES**	$ 12,538,790	$ 13,217,607	$ 20,858,955	$ 19,101,658	$ 19,108,140	$ 84,825,150				
8	**ELIGIBLE MEMBER MONTHS**	9,096	9,428	9,614	9,255	9,211					
9	**PMPM COST**	$ 1,378.49	$ 1,401.95	$ 2,169.64	$ 2,063.93	$ 2,074.49					
10	**TREND RATES**						**5-YEAR**				
11				**ANNUAL CHANGE**			**AVERAGE**				
12	TOTAL EXPENDITURE		5.41%	57.81%	-8.42%	0.03%	11.11%				
13	ELIGIBLE MEMBER MONTHS		3.65%	1.97%	-3.73%	-0.48%	0.31%				
14	PMPM COST		1.70%	54.76%	-4.87%	0.51%	10.76%				
15											
16	**Medicaid Pop 2 - Non-Disabled AI/AN Population**	**HY 1**	**HY 2**	**HY 3**	**HY 4**	**HY 5**	**5-YEARS**				
17		**SFY2011**	**SFY2012**	**SFY2013**	**SFY2014**	**SFY2015**					
18	**TOTAL EXPENDITURES**	$ 21,708,736	$ 20,543,718	$ 20,608,399	$ 21,218,862	$ 20,673,050	$ 104,752,765				
19	**ELIGIBLE MEMBER MONTHS**	61,719	59,662	58,474	59,144	59,780					
20	**PMPM COST**	$ 351.74	$ 344.34	$ 352.44	$ 358.77	$ 345.82					
21	**TREND RATES**						**5-YEAR**				
22				**ANNUAL CHANGE**			**AVERAGE**				
23	TOTAL EXPENDITURE		-5.37%	0.31%	2.96%	-2.57%	-1.21%				
24	ELIGIBLE MEMBER MONTHS		-3.33%	-1.99%	1.15%	1.08%	-0.79%				
25	PMPM COST		-2.10%	2.35%	1.80%	-3.61%	-0.42%				
26											
27											
28	Disabled AI/AN Population & Non-Disabled AI/AN Population										
29	1. Unduplicated individuals identified using program codes and "race code" indicators from FFS and Encounter claims. Clients with SSI/ABD program codes were excluded from Non-Disabled AI/AN population counts.										
30											
31	2. Historical Data was pulled from paid claims for identified individuals based on service dates.										

	A	B	C	D	E	F	G	H	I	J	K
1	**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**										
2											
3											
4	**ELIGIBILITY**	**TREND**	**MONTHS**	**BASE YEAR**	**TREND**	**DEMONSTRATION YEARS (DY)**					**TOTAL**
5	**GROUP**	**RATE 1**	**OF AGING**	**DY 00**	**RATE 2**	**DY 01**	**DY 02**	**DY 03**	**DY 04**	**DY 05**	**WOW**
6											
7											
8	**Newly disabled AI/AN from 6,231 Uninsured Population (Current 14.6% Wyoming AI/AN Prevalence Rate) 909 individuals**										
9	**Pop Type:**	**WOW**									
10	Eligible Member Months	0.3%	12	10,917	0.3%	10,950.60	10,985	11,018.60	11,053	11,087.02	
11	PMPM Cost	10.8%	12	$ 2,074.00	10.8%	$ 2,297.16	$ 2,544.34	$ 2,818.11	$ 3,121.34	$ 3,457.19	
12	Total Expenditure			$22,641,360.24		$ 25,155,311	$ 27,948,395	$ 31,051,605	$ 34,499,375	$ 38,329,963	$ 156,984,648
13											
14	**Medicaid Expansion - 6,231 Uninsured, 2290 Medicaid-Eligible in Optional Expansion Group**										
15	**Pop Type:**	**WOW**									
16	Eligible Member Months	0.0%	12	27,480	0.0%	27,480	27,480	27,480	27,480	27,480	
17	PMPM Cost	0.0%	12	$ 494.90	0.0%	$ 494.90	$ 494.90	$ 494.90	$ 494.90	$ 494.90	
18	Total Expenditure			$13,599,900.00		$ 13,599,900	$ 13,599,900	$ 13,599,900	$ 13,599,900	$ 13,599,900	$ 67,999,500
19											
20	The cost for Medicaid expansion does not include administrative costs.										

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL WW
Newly disabled AI/AN from 6,231 Uninsured Population (12.3% Prevalence Rate) 766 individuals								
Pop Type:	**WW**							
Eligible Member Months	9,192	0.3%	9,220.50	9,249	9,277.75	9,307	9,335.36	
PMPM Cost	$ 2,074.00	10.76%	$ 2,297.16	$ 2,544.34	$ 2,818.11	$ 3,121.34	$ 3,457.19	
Total Expenditure	$19,064,208		$ 21,180,975	$ 23,532,774	$ 26,145,702	$ 29,048,752	$ 32,274,138	$ 132,182,341
Exp Pop 1 - 1115 Waiver Costs								
Pop Type:	**WW**							
Eligible Member Months	-	-0.8%	74,772.00	74,181	73,595.27	73,014	72,437.06	
PMPM Cost	$ -	-0.42%	$ 209.00	$ 208.12	$ 207.25	$ 206.38	$ 205.51	
Total Expenditure	$0.00		$ 15,627,348	$ 15,438,776	$ 15,252,479	$ 15,068,430	$ 14,886,602	$ 76,273,634

The proposed 1115 Demonstration waiver seeks to provide supplemental payments to the qualifying Wind River Tribal health facilities to expand preventative and specialty services to uninsured and other Tribal health facility users thus decreasing the prevalence of SSI qualifying diabilities from the current 14.6% to 12.3% over a five year demonstration period.

Trend rates for the new and expanded populations are derived from historical data.

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

Population Status Drop-Down
Medicaid
WW
WOW