

08/20/19

Tribal Relations 2019 – A Year in Progress

Wyoming Medicaid

Wyoming Department of Health, Division of Healthcare Financing

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Tribal Leadership Advisory Meeting Notes

August 15, 2018

November 28, 2018

Introduction:

The Wyoming Department of Health, (WDH) Division of Healthcare Financing (the Division) compiled this report to serve as a comprehensive outline of current and ongoing efforts taken by the Division to sustain, promote, and strengthen the working relationship between the Division, Indian Health Services, and the Wyoming Northern Arapahoe and Eastern Shoshone Tribal Health leadership. The Division has established a mechanism for notification and education of upcoming changes to policy, as well as identified recommendations for maximizing available Medicaid dollars payable to qualified Tribal Health facilities. This mid-year report will detail all activities in which the Division has participated or initiated thus far in 2019 with the intent of sustaining its current role in supporting the healthcare infrastructure on the Wind River Reservation.

This report has been divided into the following sections:

- Standing Meetings
- State Plan Amendment Notifications
- Additional Funding Resources
- Wyoming Medicaid Eligibility
- New Action Items – Detail and Status
- Annual Rate Updates
- Provider Enrollment
- Summary

Standing Meetings:

The Division provides representation for various recurring Tribal Health related events. The list below outlines these events, and includes the 2019 dates of attendance. The Division's goal is to enhance State-Tribal Relations and remain available and accessible to Tribal leadership. The Division has been represented to date by Michael Ceballos, Director, Wyoming Department of Health, Teri Green, State Medicaid Agent, Lindsey Schilling, Provider Operations Administrator, Amy Guimond, Benefit Quality Control Manager/Tribal Waiver Manager, Sara Rogers, Benefit Quality Control Senior Manager and additional Wyoming Department of Health Public, Behavioral Health and Aging Division Staff.

- Provider visits (May 2019)
 - Northern Arapaho – Wind River Family & Community Health
 - IHS Indian Health Service – Fort Washakie
- Provider Training (May 2019)
 - Focused on billing

- Dental process
- 1115 Demonstration Waiver Meetings
 - No meetings scheduled for this period
 - Last response from CMS was March 2019 (no answers to questions given)
- Tribal Leadership Advisory Council Meeting
 - August 15, 2018
 - November 28, 2018
 - May 15, 2019
- Additional Meetings
 - Eligibility Training – July 11, 2019
 - Additional meetings with facilities on services, billing and programs (additional meeting with WYHealth to discuss Health programs)

State Plan Amendment Notifications:

As part of the established Tribal Consultation process, any proposed change to existing Medicaid State Plan is communicated in detail to those individuals identified by each Tribe. Each notification is distributed through secure email with a read receipt request, enabling Division staff to ensure distribution and receipt. Each designated Tribal representative is provided an opportunity to contact the Division with additional questions or request a meeting to review the proposed change. From the date of the initial notification, the Division closes the comment period thirty (30) days after initial distribution. The proposed State Plan Amendment is then submitted to the Centers for Medicare and Medicaid Services (CMS) for formal review and approval.

Since January 1, 2019, the Division has submitted or is in the process of submitting the following State Plan Amendments:

- January 17, 2019 – Utilization/Quality Control - . This amendment updated section 4.15 – Inspection of Care in Intermediate Care Facilities for the Intellectually Disabled, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals - to reflect Wyoming Medicaid’s current methods for compliance with referenced CFR. This amendment also updated section 4.14a – Utilization/Quality Control - to reflect Wyoming Medicaid’s current methods for compliance with referenced CFR.
- January 25, 2019 – State Residence – This amendment changed the definition of temporary absence to:
 - When a client leaves the state with the intent to return to Wyoming within three months, or when one of the following conditions are met:

- Client is in another state to get prescribed medical treatment not available in Wyoming and they intend to return to Wyoming once the medical treatment is complete.
 - Temporary absence is due to the illness of the client, parent, spouse, sibling or child.
 - A child in the custody of the State is placed in an out-of-state facility, unless the child is covered by the other state.
 - Client's employer requires them to work out of state.
- February 6, 2019 – Presumptive Eligibility - This amendment added a new qualified entity allowed to enroll with Wyoming Medicaid in order to process Presumptive Eligibility applications. Women's resource centers are now able to assist with processing Presumptive Eligibility applications.
- March 5, 2019 – Licensed Midwives – This amendment opened up enrollment of and reimbursement to midwives licensed pursuant to the Midwives Licensure Act (W.S. 33-46-101 through W.S. 33-46-108). Reimbursement rates have been established according to the current physician fee schedule and will not be subject to cost sharing requirements. The proposed change updated language adding “licensed midwives” to the “Other Practitioners” in section 6.d. of Attachment 3.1A.
- March 5, 2019 – Provider Screening and Enrollment – This amendment change Section 4.46, Provider Screening & Enrollment to reflect Wyoming Medicaid's full compliance with the regulations as specified. There was no change in how Wyoming Medicaid currently accepts, processes or activates existing or new provider enrollment applications. The amendment was an administrative state plan update to remove any outstanding reference to required system changes. The system changes have been fully implemented, and Wyoming Medicaid is compliant with all the requirements set forth.
- March 25, 2019 – Recovery Audit Contractor – This amendment altered the requirement for Wyoming Medicaid to procure and maintain a Recovery Audit Contractor (RAC). Wyoming Medicaid requested and was granted an exemption to this requirement.
- May 5, 2019 – Tribal Consultation - The amendment changed program language regarding tribal consultation from “all State Plan Amendments” to “State Plan Amendments likely to have a direct effect on Indians, Indian Health Programs or Urban Organizations”. It also changed language regarding the frequency of Tribal Leadership Advisory Council meetings from “on a quarterly basis” to “up to four (4) times a year”.
- June 1, 2019 – Hospital Affiliated Professional Services Supplemental Payment Program This proposed state plan amendment will update language adding qualifying provider criteria, the calculation methodology for determining the supplemental payment availability and the distribution methodology in Addendum 1 of Section 6 of Attachment 4.19 B.

Since January 1, 2019, the Division has amended or is in the process of amending the following Rules:

- Chapter 31 - The amended rule eliminated duplicative language already contained in other rules and added more detail around Wyoming Medicaid reimbursement to providers of specialty services.
- Chapter 40 - The amended rule added language regarding reimbursement rates for PRTF services, clinical eligibility criteria for Medicaid authorization of a PRTF admission, provider qualification requirements for reimbursement of educational services by the Wyoming Department of Education, provisions regarding Medicaid reimbursement of court ordered placements and requirements for Wyoming Medicaid's PRTF On-Site Compliance Review process. This amendment also updated the rule's language regarding use of current technology and communication.
- Chapter 47 – The promulgation of a new Chapter 47 established program rule regarding provider and participant rights and responsibilities associated with the concurrent 1915(b) and (c) Care Management Entity and Children's Mental Health Waiver programs. This rule established procedures for participant and provider enrollment, service coverage, approval, accessibility, grievance processes, and service payment methodology for the waiver programs.
- Chapter 8 - Wyoming Medicaid intends to repeal Chapter 8.

Since January 1, 2019, the Division has amended or renewed, or is in the process of amending or renewing the following Waivers:

- 1115 Waiver, Family Planning or Pregnant by Choice - The current waiver demonstration period expires on December 31, 2019. Wyoming Medicaid is requesting a five-year extension of the program from January 1, 2020 through December 31, 2024.

Eligibility Status:

Medicaid enrollment:

SFY 2017 – 6,937

SFY 2018 – 6,939

SFY 2019 – 6,958

Wyoming Medicaid has given each healthcare provider various methods of accessing eligibility information, including access to a web-based system for looking up active client eligibility. Training on the web-based system has been provided. Wyoming Medicaid has also designated one individual contact at the Cheyenne-based Customer Service Center to support questions from tribal facilities.

The Wyoming Department of Health, Medicaid contracted with the Wind River Family and Community Health Care facility for an out stationed eligibility worker at their facility. Two individuals were placed in this position, one as a primary worker and one as back up. The project continues to go well. The Division has also signed a contract with Indian Health Services and hopes to provide training to another out-stationed eligibility worker in September. The goal of this project is to increase the number of individuals that are eligible for Medicaid. These positions are cost neutral to the State of Wyoming (the tribal facility pays the state match portion) and most of the funding is federal dollars.

New Action Items – Detail and Status:

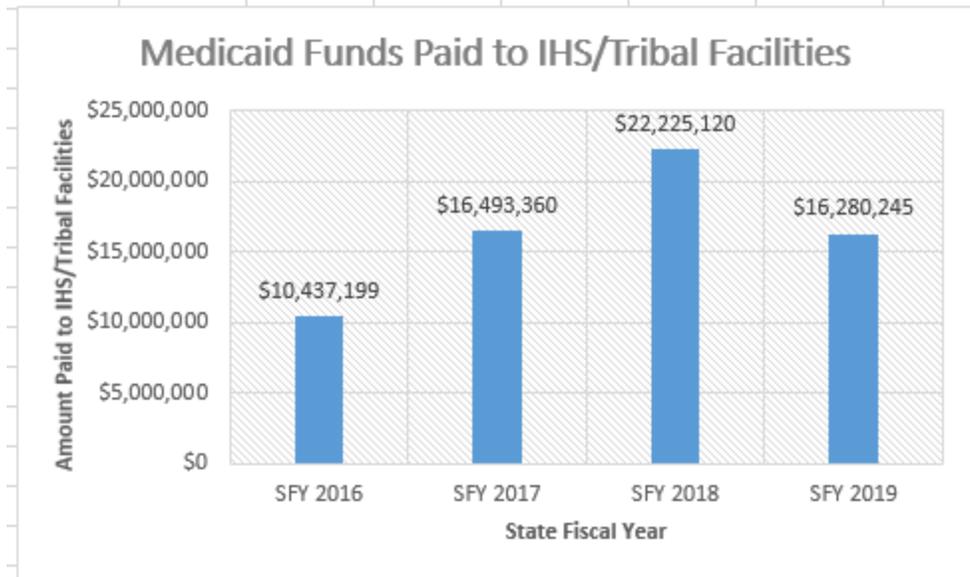
During each face to face meeting facilitated by the Division, formal meeting minutes were drafted and approved. In addition, a list of action items was created for follow-up by the State and/or Tribal representatives. Below is a list of those action items, and the status of each.

1) Change of Dental Claims

Wyoming Response: In February of 2019, all claim submissions for dental services were moved from the institutional claim form to the dental claim form. This was due, in part, to the request from tribal facilities to be able to bill for orthodontia care. Orthodontia care can only be billed if approved through a program called Severe Malocclusion. The orthodontia billing codes require a prior authorization number and reimbursed at a fixed rate. The move to using the dental claim form also allows us to better monitor service utilization.

Past Action Items – Detail and Status:

- Indian Health Services State Plan Amendment – Implemented. This change to the reimbursement methodology increased revenue total to all the tribal facilities by approximately \$6 million in SFY 2017 and \$11 million dollars in SFY 2018. Based on these figures the change will increase the total tribal revenue to the facilities by \$6 to \$8 million per state fiscal year. The largest increases were to the medical clinics due to the increase in pharmacy encounters billed.



- Tribal-State Leadership Advisory Council – held up to four times per year:
 - Forum to discuss updates, concerns or issues from Tribal health leadership, review updates and presentations from WDH staff on programs and initiatives, monitor progress of the 1115 Tribal Waiver Demonstration, complete the Tribal Consultation process for State Plan Amendments and establish or amend global goals and objectives for the Tribal Leadership Advisory Council.
- 100 % Federal Match for services “received through” IHS or Tribal facility: To date the Wyoming Department of Health, Medicaid has realized a state general fund savings of \$105,059.09.

Barriers to saving additional general fund include:

- The Center for Medicare and Medicaid Services (CMS) has not provided clear guidance on what qualifies as a referral.
- Emergency Room services – there is generally no referral established prior to someone receiving services at the emergency room. Therefore, CMS has determined emergency claims cannot be claims at 100% FFP.
- Referral processes at each facility are complex, which encourages clients to self-refer and later call in the appointment for a referral (this also does not qualify for 100% FFP).
- Indian Health Service has not responded to several requests for discussion. Due to continual changes in leadership it has been difficult to establish a process.
- Service delivery processes at the off-reservation hospitals do not require a client to have a referral from the primary care clinic, necessitating a post-pay claims review by Division staff which is labor intensive.

Annual Rate and Services Updates:

On an annual basis, the OMB updates the federal encounter rates for services provided by IHS and other Tribal 638 facilities. Previous policy allowed IHS and enrolled Tribal 638 facilities to receive payment for two (2) separate encounters per day. With the implementation of the new State Plan Amendment multiple encounters may be billed if they are categorically different with different diagnoses. Categories of allowable services include but are not limited to practitioner services, mental health services, optometric services, dental services, physical therapy, occupational therapy, and speech therapy. In addition, IHS or enrolled Tribal 638 facilities may be paid an encounter for each prescription it fills.

The encounter rate for calendar year 2019 increased from \$427 to \$455. Primary care and behavioral health services were raised to \$500.50 and \$514.15 per encounter respectively. The OMB encounter rate is communicated to the states in the first quarter of the year. As a result of the encounter rate being effective January 1, a mass adjustment and lump sum payments were completed to the qualifying facilities for services already rendered and billed.

Services and Rates for 2019:

Revenue Code	Description – Within IHS/638 Tribal Facility	Encounter rate
0300	Laboratory	\$455.00
0400	Imaging - Radiology	\$455.00
0421	Physical Therapy	\$455.00
0431	Occupational Therapy	\$455.00
0441	Speech Therapy	\$455.00
0500	Medical Encounter	\$500.50
0512	Dental Encounter (will no longer be used for dates of service after 02/01/19)	\$455.00
0519	Optometric Encounter	\$455.00
0529	Other	\$455.00
0561	Medical Social Worker	\$455.00
0771	WYVIP Administration	\$455.00
0779	Health Check Screening	\$455.00
0914	Mental Health – Individual Therapy	\$514.15
0915	Mental Health – Group Therapy	\$514.15
0942	Education/Training (diabetes related dietary training)	\$455.00
0987	Hospital Encounter	\$455.00
D8999	Orthodontic	\$455.00 quarterly until total paid
D9999	Dental	\$455.00

Provider: Indian Health Service and other 638 Health Clinic facilities

*Fees are paid per patient encounter provided within the walls of the facility

Provider: Morning Star Manor - Fee is paid on a per diem basis for all Native American and Non-Native American clients. Per Diem Rate increased from \$302.25 to \$329.45

Numbers for Morning Star from January – July 2018 – 26 clients

18 American Indian/Alaskan Native (100% FMAP), 8 “other” or White/Caucasian (50/50 FMAP)
70% AI/AN, 30% Non-AI/AN

Provider: Telehealth - Fees are paid per patient encounter. IHS/638 tribal facilities may increase access to specialty providers throughout Wyoming using telehealth.

Summary:

The Division continues to encourage increased Tribal participation regarding proposed policy and coverage changes, provider challenges, and overall healthcare system improvement reform. Wyoming's Tribal communities are an integral part of the State's demographic infrastructure and have a critical role in the improvement process.

The Division will continue to work collaboratively with Tribal leaders to identify and leverage existing opportunities for maximizing available Medicaid funding. The Division is aware of the ongoing healthcare challenges and health disparities within our Tribal Communities. As additional opportunities become available, the Division will explore those options and provide the Tribal leadership with the guidance and process knowledge necessary for efforts to be successful.

Attachments

TRIBAL LEADERSHIP ADVISORY COUNCIL MEETING

MEETING MINUTES

August 15, 2018

Present:

Northern Arapaho: Glen Fowler/Wind River Family & Community Healthcare Center, Richard Brannan/Wind River Family & Community Healthcare Center, Carole Justice (phone), Vivian Swallow, Northern Arapaho Tribal Health (phone)

Eastern Shoshone: David Meyers/Eastern Shoshone Tribal Health (phone)

Indian Health Services (IHS): C.J. Anderson, Tanya Wolfford (phone), Dr. Garth Reber (phone), Bonnie McKay (phone)

Others: Jamie Vosberg/WyHealth, Morris McGaugh/WyHealth

DOH Staff Present: Janet Jares/BHD, Shawna Pena/Rural Health and Frontier Health Unit Manager, Dirk Dijkstal/Aging Division, Guy Beaudoin/Vital Statistics, Amy Guimond/HCF, Jan Stall/HCF, and Chris Bass/HCF

Welcome and Introductions: Amy Guimond opened the meeting and introductions were made around the table. Minutes from the previous meeting were approved with changes noted.

Department of Health, Public Health Division – Shawna Pena, Rural and Frontier Health Unit Manager

- The Wyoming Injury and Prevention Program received an ACL grant allowing for an increase in the use of tai chi for falls and the aging population. The chronic disease self-management programs supported through the Chronic Disease Prevention Program and funded by the ACL grant are all Self-Management Resource Center (SMRC) programs (<https://www.selfmanagementresource.com/programs/>). The SMRC programs that we will be expanding availability and sustainability of in Wyoming include the Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Chronic Pain Self-Management Program (CPSMP). Currently, all SMRC programs throughout Wyoming are free to participants. Currently, the only SMRC program available in Fremont County is the CDSMP. We aim to have DSMP available in Fremont County by July, 2020 and CPSMP by July, 2021. It is likely that these programs may be available there sooner. *Note that there are other Diabetes Self-Management Education (DSME)

programs available in Fremont County. The American Diabetes Association (ADA) and the American Association for Diabetes Educators (AADE) are two organizations which also license DSME programs. These programs are structured differently than the SMRC DSMP, but are equally effective. The grant funding we receive from ACL is not for ADA or AADE DSME programming. ADA and AADE DSME programs can be found at: <https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program>.

All SMRC programs within Wyoming are licensed through the University of Wyoming (UW) and are branded under the name "Healthy U" (http://www.uwyo.edu/wycoa/educational_and_training_opportunities/healthy_u.html). Healthy U programs are taught by peer leaders who are trained and supervised by UW, and the programs are therefore not offered out of any specific organization in Fremont County. Peer leaders will often coordinate with the local senior center, library, or community center to provide the programs in their locations.

Anyone interested in attending a Healthy U workshop may contact Dominick Duhamel at dduhamel@uwyo.edu to inquire about any upcoming CDSMP workshops in Fremont County. As part of our ACL funding, we are working with UW on developing a centralized website for all Healthy U programming and will eventually have workshop dates and locations available online.

Another resource for diabetes education is DEEP - the Diabetes Education Empowerment Program. This program is meant to supplement a DSME or DSMP curriculum, but is also a great resource on its own. In WY, DEEP is coordinated through Mountain Pacific Quality Health Foundation. I know there are DEEP facilitators in/around Fremont County, although I'm not sure of their current level of activity. You can find more information on DEEP at <http://mpqhf.com/QIO/quality-improvement-initiatives/diabetes/> or contact Brandi Wahlen at bwahlen@mpqhf.org.

- Chronic and Disease prevention grant – self management education for aging populations. This includes chronic disease education, chronic disease self-management and diabetes self-management.
- The conference for EMS and trauma program staff will be held on August 22nd.
- This year's annual meeting will be held in Cheyenne in October.
- There is a new grant available for crisis response funding in regard to the opioid epidemic. We have requested over \$1,000,000.
- The State health assessment is in progress.

Department of Health, Aging Division – Dirk Dijkstal, Community Living Section Manager

- They are going through the state fiscal year granting cycle and working on the federal year granting cycle. The Older Americans' Act programs and Aging Division's purpose is to provide safety and care for the older aging population. This is to help increase self-sufficiency, health and safety, and prevent premature institutionalization.
- Title 3B support services provide socialization and health of older adults. Transportation is included in this.

- Title 3C-1 and 2 – Meals on Wheels – This is geared towards anyone at risk of institutionalization. These are for those 60 years and over.
- Disease prevention program – Title 3D – evidence based programs. We have partnered with the Wyoming Center on Aging and self-management program. We plan to have this program available state wide.
- 3E – National Family Care Program – caring for clients 60 years of age or older. This program provides respite care and support groups for those caregivers caring for Alzheimer’s/dementia patients.
- This program helps adults 18 and over who are caregivers for a loved one 60 years of age and older who are at risk of premature institutionalization. This provides homemaker services, personal emergency response services, hospice care and others.
- The Aging conference is scheduled for October 2-4 in Laramie. The theme this year is “Engage at Every Age”. This conference is held once every 3 years and is open to anyone.
- Richard – they have a number of elderly patients that are homebound and have home health care, but they have not been set up to maximize collections. They are operating on IHS funding. There is a disconnect in resources on the reservation for tribal members, and they would like to develop a home health program. Dirk – The Northern Arapaho do provide meals. Fremont home services provides service under the WISE program for the reservation and Dirk can get the call information for Richard. Amy – we do have a long term care program which is a waiver service, but is not paid at the all-inclusive rate. These are services which haven’t been tapped into. Resources will need to be built out in the reservation area. We need to chart the different programs, what the differences are between them and the Division that administers.

Behavioral Health Division/Developmental Disabilities Division – Janet Jaris - Mental Health and Substance Abuse Services Administrator

- The Eastern Shoshone Recovery Program – has provided PATH services for two years. It will begin September 1st through grant funding. This provides services to people with serious mental illness, and assists those with Mental Illness and Substance Abuse disorder to obtain housing and stay housed. It will engage people who are homeless, help them become housed and then help them get the resources to stay housed. The program will provide outreach using state general funds. We will be assisting those on the reservation. Barriers include the lack of affordable housing, but the priority is housing first.
- SHORAP will stay open. This is short term community housing and case management for those homeless people having substance abuse issues. This is to assist their recovery and transition into permanent housing with work or disability benefits.
- The State opiate grant will expand the Wyoming treatment capacity and provide infrastructure for those with an opioid addiction. We will issue an RFP to compile a comprehensive needs assessment on the reservation.
- We Help is working with Recover Wyoming providing training and infrastructure support for peer specialists. These are trained people who have been through the

experiences of those they support. There will be an annual meeting in Lander at the end of September and a peer specialist training the first full week of October in Laramie. It is a five day training and there is some funding to help offset the cost. Recover Wyoming does the training and the Behavioral Health Division does the certification. Requirements were discussed.

- Proposed new rules will be coming out and may be reviewed by the Tribes when available to see if they help serve those on the reservation.

Department of Health – Division of Healthcare Financing – Division Staff Eligibility Update –

- The new eligibility specialists on the reservation are averaging 65 applications a month. There is a small backlog due to the sports physicals, but they will work through that quickly. We are seeing very good work. Amy is working with IHS to start a new contract with them to do this, as well.
- Reports are being kept and reviewed to figure out why people are falling off Medicaid.

Medicaid Updates--

Bulletins sent out

Medicaid Record Keeping, Retention and Access Requirements – A bulletin was sent out that was an important policy reminder. This bulletin included the retention of records, documentation requirements, availability of records, refusal to produce or maintain records and audits. (This document was in the folder)

Attention Behavioral Health Providers - This bulletin was sent out to remind Behavioral Health Providers of guidelines regarding requirements for treatment plans, documentation of progress notes, clinical assessments, and staff and code requirements.

Public Notices

HCBS Transition Plan and Provider Rates - . In March 2014, the Centers for Medicare and Medicaid Services (CMS) passed new rules for provider setting requirements for Medicaid Home and Community-Based Services (HCBS). The new rule requires all states to evaluate their provider's settings where services are provided, and transition those settings to meet the new federal rules over eight (8) years. This affects all provider controlled, owned, or operated settings in which individuals receive HCBS through the Acquired Brain Injury, Comprehensive, Supports, or Community Choices waiver programs. This plan was first posted for public input October 18, 2014 and has been revised at the request of CMS.

Pursuant to Wyoming Statute §42-4-120 (g), the Division is required to rebase provider rates "at least once every four (4) years but not more than once in any two (2) year period."

During the 2018 Budget Session of the 64th Wyoming State Legislature, the Division was directed to implement the provider payment rates identified in the aforementioned Navigant Report. The Wyoming State Legislature appropriated a biennial budget increase of \$20 million dollars to implement the rates proposed in the SFY2019 Provider Rate Study.

CME Waiver - The amendment is necessary to adjust the agreed upon rate and reimbursement paid by the WDH to the CME contractor and the fee for service payments made to direct service providers.

Recovery Audit Contractor – Wyoming is submitting a State Plan Amendment requesting the following exceptions: reduction of the minimum requirement from 1 full time to no less than .1 full time Medical Director during the contract period, increase of the contractor contingency fee from 12.5% to no more than 17.5 % and increase the maximum lookback period to no more than 6 years.

Asset Verification System - This amendment showed that Wyoming has implemented the Asset Verification System for Aged, Blind or Disabled programs that meet the federal requirements which was effective January 1, 2018.

1115 Tribal Waiver

Wyoming Medicaid received notice from CMS the current application for the waiver not was not approved submitted. A couple of workgroup meetings convened and a couple of questions were sent to CMS but was later cut back to one.

The questions sent to CMS were:

2) In reviewing CMS' response letter to the Wyoming 1115 Waiver application, CMS indicated that an uncompensated care pool approval would be considered acceptable under the state's traditional FFP match rates. Can CMS please confirm that if the State were to revise the FFP request within the waiver to reflect the State's current 50/50 match rate, that CMS would approve the existing application? Additionally, can CMS please confirm that a Tribal government is a qualifying entity to provide the state's portion of the funding agreement?

One cut

1) The state of Arizona submitted and received CMS approval for an 1115 Waiver covering Oct. 1, 2011 - Sept. 30, 2016. Attachment K of the approved waiver application outlines a Tribal claiming protocol for IHS and 638 Facility-based Uncompensated Care Payments that qualified for 100 percent FMAP. Is the approach taken by the state of Arizona, in regard to the processes outlined in Attachment K, still an approach approvable by CMS under a 100% FFP waiver application?

CMS scheduled a meeting and it was held on July 24th. During that meeting, CMS asked questions regarding standard funding. They indicated they would review our responses

and get back to the state with some technical assistance. We have not heard from them to date.

Additional information:

A bulletin was sent out on June 1st, letting providers know that the Wyoming State Auditor's Office shut down the WOLFS system on July 27th through August 6th to conduct an upgrade. During that time no payments from Wyoming Medicaid were made. Wyoming Medicaid is unable to issue payments outside of the Wolfs system.

Provided group with some data on Emergency Room Visits and EPSDT

Emergency Room visits

There were 2,371 emergency room visits last year. Most of them occurred at Sagewest healthcare.

The next chart shows the top ten reasons individuals went to the emergency room. The number one reason is upper respiratory infection but abdominal pain was the highest cost diagnosis.

The third chart shows what additional services were provided by diagnosis. The last chart of the ER visits shows how many times members have been to the Emergency room.

Reviewed EPSDT charts. Discussion about coding and program being used at the facilities.

Vital Statistics – Guy Beaudoin, Deputy Registrar

- There have recently been three suicides in Fremont County. The agency wants to work with Tribal Enrollment so the death certificates can be confirmed as members of the tribe to improve statistics.
- We are working on the number of days it takes to get death certificates signed. Those coming out of Wind River Cares is right now at 14 days. There have been four deaths in the facilities having a primary manager for the care, so 14 days is pretty good to complete the certificate. It is important to get it signed quickly and to get the contributing causes on the certificate. It is also important to list all contributors to the death, i.e. diabetes which may contribute to the death. That helps support the programs when that data is collected. Medical history needs to be reported accurately.
- Fort Washakie Health Center – There have been two recent deaths and the signature on the death certificate is at 17 days. No diabetes has been mentioned in these deaths.
- Wind River Oncology – There have been 25 deaths and only 3 days to get the certificates. Timeliness is very important. These death certificates did list diabetes as supporting causes to death in some of these cases.
- We have received almost all divorces with the Tribal Court. This has now been sorted out and these records are very important for getting the right people the right services if they are entitled.

Tribal Updates:

Indian Health Services – CJ

- Working on eligibility and getting documents reviewed. Hiring will be a bit of a hold up as HR is backed up, but optimistic this can be implemented soon.
- Coordination with WyHealth is very positive. Getting updates on possible technologies that can help the patients, i.e. telehealth, Medacube, THR.
- Winding down the coordination with Change Healthcare and fixing some of the pharmacy billing issues. We have worked closely and extensively since the system is somewhat antiquated. Things will get easier going forward as the drug file has been improved.
- Staffing – All HR issues go through Billings and they are short staffed, so it is a bit slow getting staff in place. There have only been two personnel hired this year so it is a bit frustrating.
- Bonnie – The revenue department will be transitioning. The Health Management position has been selected, so this will return to full time soon. Efforts are focused on patient registration and cleaning up the data. We are rolling out patient registration training which we hope to offer every 12 weeks as turnover is a problem.

Northern Arapaho Tribe –

- Richard - Being a 638 facility is a blessing. The focus is three pronged: 1115 waiver is disability diversion. Preventive healthcare is the top priority. The Maternal/Child Health Program has field workers that go out and work with pregnant women. They will get privileges at the hospital for the physician to be on the call schedule. There are a significant number of premature births and these are very expensive babies due to premature births. The behavioral health focus continues to be expanded as it is one of the most significant needs on the reservation. Due to the lack of adequate facilities, we have rented a modular unit which the administrative people will move into and the behavioral health specialists will have space. We continue to grow the transportation piece which is the biggest barrier to healthcare. The Riverton clinic will complete construction on December 31st for the pediatric care center. We are adding three dental professionals and have applied for funding to provide many more dental services. A CDC grant has been received which will allow the integration of the elders within the care model. There will also be a quick care for after hours and weekend care. If we are serving non-IHS beneficiaries, it will need to be determined if they can be billed at the all-inclusive rate and then the State can be reimbursed for fee for service. We have a dental mobile clinic with two chairs and panoramic dental x-ray, and we plan to park it behind the Arapaho clinic and house the orthodontist to work with children. When we get the Riverton clinic running, we will use as the school based program. This will be a major initiative for other mobile clinics. We are also working on using telehealth for more complex cases.
- Glen – The State/tribal relations have been very beneficial. In the next year as we grow, there will be additional issues. One may be an additional waiver as we beef

up dental services. The second may be if the hospital leaves the Riverton area, we need to understand how to open the doors to serving non-Indians, i.e. billing at the all-inclusive rate vs. fee for service. Third, use the BHAT program as other types of providers are entered into the system, and grow the youth in developing them to become health professionals. We need to integrate them into the system to provide for the Indian community. What has been accomplished in the last two years has been wonderful and is more reflective of other states. We want to see the public health nurses come back as the separation between them and IHS has hurt the elders.

Next Meeting – Late November, early December

Topics

- Reimbursement for Services that are provided at the facilities (facilities will provide lists of services they provide and the group will go over what is billable to Medicaid)
- Review Strategic Plan to see what goals should be moved up.

Meeting was adjourned at 2:30 p.m.

Meeting Notes

Tribal Leadership Advisory Meeting
November 28, 2018
Webinar

Northern Arapaho Richard Brannan/Wind River Family & Community Healthcare Center, Carole Justice/Wind River Family and Community Healthcare Center, Brian Oland/Wind River Family, Grant Christensen/Wind River Family, Desirea Minick/Wind River Family, Helen Hanway/Wind River Family, Roland Hart/Wind River Family, Corina Teves/Wind River Family, Kim Clementson/Wind River Family, Sunny Goggles/White Buffalo Recovery, Susan Kreager/Northern Arapaho Diabetes

Eastern Shoshone: David Meyers/Eastern Shoshone Tribal Health, Becky Bercer

Indian Health Services (IHS): Glenda (Cindy) Washakie

Others: Morris McGaugh/WyHealth, Jamie Vosberg/WYHealth

DOH Staff Present: Amy Guimond/DHCF, Carol Day, Administrator BH, Dirk Dijkstra/Aging, Jan Stall/DHCF, Lee Grossman, Administrator DD, Lindsey Schilling (by phone), Stephanie Pyle, Senior Administrator, Teri Green, Senior Administrator Medicaid

Welcome and Introduction Amy Guimond opened the meeting. Introductions were made around the table and over the phone. Review of the agenda and the minutes from the previous meeting were discussed. Notes were approved.

Public Health Division
Stephanie Pyle, Senior Administrator

- State Health Assessment – Community engagements sessions were held.
- State Health Assessment will be going out for public comment soon.
- Would invite all to take the opportunity to review the document and give us your feedback to make it as comprehensive as possible.
- Key findings related to a number of different areas such as health behaviors, tobacco use, alcohol use, accessibility issues, as well as social and economic issues, mental health, premature death, causes of death, and health equity.
- After public comment the document will be finalized and a State Health Improvement Plan will be developed to address identified issues. Please reach out to Stephanie Pyle or Amy to determine if you would like to be more engaged
- Carole J – Will this plan then impact the Medicaid State Plan as far as priorities on what is covered and what is not? Stephanie – we are looking for this plan to be comprehensive

which all programs can use including Medicaid to inform the decisions, programs and initiatives the are making. Medicaid has been very involved.

Aging

Division

Dirk Dijkstal, Community Living Section Manager

Increase awareness of what services senior centers can provide. Aging Division contracts with a majority of the senior centers in the state. Focus on a state funded program called Wyoming Home Services (WyHS). A client must be 18 years of age or older and through an ongoing evaluation, at risk of premature institutionalization.

WyHS program providers may choose the following services to serve in their county: (*currently no provider offers these services)

1. Care Coordination
2. Personal Care
3. Homemaking
4. Respite Care
5. Chore
6. Personal Emergency Response System
7. Adult Day Care *
8. Hospice *
9. Home Modification
10. Medication Set-up

Under the Older American's Act, we provide the following Grants and Services:

Title III B Supportive Services:

1. Health Services- Providers may choose to provide any of the following types of services:
 - Health education
 - Health Exercise
 - Disease prevention,
 - health promotion (including mental health
2. Socialization services
3. Support Services- (This includes but is not limited to information referral, education, forms assistance, material aide, volunteer, and outreach)
4. Transportation Services- These are services to facilitate access to supportive services or nutrition services.

Title III C Nutrition Services- This program offers both congregate meal services and home-delivered meals. Congregate services are available to anyone over the age of 60. Home delivered meals are reserved for those who are geographically isolated or homebound.

Title III E National Family Caregiver Support Program- The caregiver program is unique in that its focus is to support the caregiver, not the care-receiver. The program offers the following services to caregivers:

1. Respite care- temporary breaks from responsibilities
2. Support groups
3. Information and assistance
4. Counseling,
5. Supplemental services

Wyoming Home Services (WyHS)- Unlike the programs listed above the Wyoming Home Services Program services more than just 60 and over. In order to be eligible to receive services under WyHS an individual must be at least 18 years of age and at risk of premature institutionalization

WyHS program providers may choose the following services to serve in their county: (*Currently no provider offers these services)

11. Care Coordination
12. Personal Care
13. Homemaking
14. Respite Care
15. Chore
16. Personal Emergency Response System
17. Adult Day Care *
18. Hospice *
19. Home Modification
20. Medication Set-up

Provider Orders for Life Sustaining Treatment (POLST)

What is POLST?

The Provider Orders for Life Sustaining Treatment (POLST) form gives seriously ill patients more control over their end-of-life care, including medical treatment, extraordinary measures (such as a ventilator or feeding tube) and cardiopulmonary resuscitation (CPR).

A POLST order helps ensure that medical care provided in the emergency department and out-of-hospital settings is consistent with the patient's desires. For example, a Wyoming POLST order marked with "Do Not Resuscitate" tells emergency medical technicians, first responders and other emergency healthcare staff members not to attempt cardiopulmonary resuscitation on the person for whom the order is issued if that person suffers cardiac or respiratory arrest.

POLST Bracelets

POLST bracelets can be an-easy-to-see POLST notice for healthcare providers. Sticky J Medical ID is the Wyoming Department of Health's authorized source for POLST bracelets in Wyoming. The Wyoming surgical stainless steel POLST bracelet is available for \$27.90

by mail order from Sticky J Medical ID. An order form can be downloaded [here](#). Bracelets can also be ordered online at <https://www.stickyj.com/category/dnr-jewelry-bracelets>, the Sticky J Medical ID website. Please note a completed POLST form is needed for bracelet orders.

Statute and Rules

POLST Statute: Click [here](#)

POLST Rules: Click [here](#)

For More Information

For more information about the POLST program, please contact the POLST program manager, Heather Welch at 307-777-7988 or toll-free: 800-442-2766.

Dr. Christensen – previously there was a program for Senior Dental Program – the program was unfunded and to date there is no appropriation for this. Teri indicated they had received several questions from legislatures interested in the status of what may be available regarding the amount of budget cuts that were incurred to the dental program. That would lead her to believe there is some consideration or at least study for dental services for adults. At this point that is all we know.

Carole J had a question about the PACE program. It is her understanding this is only in a few locations. Is there any thought that this program will expand into other areas? Tyler D is a Medicare/Medicaid managed care program. He has not heard of any interest from any facilities in this area becoming PACE providers. Tyler indicated that it is possible. The PACE program is a partnership between Medicaid, Medicare and a private third party that would become a managed care organization to provide the PACE services. It is a three way contract. The legislation has to write an authorization for the PACE program. So far we have only had one facility interested and wanting to provide PACE services in Laramie County. We have heard other communities interested but have not had any facilities step up to become the managed care organization to provide those services. If you are interest in PACE, please contact Tyler at 777-2485. The requirements to become a PACE provider are pretty intense.

Behavioral Health Division

Carol Day, Mental Health and Substance Abuse Services Administrator
Lee Grossman, Developmental Disabilities Section Administrator

- Sent out application for court supervised treatment program on October 26th. Really encourage the facilities to apply so those services can be reinstated. If you have any questions, please contact Nicole or Aleesia on the BHD staff. Applications are due in the BHD office by February 1, 2019.
- State Opioid Response Grant was awarded to BHD. The purpose of the grant is to expand treatment and infrastructure related to providing substance abuse services. In particular MATS services (Medication Assisted Treatment Services) to adults with opioid substance abuse disorder. One of the conditions of the grant is to conduct a needs assessment for Tribes. BHD issued an RFP and currently issued the contract to Germane Solutions, a company out of Ohio that has substantial experience working with Tribes nationwide. Their report is due back to BHD in

June 2019. This report will be used to work with the Tribes to implement a plan to address the identified needs in year two of the grant. The Tribes may be hearing from them by individual surveys or focus groups. Rick B asked if there were funding opportunities from the grant for the Tribes. Those transitioning from incarceration to the community with substance abuse issues. Carol indicated all of the treatment money is obligated to treatment facilities at this time. The best chance for funding opportunities will be after the needs assessment is completed and based on the findings.

- The guiding document for the Intellectual Disabilities waiver is required to go through a waiver renewal every 5 years. That is something that was recently submitted to CMS in September. The summary and the full document is on the Division website for viewing. This information has been shared with the group previously. BHD also completed community engagement in Riverton and received lots of feedback. Once the application has been submitted the process with CMS can take up to 6 months. The new waiver application will go into effect on April 1, 2019.

Division of Healthcare Financing

Public Notices

Wyoming Inpatient Hospital Reimbursement – Public notice was given that beginning February 1, 2019, the Wyoming Department of Health intends to make changes to the Wyoming Medicaid State Plan for inpatient hospital reimbursement. It will updated from level of care to an all patient refined diagnosis grouping or DRG methodology.

Medicaid Eligibility Quality Control – Wyoming Department of Health gave notice that updated the requirements related to Medicaid Eligibility Quality Control. Just an update to align with current regulations and standards to ensure quality measures with in the determination of Medicaid Eligibility.

Amendment to Targeted Case Management for Children with Serious Emotional Disturbance State Plan – the amendment was necessary to a just the agreed upon payment methodology and reimbursement paid by WDH to the Care Management Entity contractor to add additional payment for reimbursement of Medicaid enrolled CME provider training and support expenses not included in the current capitated rate. Preparing for a waiver renewal soon. If anyone is interested in being on calls or participating in waiver or procurement renewal, please contact Lindsey or Amy.

Wyoming Volunteer Health Services – public notice was given that a rule will be established to implement a volunteer health services program under Wyoming Statute that allows the Department to execute contracts with health care providers and medical facilities to deliver volunteer health care services to low income persons and the Wyoming Governmental claims act

shall apply to those providers and facilities. This rule establishes requirements for providers to participate in the program.

Pharmaceutical Services Chapter 10 – public notice was given to amend Chapter 10 of the Medicaid rules. This update to the rule updates the State’s reimbursement methodology for pharmacy providers and client copay responsibilities to align with the approved State Plan Amendment. Additionally this amendment specifies the composition and duties of the Pharmacy and Therapeutics Committee.

Medicaid Benefit Recovery Chapter 35 - This rule mandates the Department of Health administer a third party liability program and an estate recovery program. This rule is being amended to reduce the length of the rule, remove redundancies with Wyoming Statutes, utilize plain language, remove definitions in Chapter 1, and no longer reference definitions that are not included in the substantive portion of the rule. Further this rule clarifies some definitions, as used for estate recovery processes, and also proposes to promulgate changes to be compliant with the provisions of Wyoming Statutes for birthing costs pursuant to its statutory authority in Wyoming Statute 42-4-122 and House Enrolled Act 59 (Medicaid Fairness Act), passed by the Legislature in the 2018 budget session.

1115 Tribal Waiver

July 24, 2018 – call with CMS to discuss our waiver and questions that we had regarding matching funds and how the state’s share could be paid by the tribal facilities

November 6th – followed up with an email to CMS about the 1115 Tribal Waiver and question about deleted services or adding services only to tribal facilities. CMS indicated the questions are still under review.

MISC

- Currently have a contract with Wind River Cares regarding providing eligibility staff to process Medicaid applications. A contract is in the works for IHS to coordinate with Medicaid to also provide those services.
- Question about youth in foster care and the process. Jan S explained the process for foster care youth is a one page application that can be sent in by fax. The turnaround to get a child on Medicaid is a couple of days at the most. Amy G indicated we have tried to provide training to the Tribal DFS and no one showed up. Medicaid is willing to do a webinar or other training to get this process moving more efficiently. A court order is required for the child to be put on Medicaid. If a youth ages out from foster care they can apply to the eligibility workers at Wind River Cares or the Customer Service Center. They have to be in foster care on their 18th birthday. If a child was in state only funded foster care (Institutional foster care or those who cannot verify citizenship) they are not eligible

for Medicaid after the age of 18. Wyoming does not have an IVE guardianship program. **Need to set up a meeting between Medicaid, DFS and facilities to see if a quicker process all around can be completed. Would like a sheet to verify the different programs and if a child is eligible for Medicaid. Possibly a training to discuss different scenarios.**

- Starting in February of 2019, the facilities will need to bill dental claims on a dental claim form. Dental claims are currently being billed as an outpatient claim.

Indian Health Services

- No update from IHS

Northern Arapaho Tribe

Wind River Cares (Wind River Family and Community Health Care)

- Corina Teves is the new clinic operations officer.
- Wind River Cares received funding to get a machine to make dentures, crowns, etc. They also received funding for a mobile dental clinic with x-rays. A heater will have to be put in the mobile clinic since it came from Texas.
- Rick asked if it would be beneficial if they had a physician on duty in case the hospital called and they could document a referral. CMS approved a triage line as a referral. We will schedule a meeting offline to discuss this issue.
- Received a USDA Distant Learning Telehealth grant. First one that has come into the state of Wyoming in a few years. There will be telehealth equipment for behavioral health, primary health and diabetes program.

White Buffalo Recovery Center

- CARF accredited
- Working to purchase a 25 bed double modular to provide treatment services, currently have an 8 bed facility (which is full).
- Partnering with Eastern Shoshone Tribe to apply for the tribal court wellness funding.
- Invested in neurofeedback machine.
- Opening a building in Ethete to provide services.
- Partnering with University of South Dakota to provide education to providers. Will have one person graduate who will be getting their master's degree at the end of the year and can apply for their license to provide substance abuse services. Two individuals will start the bachelor's program in the fall.
- Working with Tribal health to move things towards community health which is helping to streamline all the paperwork.

- Partnering with the TANF program to complete their drug testing. If they fail their drug test they do not get pushed off TANF but have to get an assessment to start services. One staff person is designated for TANF clients.

NA Tribal Health

- Diabetes program is always busy.
- THR program is trying to work on the long term health care waiver.
- Not up to Medicaid billing but hope to get it up and going in about 6 months.

Eastern Shoshone Tribe

Morning Star

- Starting and moving more towards the Eden Alternative Program for nursing homes. Currently two individuals became certified instructors for the program. Continue to remodel the building. Lots of activities

Eastern Shoshone Tribal Health

- Hired an RN about a month ago. Raina Masterson
- Hired Becky Bercier to help with the Medicaid coding, billing and grants
- Hired temporary position for breast and cervical cancer program Ricki Harris
- Hired CNA to provide medical transportation which they will start billing (still waiting on enrollment to process through Medicaid)
- Hiring someone in geriatric aging chronic care will do a one year pilot project with UW to assess the elderly
- Able to hire a team for the Diabetes Education program for summer classes
- Partnered up with Crossfit to provide a community health assessment and other services
- Starting to working with clients on telehealth

WYHealth and Data Info

Indian Health Services:

8/28/18 – Provider Education, EPSDT, HEDIS, Choice Rewards, PCMH, WySUP, Telehealth

9/27/18 - Community Outreach planning committee for Sharing the Journey Diabetes be Dam'ed Dam'ed walk, Choice Rewards

10/9/18 – Provider Outreach, Provider Education, EPSDT, Choice Rewards, WYSUP

10/15/18 – Community Outreach planning committee for Sharing the Journey Diabetes be Dam'ed Dam'ed walk, Choice Rewards

11/3/18 – Assisted with the Sharing the Journey Diabetes be Dam'ed walk

11/15/18 – Provider Education, Optum Health Education/CME's

The Choice Rewards Diabetes letter has been approved and has been sent out to the WySUP clientele.

Eastern Shoshone Tribal Health

8/15/18 – Present for the Tribal Leaders Advisory Group meeting
9/24/18 – Provider Outreach email Youth Empowerment Conference held at Wind River Casino
10/10/18 – Attended the Community Health Assessment Stakeholders meeting
10/23/18 – Provider Outreach for Telehealth Zoom meeting
10/25/18 – Provider Outreach Zoom Webex Telehealth planning meeting
11/3/18 – Assisted with the Sharing the Journey Diabetes be Dam'ed walk
11/13/18 – Provider Education Telehealth
11/15/18 – Provider Education, Optum Health Education/CME's

Wind River Family and Community Health

8/28/18 – Provider Outreach, Provider Education, EPSDT, WYhealth.net, Choice Rewards, WySUP (Ethete Clinic)
9/12/18 – Provider Outreach, Provider Education, went over Provider Score Card EPSDT, Family Health App, Medicaid Client Handbook, Discharge Planning, PCMH, THR/CCD Viewer, Telehealth, WYhealth.net, WySUP.
9/18/18 – Provider Education, Telehealth
9/20/18 – Provider Score Card emailed a copy and Telehealth information
10/17/18 – Provider Outreach emailed to schedule a follow up visit
11/15/18 – Provider Outreach, Optum Health Education/CME's
11/27/18 - Provider Outreach emailed to schedule a follow up visit

Northern Arapahoe Tribal Health

11/15/18 - Provider Outreach, Optum Health Education/CME's

Thank you facilities for working with WYHealth. Really appreciate the partnerships.

WyHealth is able to pull data from claims. Able to provide Hedis Measures. You can contact either Jamie or Morris if you need this information and they can get it to you.

Strategic Planning Discussion

Reviewed the services document provided in packet. See attached.

No additional questions were asked about services provided at the clinic.

Peer support is currently not covered at the medical clinics.

Topics for next meeting

- Waiver update

