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Mission, Vision, and Philosophy
Strategic Plan 2003 - 2006

Draft

MISSION

Draft

To promote, protect, and enhance the health of all Wyoming citizens.

VISION

We envision a Wyoming in which all citizens are able to achieve their maximum health potential; a Wyoming in which early intervention, wellness, health promotion, and health maintenance are the primary strategies for solving health problems; a Wyoming in which all citizens have regular access to basic health care; a Wyoming in which citizens receive culturally appropriate and sensitive services; a Wyoming in which present and future generations are healthy, vital, and productive.

CORE VALUES

The following core values are the principles and beliefs that guide our actions to fulfill our mission. They also guide the establishment of the action plans contained in our Strategic Plan.

Prevention and Health Improvement We value solving health problems to reduce morbidity, disability, and premature death through early intervention, wellness, health promotion, and health maintenance programs.	Community-Based Services with Equal Access We value a network of community services that is available and accessible throughout the state to meet the needs of all individuals and their families. Placement of individuals will be based on the least restrictive and most appropriate environment with an opportunity for choice, input and accountability for their own actions.
Pursuit of Quality and Excellence We are committed to the highest possible levels of health care and community support services with the least possible State regulation. We seek collaborative partnerships with both the private and public sector service delivery systems to enhance the availability, accessibility, quality, and cost effectiveness of services to citizens	Accountability to the Taxpayer We are committed to serving as effective, efficient, and responsible stewards of the taxpayers' dollars. We are results oriented and will measure and report on our progress in achieving goals.
Openness in Government We value and believe in communicating with the public in an open and candid way. We actively seek and welcome a wide range of views, and are responsive to requests for reliable health information	Importance of Resources We value and recognize that people are our most important resources for accomplishing our mission. We will actively support science-based and research validated programs, studies, and analyses to enhance effective decision making

Wyoming Department of Health Result Statements DRAFT

July, 2003

Draft Desired Result	Draft Defining Attributes
Equal Access	Wyoming citizens will have access to comprehensive and affordable public or private health care coverage. Essential Public Health Services: • Link people to needed personal health services and assure the provision of health care otherwise unavailable
Consumer Directed Services	Consumer directed quality health and community support services for elders and other at-risk persons Essential Public Health Services: • Link people to needed personal health services and assure the provision of health care when otherwise unavailable • Develop polices and plans that support individuals and community health efforts
Lifetime of Health	From conception to death, a lifetime of health for everyone Essential Public Health Services: • Mobilize community partnerships to identify and solve health problems

Safe and Healthy Communities Draft	People in Wyoming Live in Safe and Healthy Communities DRAFT Draft Essential Public Health Services: • Monitor health status to identify community health problems. • Diagnose and investigate health problems and health hazards in the community • Evaluate effectiveness, accessibility, and quality of personal and population-based health services
Adequate Workforce	Workforce is sufficient in numbers, skilled, and culturally and linguistically competent. Essential Public Health Services: • Assure a competent public health and personal care workforce.
Safe Service Provisions	Protect and ensure safety in facilities and in home services Essential Public Health Services: • Enforce laws and regulations that protect health and ensure safety.

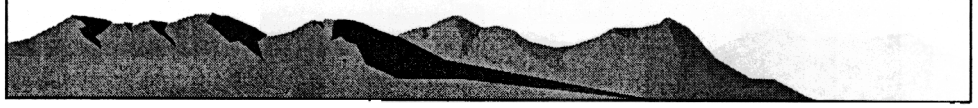
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MEDICAID 2003

A Snapshot of Wyoming Medicaid

Wyoming Department of Health
Office of Medicaid
Presented to Members of the
Wyoming Health Care Commission

July 29, 2003



Let's be very clear…

- Medicaid is <u>not</u> welfare! Medicaid was de-linked from the welfare system in 1996
- Medicaid is a publicly-funded insurance program for low-income workers, families and children
- Medicaid is also a safety net for Wyoming's most vulnerable citizens… the aged, the physically or developmentally disabled, and the chronically mentally ill who do not have the resources to care for themselves



Wyoming Medicaid Today

- Medicaid appropriation, 2003-04 biennium:
  - $244 million General Fund
  - $420 million Federal Funds
  - $664 million Total Appropriation
- Administration v. Case Services 2003-2004:
  - $29 million for Administration (4.3%)
  - $15 million for HIPAA Remediation (2.2%)
  - $620 million for Case Services (93.5%)
  - Increase of 20 percent over 2001-2002 biennium
- Total individuals enrolled in FY2003: 72,553
- Average monthly eligible caseload: 58,176
- Medicaid pays 2.2 million provider claims per year

Budget Basics

- FFP = Federal Financial Participation
  - 50% for Medicaid Administration
  - 75% for MMIS Operations
  - 75% for Skilled Professional Medical Personnel (SPMP)
  - 90% for MMIS System Development AND Family Planning
- FMAP = Federal Medical Assistance Percentage
  - FFP that is specific to direct provision of case services
  - Determined on a state-by-state basis every federal fiscal year, based on a state's personal income compared to national; better state economy means lower federal participation
  - Wyoming's FMAP for FFY 2004 = 64.27%
  - Projected FMAP for FFY 2005 = 59.77%

Where does it go?

- Medicaid pays for 63% of all Wyoming nursing facility days and 12% of all hospital days
- Medicaid provides Home and Community Based support services for 3,100 elderly and disabled Wyoming citizens
- Medicaid pays for 47% of all Wyoming births
- Medicaid provides basic health care for 54,000 Wyoming children and families
- BUT… No coverage for non-disabled childless adults

Who benefits?

Eligibility Category	2003 Enrolled	Per-Member Per-Month $	Per-Member Annual Cost
AFDC/Poverty Children	48,529	$145.39	$1,746
AFDC Adults	9,867	$250.19	$3,002
Foster Care Children	3,195	$361.84	$4,342
Pregnant Women	5,480	$571.22	$6,855
Aged	5,416	$1,494.63	$17,935
Blind/Disabled	9,104	$3,447.19	$41,366

Annual Expenditures, 2003

Aged
$59,076,246

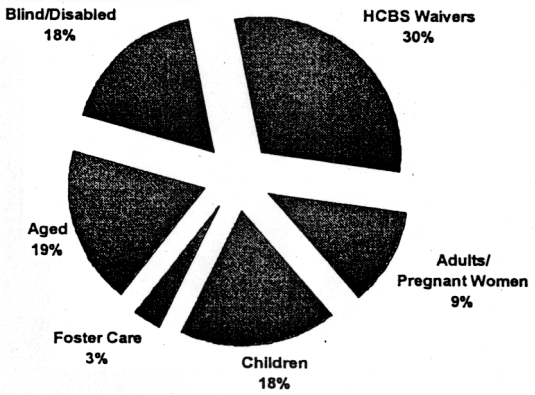
Blind/Disabled
$55,258,215

HCBS Waivers
$95,401,875

Adults/Pregnant Women
$36,564,289

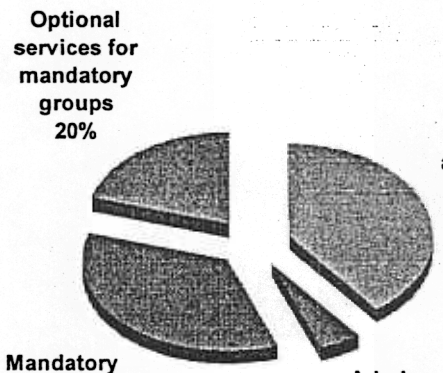
Children
$58,251,366

Foster Care
$10,394,816



Mandatory v. Optional

Medicaid has mandatory and optional eligibility groups, and mandatory and optional services.



Parents and Children

- Mandatory categories for low-income adults and children include:
  - Section 1931 eligibility: Parents and dependent children up to the 1996 AFDC Standard of Need ($590/month for family of 3, or about 46% FPL)
  - Transitional Medical Assistance: Parents and children transitioning from welfare to work (limited to 12 months and 185% FPL)
  - Children 6-18 up to 100% of the Federal Poverty Level (FPL), currently $1,272/month for family of 3
  - Pregnant women, newborns and children under age 6, up to 133% FPL ($1,692/month for family of 3)
  - "Special needs" foster care and adoption assistance



Parents and Children

- Optional categories for low-income parents and children include:
  - Presumptive Eligibility for Pregnant Women
  - Children in foster care other than "special needs"
  - Women who qualify under the Breast and Cervical Cancer Prevention and Treatment Act
- In Wyoming, 90 percent of adults and 95 percent of children qualify under one of the mandatory categories.
- Most women who initially qualify under the Presumptive Eligibility option eventually qualify for mandatory pregnant woman coverage.



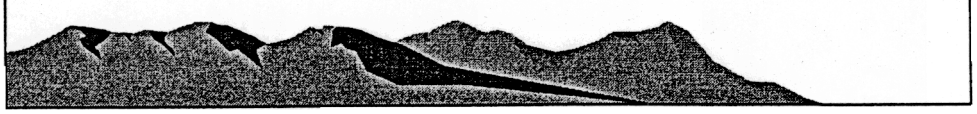
Parents and Children

- The Social Security Act provides other state options (not covered in Wyoming)
  - Pregnant women, newborns and children birth to age 6, up to 185% FPL
  - "Medically needy" adults and children
  - Children and adults above AFDC Standard of Need (some states go as high as 275% FPL)
- Still no coverage for non-disabled childless adults



Aged and Disabled

- Mandatory categories for the aged, blind and disabled include:
  - Aged, blind and disabled individuals up to Supplemental Security Income (SSI) level ($552/month, or 74% FPL)
  - Qualified severely impaired individuals who are deemed to meet SSI eligibility criteria
  - Qualified Medicare beneficiaries up to 100% FPL (Medicare cost sharing only)
  - Other Medicare beneficiaries to 135% FPL (Medicare insurance premium payment only)



Aged and Disabled

- Optional categories for the aged, blind and disabled include:
  - Individuals receiving home and community-based services under a Medicaid waiver (up to 300% of SSI income, or $1,656/month)
  - Institutionalized individuals (nursing facility, ICF-MR or hospital) up to 300% SSI
  - Working individuals with disabilities up to 100% FPL, under TWWIIA (Ticket to Work and Work Incentives Improvement Act)
- In Wyoming, 84 percent of the aged and 54 percent of disabled individuals qualify under an optional category

Waiver Services

- Wyoming has five 1915(c) HCBS waivers that provide Home and Community-Based Services to individuals who would otherwise be institutionalized
  - Long Term Care for Elderly and Physically Disabled Age 19 and Over
  - Assisted Living Facility (ALF) Waiver
  - Developmentally Disabled Adult Waiver
  - Developmentally Disabled Child Waiver
  - Acquired Brain Injury (ABI) Waiver

Other Aged/Disabled Options

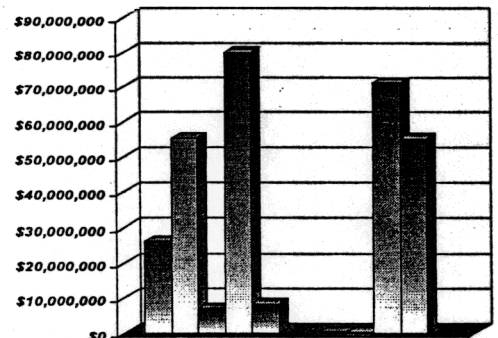
- The Social Security Act provides other state options (not covered in Wyoming)
  - Individuals 65 and older up to 100% FPL
  - Disabled adults up to 100% FPL (many of these receive SSDI and Medicare)
  - Working disabled individuals up to 250% FPL
  - Working individuals with medically improved disability (under TWWIIA)
  - Katie Beckett option for children with disabilities who are not institutionalized and not on an HCBS waiver

2002 Expenditures by Category of Eligibility

Total expenditures for mandatory eligibility groups: $177,070,840

Total expenditures for optional eligibility groups: $127,059,622

Expenditures include both mandatory and optional services.



	Mandatory	Optional
Adults	$26,181,088	$462,210
Children	$55,400,350	$3,061
Aged	$6,978,670	$71,356,357
Disabled	$80,130,817	$55,237,994
Foster Care	$8,380,015	

Mandatory Services

- Under the Social Security Act, these services are mandatory for all eligible individuals:
  - Inpatient hospital (excludes adult transplants)
  - Outpatient hospital
  - Rural Health Clinic (RHC)
  - Federally Qualified Health Center (FQHC)
  - Laboratory and Radiology
  - Nursing facility services
  - Home health services/Durable Medical Equipment



Mandatory Services

- Family planning services
- Physician's services
- Medical/surgical services of a dentist
- Nurse practitioner services
- Emergency transportation
- Administrative transportation
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – "Health Check" – for children under 21



The EPSDT Mandate

- EPSDT mandates periodic well child visits including immunizations, lead screening, vision and hearing, and dental services
- Health care services identified under the EPSDT program as being "medically necessary" for eligible children must be provided by Medicaid, even if those services are not included as part of the covered services in that State's plan.
- Result: ALL services for children are mandatory



Optional Services

- These services are optional for adults but mandatory for children under EPSDT:
  - Prescription drugs (all 50 states cover)
  - Physical therapy
  - Prosthetics and orthotics
  - Audiologist and hearing aids
  - Optometrist services
  - Hospice
  - ICF-MR (Wyoming State Training School)
  - Targeted case management, DD and MH



Optional Services

- Clinic Services:
  - Ambulatory Surgical Center
  - End Stage Renal Disease
  - Indian Health Service Clinic
- Rehabilitative Services
  - Comprehensive Outpatient Rehab Facility
  - Community Mental Health Center
  - Independent Psychologist
  - Occupational Therapist
- Institution for Mental Diseases (IMD) for individuals age 65 and over

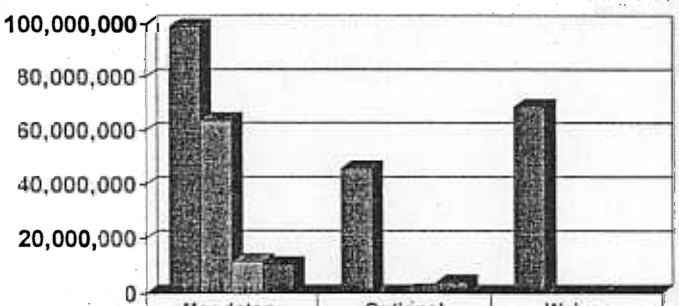
Expanded EPSDT Services

- These services are <u>not covered for adults</u> but are <u>mandatory for children</u> under EPSDT:
  - Organ Transplants (heart, lung, liver, kidney, bone marrow)
  - Extended Inpatient Psychiatric Services in a Hospital or Residential Treatment Center
  - Developmental Assessments and Therapies
  - Eyeglasses
  - Speech therapy
  - Comprehensive Dental Services
  - Private duty nursing
  - Personal care services (non-waiver)
  - Other Practitioners: Chiropractor, Podiatrist, Social Worker, Dietician

Other Optional Services

- In addition to the services listed under Expanded EPSDT, other optional services not covered in Wyoming include:
  - Organ and Tissue Transplants for Adults
  - Comprehensive Dental for Adults
  - Dentures
  - Diagnostic, Screening and Preventive Services for Adults (some exceptions)

2002 Expenditures by Service Category



	Mandatory	Optional	Waiver
Aged, Blind, Disabled	98,859,876	45,990,171	68,853,809
Children/Foster Care	63,783,426	0	0
Pregnant Women/Other	11,781,602	719,006	0
AFDC (1931) Adults	**10,413,577**	**3,728,995**	**0**

Optional Services

- Of the $3,728,995 in optional services for adults, how much is really available?

Total Optional Services	$3,728,995
Prescription Drugs	2,909,893
Mental Health Services	375,914
Emergency Transportation	56,519
All Other Optional Services	$386,669 ★

- Result: very little is actually "optional."

Cost Sharing

- States may impose nominal cost sharing on some Medicaid recipients in the form of deductibles, coinsurance, or co-payments for certain services.
  - Cost sharing does not apply to pregnant women, children under age 18, and hospital or nursing home patients who contribute most of their income to care.
  - No cost sharing for emergency services and family planning services.
  - Co-payments are minimal regardless of income level: $2 per physician or outpatient visit, $2 per prescription, $6 for each non-emergency use of the emergency room.
- Wyoming law prohibits cost sharing for inpatient hospital services.

Reimbursement

- Cost-based: inpatient/outpatient hospital, nursing facility
- Fee-based: physician, dentist, other practitioners and therapists, waiver, home health, DME, mental health
- Hybrid: hospice, FQHC and RHC
- Market-based: prescription drugs



Top Reimbursement Issues

- Inpatient Hospital cost coverage
  - Currently covering 83% of actual costs
  - Would require $5,418,429 additional per year to cover 100% of actual costs
- Outpatient Hospital cost coverage
  - Currently covering 51% of actual costs
  - Would require $4,700,548 additional per year to cover 100% of actual costs



Top Reimbursment Issues

- Nursing Facility cost coverage
  - Currently covering 88% of actual costs (after cost rebasing in 2002)
  - Would require $9,800,000 additional per year to cover 100% of actual costs
- Physician and other practitioners
  - Currently paying about 50% of billed charges
  - Would require $15,418,914 additional per year to pay 70 percent of billed charges
- Dental services
  - Currently paying about 77% of billed charges
  - Budget is underfunded by $6,694,248 for current biennium

Critical: Prescription Drugs

- Average Wholesale Price (AWP) is established by drug industry, not by marketplace
- Medicaid programs cannot restrict drug coverage to a set formulary
- Powerful drug lobby resists State drug management attempts with lawsuits, fear-mongering consumer campaigns, heavy political contributions
- Physician marketing and direct-to-consumer advertising contribute to 15-20% ANNUAL increases in pharmacy expenditures

Cost Containment

- Footnote 8 of the 2003-2004 budget bill required Medicaid cost containment
- Preferred Drug List (PDL) in development
- Prior Authorization of selected drugs
- Increased fraud and abuse investigation
- Chronic care case management
- Pharmacy surveillance, pharmacist case management and physician education
- No recommendations for cutting eligibility, services or reimbursement at this time



Medicaid "Flexibility"

- In spite of mandates, Medicaid is still a more flexible program than Medicare or most private insurance plans
- Demonstration waivers encourage creative solutions to ever-changing problems
- Wyoming's program is conservative and limited
  - Almost all funds are committed to mandated services and/or mandated eligibility groups
  - Very little "wiggle room" in the budget
  - Reimbursement is low, often doesn't cover provider cost of doing business



Flexibility Through Waivers

- Eligibility:
  - Can extend income and resource limits
  - Can extend coverage to non-traditional groups, i.e., childless adults
- Services:
  - Can waive freedom of choice (managed care)
  - Can waive statewideness or comparability of services to focus on urban or rural environments
  - Can waive or limit some mandatory services (Utah)
- Cost Sharing:
  - Can require premium payment, deductibles and coinsurance, buy-in fees on sliding scale

What is the goal?

- Save money… or at least slow down the spiral, stretch the dollars
- Increase public options for uninsured
- Achieve economies of scale through managed care or administrative savings
- Minimize cost shifting of uncompensated care to the private sector
- Maximize federal contribution to state health care economy



Goal:

To develop a strategic plan to provide ALL WYOMING CITIZENS with access to high quality, affordable health insurance coverage

Objectives:

- **Establish a Health Care Coverage Task Force.**
- **Develop reliable and accurate estimates of the uninsured at a county level.**
- **Develop a better understanding of the health insurance needs of small employers through an in-depth employer survey.**
- **Collect and analyze focus group and in-depth interview data.**
- **Design private and public Wyoming-specific health coverage options.**
- **Prepare a final report to the Secretary of Health and Human Services that describes the Wyoming plan to provide access to the uninsured and that includes recommendations for Federal actions to support State efforts.**

SPG Task Force Role:

- Establish guiding principals to be used in considering options
- Provide direction for the private and public options to be researched
- Evaluate research conducted by UW
- Hear expert testimony as needed
- Obtain community input on issues and options
- Achieve consensus on a strategic plan to cover the uninsured
- Make recommendations to the federal government to be included in the final HRSA report

A Strategic Plan will be submitted to the Governor by the Task Force

Wyoming Department of Health Role:

- Provide project oversight as the HRSA Grantee
- Appoint the Task Force
- Serve as the Task Force SPG Link & Resource
- Administers and Monitors the UW contract

A final report will be submitted to HRSA by the WDH

UW - Data Collection & Analysis

Utilize available baseline data and conduct WY statewide and county level studies to provide a clearer picture of the uninsured in Wyoming.

* Household Survey 9/02-12/02
* Employer Survey (supplement to DOE survey) 11/02-2/03
* Focus Groups: 10/02-
* Key Informant Interviews: Spring, 2003

UW - Strategic Planning

Conduct research to evaluate private and public models which using literature reviews and economic impact models to include financing alternatives.

- Issue Papers
- Economic Impact Studies

UW- Administrative Support

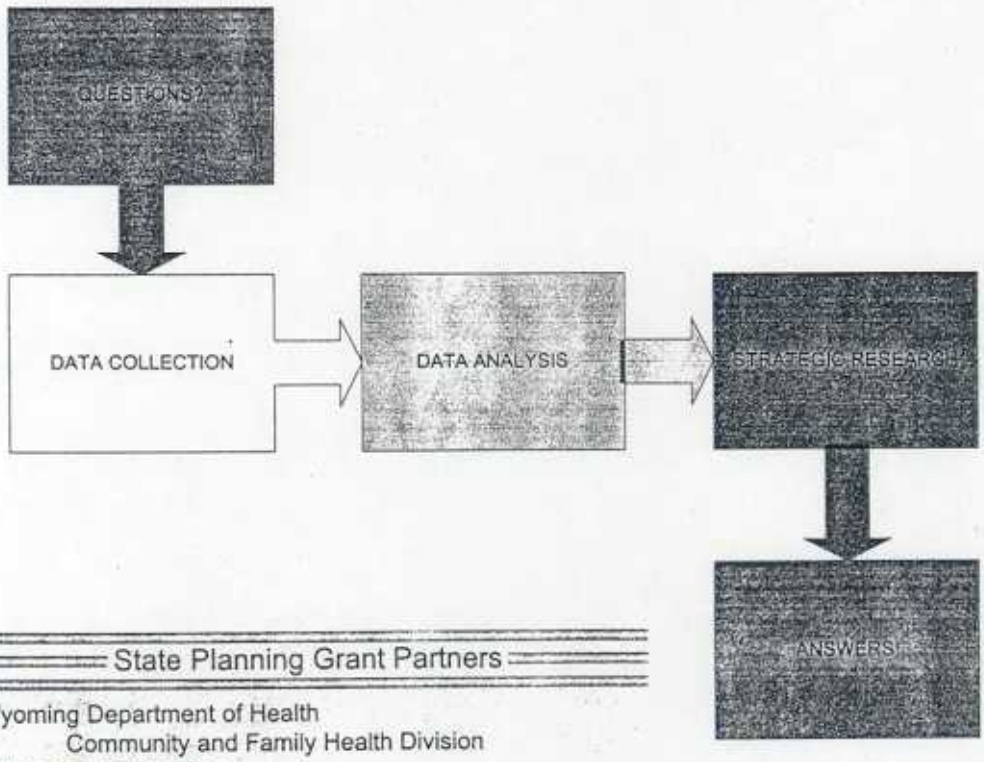
Provide computer and video conferencing equipment; websites: databases to store and distribute data; travel and meeting support.

- Public and private web sites
- Video Conferencing
- Data Base for research



UNIVERSITY OF WYOMING
Center for Rural Health Research and Education

Research for the Wyoming State Planning Grant project is being carried out through the University of Wyoming Center for Rural Health Research and Education (CRHRE, prounounced "share"). The CRHRE provides data collection, data analysis, and strategic research capabilities to support policy development and decision making, as well as tools and technology for data storage, telecommunications and information management.



State Planning Grant Partners

Wyoming Department of Health
- Community and Family Health Division

University of Wyoming
- College of Health Sciences
- College of Nursing
- Survey Research Center

Wyoming Statistical Analysis Center

Human Capital Management Services, Inc.
- Dr. Harold Gardner

WDH SPG Project
2424 Pioneer Avenue, Suite 100
Cheyenne, WY 82002
(307) 777-5472

UW SPG Project - CRHRE
P.O. Box 3432
Laramie, WY 82071
(307) 777- 6549

Background Information

Wyoming was one of 10 states selected by the Health Resources and Services Administration (HRSA) to receive a State Planning Grant (SPG) in 2002. Twenty states, including most of the Rocky Mountain States, were previous grantees. Information about the HRSA State Planning Grant Initiative, including a summary of the work done by the first twenty grantees, is available on the HRSA web site at www.hrsa.gov/osp/stateplanning. Preparation of the grant application was a collaborative effort involving many state agencies, private agencies, concerned citizens and other stakeholders. The total grant award was $1,023,473.

Project Goal

To develop a strategic plan to provide all Wyoming citizens with access to high quality, affordable health insurance coverage.

The SPG Task Force

A Task Force was appointed by the Department of Health to provide direction to the project.
Thomas F. Stroock, Chair, Former United States Ambassador to Guatemala, *Casper*
Thomas Spicer, M. D., Vice Chair, Physician, *Rock Springs*
Senator Cale Case, Wyoming State Senator, *Lander*
Senator Mike Massie, Wyoming State Senator, *Laramie*
Representative Jerry Iekel, *Sheridan*
Representative Jane Warren, *Laramie*
Ken Kamis, Former Director, Wyoming Department of Health, *Cheyenne*
George Bryce, Insurance Executive, *Casper*
Jeffrey Feike, President &CEO, Ivinson Memorial Hospital, *Laramie*
T. Chris Muirhead CPA, Board Member of Wyoming Medical Center, *Casper*
John Vandel, RPh, Health Care Provider, *Torrington*
Laurie Quade, Small business owner, *Cody*
Cathy Keene, Tribal Representative, *Fort Washakie*
Virginia Basse, NP, Health Care Provider, *Worland*

Ex-Officio Members

Ken Vines, Wyoming Insurance Commissioner, *Cheyenne*
Brent D. Sherard, M. D., State Health Officer, Wyoming Department of Health, *Cheyenne*
James Page, M.D., Associate Dean, UW College of Health Sciences, *Laramie*
Deborah K. Fleming, Ph.D., Director, Wyoming Department of Health, *Cheyenne*

The Task Force has met four times in different locations around that state to hear a wide range of presentations and research updates. The Task Force is charged with achieving consensus on a strategic plan to cover the uninsured and will also have the opportunity to make recommendations to the federal government of proposed changes in federal law that would benefit the state.

The Research Contract:

The Department of Health contracted with the University of Wyoming Center for Rural Health Research and Education (UW CRHRE) for: Data Collection and Analysis; Strategic Options Research; and Administrative and Technological Support. This partnership has been successful in strengthening the capabilities of the University to support health policy research for the Department of Health and other agencies and organizations.

The Research

Expected Results:

Wyoming-specific population information
Accurate county level information
Understanding of the attitudes and reasons behind lack of insurance
Understanding of the perceptions that affect choice about insurance

Data Collection and Analysis:
A Data Collection and Analysis (DCA) workgroup, composed of UW faculty, state agency staff and other interested stakeholders, has provided input and expertise on the tools and methodologies for the quantitative and qualitative studies.

Quantitative Studies: Wyoming specific household and group quarter surveys are complete. The overall response rate for the survey is 85.45%, which is exceptional.

Qualitative Studies: All focus groups and key informant interviews are complete.

Employer Survey – Department of Employment:
A change in the original research plan was made to enter into a partnership with the Department of Employment (DOE) in 2003 to expand the DOE Employer Benefits Survey to include additional questions related to health insurance coverage rather than conducting a separate survey. Analysis of these survey results is currently underway.

Strategic Options Research:
Concurrent with research into the characteristics of the uninsured, the Task Force has explored options to cover provide accessible and affordable health care coverage to Wyoming citizens. The Task Force has been assisted in this phase of the project by a Strategic Research workgroup composed of UW faculty, state agency staff, and other interested stakeholders.

An initial set of over thirty options was considered by the Task Force and narrowed down to eight options, which may be feasible in Wyoming. Research is continuing on these options.

In addition to these more traditional types of data collection and analysis, the UW CRHRE has contracted with Human Capital Management Services to provide additional analytic and strategic research capability. Data from the household survey will be incorporated into a large database of insurance and health care usage records to create a more complete picture of the risks and benefits associated with health insurance coverage. This research will be used to evaluate the risk associated with health insurance to various target groups.

Preliminary Research Findings

Household Surveys:

- 14.2% of individuals are not covered by some form of health insurance
  13.1% children
  14.5% adults - highest percentage is in the 19 to 24 year old group (31%)
- 19.4% of the uninsured report someone in the household is eligible for employer coverage but is not enrolled 61.4% say they cannot afford it
- While 50% of those individuals with household incomes of less than $5,000 annually are uninsured, 30% of those earning between $15,000 and $20,000 are uninsured, and 27% of those earning between $30,000 to $40,000 are also uninsured
- 7% of uninsured individuals have been uninsured for a year or more and 2% have never had insurance
- An analysis of comments received with the surveys will be included in the qualitative analysis. The main themes, which are emerging so far, appear to be related to cost, availability through employers, and the perception that government plans could be a solution.

Focus Groups:

- The uninsured seek health care only when they really need it and will stop taking medication if they cannot afford it
- Many people are worried about major expenses associated with health care
- Some felt ignored by medical providers and cheated by criteria for public assistance programs
- Most participants do not have insurance because their employer does not offer it or they are unemployed
- Costs of private insurance were seen as too high
- Participants felt very negative about the insurance industry and health care system
- Subsidies for premiums would be helpful, as would a state plan with a sliding fee scale

Options Categories under Consideration

Small Employer Purchasing Pools
Bare Bones Medicaid Expansion
Health Insurance Outreach and Education
Public Options for Direct Care
SCHIP Expansion
Employer Buy In to Existing State programs

Current Status

Extension:
Wyoming received an extension to allow the project to use unexpended SPG funds to complete the work outlined in the original twelve-month grant application. This extension will allow for completion of data analysis and options research necessary for the Task Force to make final recommendations. It is anticipated the final survey results will be available in September and that the Task Force will meet one or two more times to conclude their work.

Supplemental Funding:
A request for Supplemental Funding was submitted in July. Supplemental funds are awarded on a competitive basis to states previously awarded SPG funds. Awards will be announced in August. Most grantees have requesting these funds to be able to continue to participate in this initiative to build on previous work and to benefit from free technical support from national organizations. The University is committed to continuing the SPG partnership to continue to focus interest on the uninsured and to continue to build an infrastructure for data drive policy research. The activities proposed for supplemental funding can be modified as necessary at the direction of the Health Care Commission.

HRSA Interim Report:
An Interim report has been submitted to HRSA detailing the progress made during the first twelve months of the project. A final report will be submitted at the conclusion of the project.

Web Site

www.wyominguninsured.uwyo.edu

Upcoming SPG Events

October 3 – SPG Task Force Meeting- Casper Holiday Inn

For More Information About the SPG Project

Linda O'Grady, SPG Grant Administrator – lograd@state.wy.us (307) 777-5472