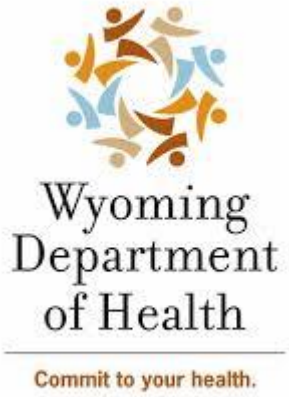
Wyoming Medicaid

2016 Access Review Monitoring Plan



DRAFT – Dated May 16, 2016

Table of Contents

Overview and Methodology 1

Beneficiary Population 7

Wyoming Beneficiary Perceptions of Access to Health Care Services 10

Availability of Providers 15

Provider Access Perceptions 27

Reimbursement Comparisons 35

Overview and Methodology

In accordance with *42 CFR 447.203*, Wyoming developed an access review monitoring plan (AMRP) to assess Medicaid beneficiary access to Medicaid services and determine whether reimbursement rates are "sufficient to enlist enough providers so that care and services are available…at least to the extent that such care and services are available to the general population…," as required by the Social Security Act. Wyoming's AMRP covers the following categories of services:

1. Primary care
2. Physician specialist
3. Maternity care (pre- and post-natal obstetric services and labor and delivery)
4. Behavioral health
5. Home health
6. Dental

This AMRP provides information about the extent to which Medicaid beneficiaries' needs are met, the accessibility of Medicaid-enrolled providers, changes in utilization of covered services, and comparisons of Wyoming Medicaid fee-for-service (FFS) reimbursement rates to payment available from Medicare, private payers and Medicaid in other states.

The AMRP was developed during February through June 2016 and was posted for public comment on the Medicaid website from May 16, 2016 through June 15, 2016.

Background

The Wyoming Medicaid program, administered by the Wyoming Department of Health (WDH), provides health care coverage to approximately 89,000 people and had total FFS claims expenditures of approximately $527 million in state fiscal year (SFY) 2015. Nearly all services under Wyoming Medicaid are paid for under the state plan on a FFS basis.[1] Medicaid enrollment comprises approximately 15 percent of the state's population (586,107 in 2015).

Wyoming is the least populous state in the nation, with only two Metropolitan Statistical Areas (MSAs)—Cheyenne and Casper.[2] Nearly three-quarters of Wyoming's residents live in rural areas that are designated as health provider shortage areas for most, if not all, provider types. As a result, many individuals travel to neighboring states for health care, particularly for specialty care, and Wyoming Medicaid covers treatment by many out-of-state providers. Denver and Fort Collins (Colorado), Salt Lake City (Utah), Rapid City (South Dakota), and Billings (Montana) are all within two hours of certain Wyoming populations by car.

Methodology

WDH employed the following methodologies to develop the AMRP:

[1] Wyoming has one 1915(b) managed care waiver that provides wraparound Care Management Entity (CME) benefits for children with serious emotional disorders, as well as a Program of All-Inclusive Care for the Elderly (PACE) program that is only available in Laramie county.
[2] Cheyenne is in Laramie County and Casper is in Natrona County.

- **Surveys of beneficiaries and providers about access to services**. WDH developed provider and beneficiary surveys using the SurveyMonkey™ tool and posted them to the Wyoming WDH website from February 3 to February 29, 2016. WDH also sent emails to all beneficiaries for whom emails were available (approximately 6 percent of beneficiaries) and approximately 100 percent of enrolled "pay-to" providers notifying them about the survey.[3] In total, 643 beneficiaries and 289 providers from the six service areas responded to the survey. Participation in the survey was voluntary; therefore, there is a potential for response bias that should be considered when interpreting the results.

- **Three-year trend in Medicaid provider enrollment for the six service areas.** Provider enrollment data from February 28 of 2014, 2015 and 2016 were analyzed for all provider taxonomies that fall under the six service areas to identify changes in enrollment of in- and out-of-state providers in Wyoming Medicaid for each provider type.[4] WDH also determined the ratio of enrolled providers in each service area to Medicaid beneficiaries, statewide and by county for primary care and behavioral health providers.

- **Three-year trend in utilization of services and expenditures in each area.** Statewide utilization and expenditure data for SFY 2013 through 2015 were analyzed for each service area to identify any decreases in utilization that could indicate a potential access problem. Medicaid claims were grouped based on the taxonomy of the billing provider, except for maternity care services, which were determined based on procedure and diagnosis codes.[5] It is important to note, however, that while significant drops in utilization over time may point to access problems, it is difficult to determine the cause of the change and to assess the extent of unmet need, if any, based on utilization data alone.

- **Rate Analysis**. WDH compared SFY 2015 Wyoming Medicaid FFS rates to Medicare rates, Medicaid rates in four neighboring states (Colorado, Montana, South Dakota and Utah), and commercial rates in Wyoming (using paid amounts for Wyoming commercial insurance claims from the 2014 Truven Health Analytics dataset). To conduct the rate comparisons, the top 20 procedure codes for each service area by claims volume and the top 20 procedure codes by expenditures were queried.

Geographic analyses at the county level were conducted for provider enrollment and beneficiary perceptions of access (based on survey results). However, because of the low response rate among providers of the six service areas to the provider survey, measures of providers' perceptions of access are reported statewide only for each service area. Utilization and expenditures are reported at the statewide level because the rural or frontier nature of most

[3] The survey link was sent to all beneficiaries and providers that had provided an email address. An electronic survey was used for cost reasons.
[4] Healthcare Provider Taxonomy Codes, which are maintained by the National Uniform Claim Committee, is a standard set of codes designed to categorize the type, classification, and/or specialization of health care providers.
[5] Wyoming Medicaid operates on a July 1 to June 30 fiscal year.

counties makes it difficult to interpret changes that might have occurred among small cohorts of beneficiaries. Rate comparisons are reported at the statewide level because Medicaid and Medicare reimbursements do not vary by geographic area in Wyoming.

Overview of Findings

Based on the review of available data, WDH concludes that Wyoming Medicaid's FFS reimbursement rates are sufficient to assure access for all service areas at least to the extent that they are available to the general population. According to the beneficiary survey, Wyoming Medicaid beneficiaries found access to health care services overall satisfactory, with 86 percent of survey respondents indicating that they were always or usually able to find a provider that accepted Medicaid when they needed care.

However, it is important to note the lack of data available to compare access and unmet need among Medicaid beneficiaries to that of the general population in Wyoming. While results of surveys conducted by commercial health plans in Wyoming are not available, results of the Wyoming Medicaid beneficiary survey are similar to CAHPS survey results among Medicare beneficiaries nationally, as shown below.

Survey Question	Payer	Always	Usually
How often was it easy to get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Wyoming Medicaid	61%	32%
	Medicare	62%	25%
When care was needed right away, how often was care received as soon as needed?	Wyoming Medicaid	62%	30%
	Medicare	68%	21%

Source: CAHPS Database

While we do believe that there are some unmet dental and behavioral health needs among Wyoming Medicaid beneficiaries, WDH does not believe the unmet need is due to reimbursement alone or is uniquely a Wyoming Medicaid issue:

Behavioral Health

The entire state of Wyoming is considered a Mental Health Professional Shortage Area (HPSA), which can augment access problems that may exist for Wyoming Medicaid beneficiaries. While 22 percent of beneficiary survey respondents said that it was sometimes or never easy to get a behavioral health appointment as soon as needed, indicating some unmet need, half of them said it was because they could not get one at a convenient time, while only 18 percent of respondents said it was because the desired behavioral health provider was not enrolled with Medicaid. Behavioral health reimbursement in Wyoming Medicaid is approximately 93 percent of Medicare's rates

and 80 percent of commercial rates.[6] While it is possible that some providers choose not to accept any or very few Medicaid clients, focusing their time only on privately insured or self-pay individuals, we do not have enough evidence to determine that unmet need among Medicaid beneficiaries is due primarily to reimbursement versus other factors, such as the overall shortage of behavioral health providers in the State.

Dental

Regarding dental services, the Kaiser Family Foundation reported that 65 percent of adults in Wyoming visited a dentist in 2014, which is significantly higher than the 36 percent of Medicaid beneficiaries who received any dental services in 2015.[7] However nearly half of survey respondents who indicated that they did not receive needed dental services said it was because they were unsure what dental benefits they had, and only 15 percent said it was because their desired dental provider was not enrolled with Medicaid. Furthermore, data were not available to compare Wyoming Medicaid's dental reimbursement rates to Medicare (because Medicare does not cover most dental services) or commercial payers.

Provider enrollment in Wyoming Medicaid has increased for all service areas in the past three years, and the majority of providers who responded to the survey indicated that they currently accept new Medicaid patients, as shown in Table 1, below.

Table 1: Share of Wyoming Medicaid Providers Accepting New Medicaid Patients

Provider Type	Accepting New Adult Medicaid Patients*	Accepting New Child Medicaid Patients*
Primary Care	95%	93%
Physician Specialists	87	89
Maternity	94	94
Behavioral Health	91	91
Home Health	87	80
Dental	68	92

Source: Wyoming Medicaid Provider Access Survey 2016
**Percentages do not include respondents who answered "Not Applicable" to the question.*

Telehealth

Wyoming Medicaid has covered telehealth services since 2007, which helps to alleviate the provider shortages in many rural or frontier parts of the State. Physician consultations, office and outpatient visits, psychiatric diagnostic exams, neurobehavioral exams, psychotherapy, pharmacologic management, end-stage renal disease related services, and medical nutrition

[6] The rate comparisons are based on the most highly utilized procedure codes in Wyoming Medicaid.
[7] Kaiser Family Foundation, "*Percentage of Adults Who Visited the Dentist or Dental Clinic within the Past Year,*" (2014). Available online: http://kff.org/other/state-indicator/percent-who-visited-the-dentistclinic/

therapy are all reimbursable as telehealth services at the same level as in-person services when provided by eligible providers. Telehealth services are eligible for reimbursement when provided by Physicians, Advanced Practice Nurses with a specialty in Psychiatry/Mental Health, Physician Assistants, Psychologists, Neuropsychologists, Licensed Mental Health Professionals and Speech Therapists. In addition, Wyoming is one of only a handful of states that reimburses for telehealth services provided by a substance abuse or addiction specialist.[8]

In December 2015 alone, Wyoming Medicaid paid for 700 telehealth encounters. Currently, eligible sites for receiving telehealth services include hospitals, physician or psychologist offices, community mental health centers, substance abuse treatment centers, federally qualified health centers, rural health centers, Skilled Nursing facilities, developmental centers and Indian Health Service Clinics.

The WDH and Office of Rural Health have actively promoted the use of telehealth throughout the state. Education and training sessions for healthcare providers on the capabilities of telehealth services were organized in multiple locations throughout the fall of 2015.[9] In addition, Wyoming was the first state in the nation to sign the Medical Licensure Compact, which allows Wyoming residents to connect with doctors and specialists in other states through telehealth services.[10] During SFY 2015, WDH offered small technical assistance grants through the Office of Rural Health that were used to fund activities related to connectivity requirements for providers who provide telehealth services.

Telehealth has been found to be particularly beneficial for expanding and enhancing access to behavioral health services. The Wyoming Telehealth Consortium conducted a survey of over 500 tele-psychiatry users throughout the state and found that over 97 percent of users were comfortable with their video visit.[11] In addition, 84 percent indicated they prefer seeing a psychiatrist thought a video visit over an in-person visit. Tele-psychiatry greatly increases access for Wyoming residents, as more than 40 percent of respondents indicated having to travel over 50 miles to see a psychiatrist in person and nearly 28 percent would have to travel more than 100 miles.

Provider Reimbursement

Wyoming Medicaid reimbursement rates are comparable to – and in some cases – higher than Medicare rates, which indicates that providers should be as likely to accept Medicaid patients, on the basis of reimbursement, as they are Medicare. Wyoming Medicaid reimbursement rates are higher, on average, for most services than rates from four neighboring states (Colorado, Montana, South Dakota and Utah) but are consistently lower than average rates for commercial insurance payers in Wyoming, according to our analysis of available claims data. Based on the favorable results of the Medicaid beneficiary access survey and the provider survey, WDH

[8] American Telemedicine Association, "*State Telemedicine Gaps Analysis,"* (May 2015). Available online: http://www.americantelemed.org/docs/default-source/policy/50-state-telemedicine-gaps-analysis---coverage-and-reimbursement.pdf

[9] Wyoming Telehealth, "Education & Training Opportunities." Available online: http://telehealth.wyo.gov/education-training

[10] Wyoming Telehealth, "Governor Mead Signs First in the Nation Interstate Medical Licensure Compact, "(may 2015). Available online: http://telehealth.wyo.gov/about-us/news-announcements/governormeadsignsfirstinthenationinterstatemedicallicensurecompact

[11] Survey results are available on the Wyoming Telehealth Consortium's website: http://telehealth.wyo.gov/resources-links

concludes that Wyoming Medicaid reimbursement rates are sufficient to assure access to primary care, physician specialist, maternity, behavioral health, home health and dental services.

Ongoing Access Monitoring

Moving forward, the Wyoming WDH intends to conduct the beneficiary and provider survey annually, and also plans to develop a web-based mechanism for beneficiaries to report access concerns (to be called “WY Medicaid Help”). WDH will develop a tracking system to categorize and monitor complaints that are submitted through the online portal, as well as to track the resolution of reported issues as needed. WDH will summarize the results of the surveys for the public and post information on the Medicaid website to improve the ease of finding participating providers. In addition, an FAQ will be developed that addresses common complaints or questions that were received through the online portal and clarify misconceptions about covered benefits (particularly for dental benefits).

Beneficiary Population

Medicaid provides medical assistance for low-income and medically vulnerable citizens. There are currently four major categories of eligibility: Children, Pregnant Women, Adults, and Aged, Blind, or Disabled (ABD). Wyoming has not extended optional eligibility to non-disabled adults under 133% of the Federal Poverty Level (FPL), pursuant to the Affordable Care Act. Adults who do not fit into one of the eligibility categories described in the table below are not currently covered, regardless of income or resources.

Table 2: Wyoming Medicaid Eligibility Categories and Enrollment

Eligibility Category	Description	SFY 2015 Enrollment
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	• Employed individuals with disabilities • Income requirement based on Supplemental Security Income (SSI) standards (individuals do not have to be eligible for SSI)	297
Aged, Blind, or Disabled Intellectually Disabled/Developmentally Disabled/Acquired Brain Injury (ABD ID/DD/ABI)	• Children and adults with a developmental disability or acquired brain injury • Income requirement based on SSI (individuals do not have to be eligible for SSI) • Includes residents living in the Intermediate Care Facility for the Intellectually Disabled (ICF-ID) (State training School/Wyoming Life Resource Center)	2,423
Aged, Blind, or Disabled Institutional (ABD Institution)	• Residents living in a hospital or WY State Hospital – Age 65 and older • Resources are taken into consideration • Income requirement based on SSI (individuals do not have to be eligible for SSI)	18
Aged, Blind, or Disabled Supplemental Security Income (ABD SSI)	• Disabled individuals receiving SSI automatically qualify • SSI Related – An individual no longer receiving SSI payment may be eligible using SSI criteria	4,183
Children	• Newborns – automatically eligible if the mother is eligible for Medicaid at the time of the birth • Children – includes children whose caretaker is eligible for Medicaid, income requirement based on FPL, and is dependent on age of the child • Foster Care children – automatically eligible when in the Department of Family Services (DFS) custody, including some children who enter subsidized adoption or who age out of foster care when they become 18 years old. As of January 1, 2014, former foster care children remain eligible until the age of 26. The Department of Health also covers medical services for children in foster care who are not eligible for Medicaid. These expenditures are state funded and tracked separately. • Children with severe mental health needs	55,589

Eligibility Category	Description	SFY 2015 Enrollment
Adults	• Family-Care Adults – Adult caretaker relatives with a dependent child; Must cooperate with child support enforcement; Income requirement based on set values • Former Foster Care – covers individuals who age out of foster care when they become 18 years old. As of January 1, 2014, former foster care children remain eligible until the age of 26.	10,274

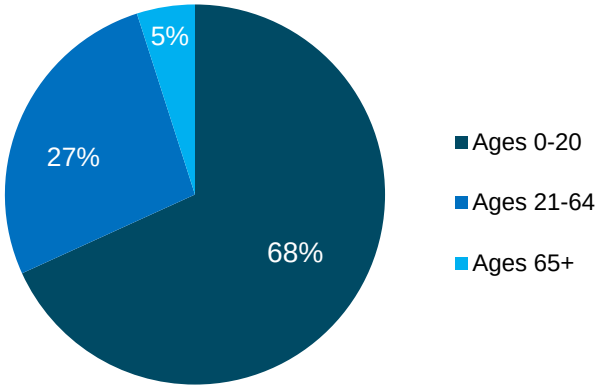
Medicare Savings Programs	• Individuals not eligible in another category and eligible for Medicare
	• Provides premium assistance and, depending on income, cost-sharing assistance
	• Resources also taken into consideration
	• Qualified Medicare Beneficiaries (QMB)
	  ○ Medicaid pays for Medicare premiums, deductibles and cost-sharing
	  ○ Income requirement based on FPL
	• Specified Low-Income Medicare Beneficiaries (SLMB)
	  ○ Medicaid pays for Medicare premiums only
	  ○ Income requirement based on FPL
		4,918

Non-Citizens with Medical Emergencies	• Non-citizens who meets all eligibility factors of a Medicaid group except citizenship and social security number • Emergency services only	724
Pregnant Women	• Pregnant women • Income requirement based on FPL. Women with income below the 1996 Family Care Standard must cooperate in establishing paternity for the baby, so Medicaid can pursue medical support • Presumptive eligibility allows for coverage of outpatient services for up to 60 days pending Medicaid eligibility determination • Coverage continues through 60 days post-partum	3,795
Special Groups	• Uninsured women diagnosed with breast or cervical cancer (income requirement) • Individuals diagnosed with tuberculosis (resources and income requirements) • Pregnant by Choice Waiver (family planning services only)	528

Source: Wyoming Medicaid SFY 2015 Annual Report

About two-thirds of Medicaid enrollees are children, as shown in the chart below. In addition, just over half of beneficiaries (56 percent in SFY 2015) are female.

Figure 1: Wyoming Medicaid Beneficiaries by Age, SFY 2015



Source: Wyoming Medicaid SFY2015 Annual Report

Individuals enrolled in Medicaid reside in every county in Wyoming, with more than half residing in five counties: Laramie, Natrona, Fremont, Sweetwater and Campbell.

Table 3: Wyoming Medicaid Enrollment by County, SFY 2015

County	Enrolled Members	Percent of Total	County	Enrolled Members	Percent of Total
Albany	4,019	4.5	**Natrona**	13,193	14.8
Big Horn	2,052	2.3	**Niobrara**	452	0.5
Campbell	6,536	7.3	**Other**	2,320	2.6
Carbon	2,342	2.6	**Park**	3,928	4.4
Converse	1,967	2.2	**Platte**	1,382	1.6
Crook	904	1.0	**Sheridan**	4,064	4.6
Fremont	9,942	11.1	**Sublette**	806	0.9
Goshen	2,211	2.5	**Sweetwater**	6,091	6.8
Hot Springs	941	1.1	**Teton**	1,797	2.0
Johnson	973	1.1	**Uinta**	3,678	4.1
Laramie	15,202	17.0	**Washakie**	1,272	1.4
Lincoln	2,237	2.5	**Weston**	943	1.0

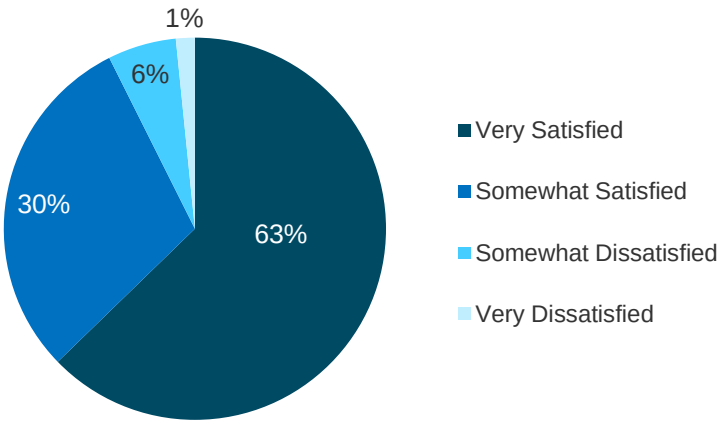
Source: Wyoming Medicaid SFY 2015 Annual Report

Wyoming Beneficiary Perceptions of Access to Health Care Services

Wyoming Medicaid beneficiaries found access to health care services, including primary care, specialist services, behavioral health, women's health, home health, dental and pharmacy, overall satisfactory. The results of a survey of Wyoming Medicaid beneficiaries on satisfaction with access to covered services are summarized below. A total of 643 people responded from all 23 counties. Respondents were asked questions about how often they or their family members who were also enrolled in Medicaid received different types of health care in the past year and how easy or difficult it was to access care.

Although Wyoming is a frontier state, 77 percent of beneficiaries indicated traveling less than 20 miles to access medical services and only 8 percent indicated that they typically travel further than 60 miles. As shown in Figure 2 below, more than 90 percent of survey respondents were very or somewhat satisfied with access to services available under Wyoming Medicaid and only 8 percent were somewhat or very dissatisfied.

Figure 2: Overall Satisfaction with Access to Care Available under Wyoming Medicaid



Source: Wyoming Medicaid Client Access Survey 2016

The table below displays the reported ease of finding a provider that accepted Medicaid and opinions about whether care was received as soon as needed.

Survey Question	Always	Usually	Sometimes	Never
How often was it easy to find a provider that accepted Medicaid when services were needed?	44%	42%	13%	2%

Survey Question	Always	Usually	Sometimes	Never
In the last 12 months, when care was needed right away, how often was care received as soon as needed?	62%	30%	8%	1%

Note: Totals do not sum to 100 percent because of rounding.

In 19 out of 23 counties, more than 80 percent of respondents stated it was easy (always or usually) to receive care as soon as needed, while in 3 counties (Weston, Hot Springs and Johnson) only 60 percent of respondents found it easy. In 17 counties, more than 75 percent of respondents stated it was easy (always or usually) to find a provider that accepted Medicaid while in only 2 counties (Crook and Sublette) fewer than 60 percent of respondents found it easy.

However, when examining responses to questions about ability to access care when it was needed right away, we must consider the extent to which respondents may rely on the emergency room (ER) for urgent care. Approximately 30 percent of Wyoming Medicaid beneficiaries used the ER at least once in SFY 2015 and the average number of annual ER visits among all beneficiaries was two visits.[12] Nationally, according to the National Health Interview Survey (NHIS), about 20 percent of adults ages 18 to 64 visit the ER annually, and one study of NHIS data from 1999 through 2009 found that nearly 40 percent of Medicaid beneficiaries nationally visited the ER each year.[13,14] The high ER utilization rate among Medicaid beneficiaries indicates that many use the ER regularly, and may view it as a usual source of care.

Primary Care

Access to primary care services is perceived as very high among Wyoming Medicaid beneficiaries. Most survey respondents (82 percent) reported having a personal doctor and nearly all (93 percent) reported receiving a check-up or routine care within the past 12 months.[15] Nine out of ten respondents stated they were always or usually able to get an appointment as soon as needed.

Physician Specialist

Access to physician specialist services is perceived as high among Wyoming Medicaid beneficiaries. More than half of respondents (57 percent) indicated they needed to see a

[12] Wyoming Medicaid SFY 2015 Annual Report.
[13] 2011 National Health Interview Survey
[14] Ginde, A. et al., "National study of barriers to timely primary care and emergency department utilization among Medicaid beneficiaries," Annals of Emergency Medicine, 60(1), (March 2012).
[15] A personal doctor was defined as the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.

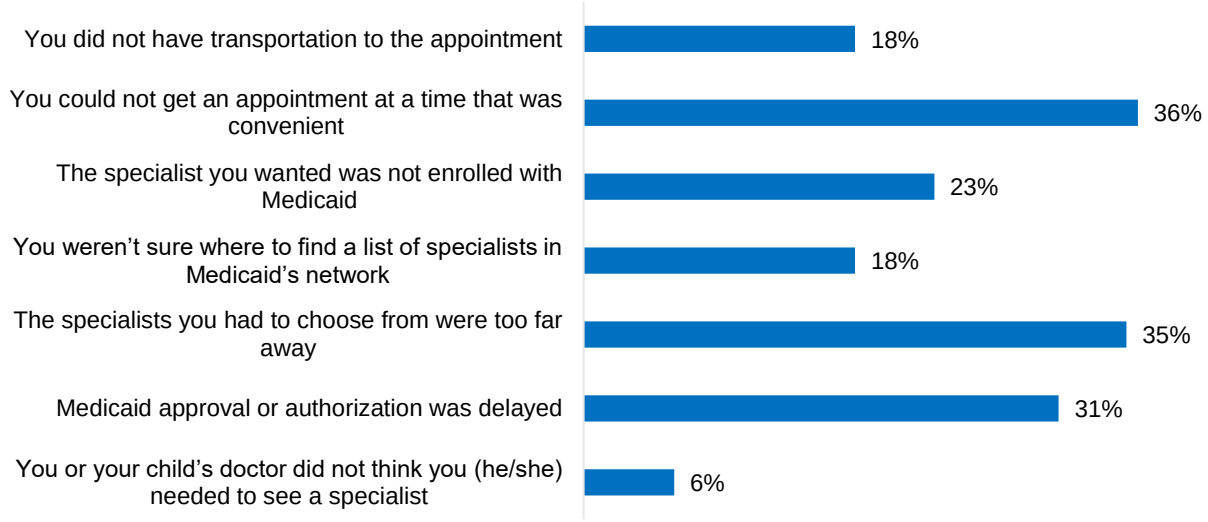
specialist in the past year, and among them, 82 percent reported that they were always or usually able to get an appointment with a specialist as soon as needed.

Survey Question	Always	Usually	Sometimes	Never
In the last 12 months, how often were you able to get an appointment to see a specialist as soon as needed?	52%	30%	16%	3%

Note: Totals do not sum to 100 percent because of rounding.

Among respondents who indicated it was not easy to get an appointment with a specialist (n=137), the reasons reported are shown in Figure 3 below.

Figure 3: Reasons it was not easy to get a Physician Specialist Appointment



Note: Totals exceed 100 percent because respondents could select more than one answer choice.

Maternity

In the past 12 months, one quarter of respondents reported that they or their family member needed maternity care, and nearly all of them (98 percent) found it always (85 percent) or usually (13 percent) easy to schedule a maternity care appointment.

Behavioral Health

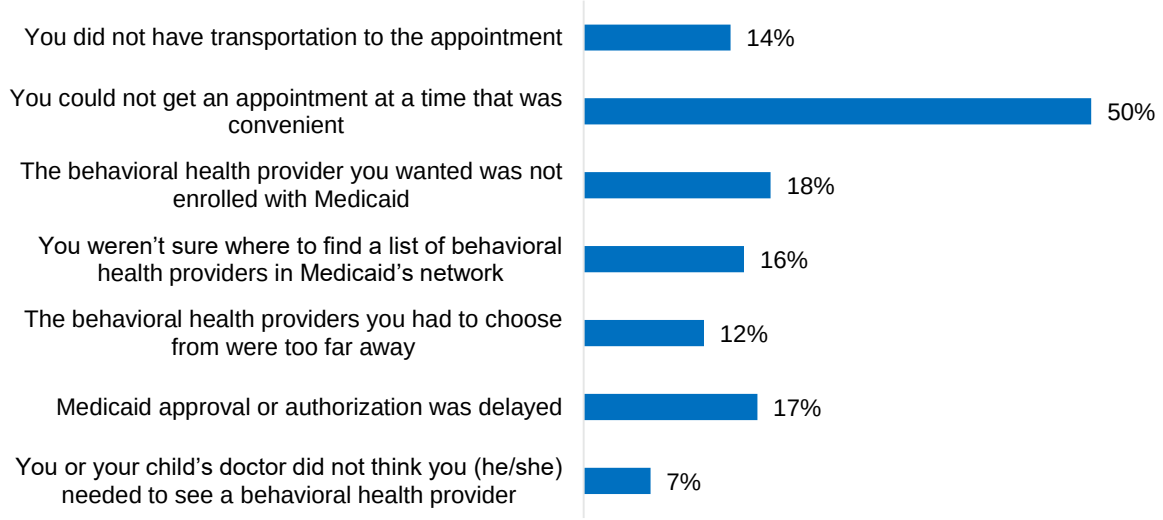
Thirty-two percent of survey respondents indicated needing counseling or other behavioral health services in the past 12 months. Of these respondents, 87 percent indicated traveling less than 20 miles while only 5 percent indicated traveling more than 60 miles to receive

services. Approximately three-quarters of respondents who needed counseling or behavioral health treatment right away said that they always or usually received services as soon as needed.

Survey Question	Always	Usually	Sometimes	Never
In the past 12 months, when counseling or behavioral health treatment was needed right away, how often were you seen as soon as needed?	51%	27%	17%	5%

The reasons reported by respondents who indicated it was not easy to get an appointment with a behavioral health provider (n=76) are shown in Figure 4 below. The most common reason was because respondents could not get an appointment at a convenient time.

Figure 4: Reasons it was not easy to get an appointment with a Behavioral Health Provider



Note: Totals exceed 100 percent because respondents could select more than one answer choice.

Home Health

Approximately 8 percent of respondents indicated needing home health services within the past year, 75 percent of whom responded that they received the needed services. Of those who stated they did not receive the needed home health services (n=15), the top two reasons were due to a delay in Medicaid approval or authorization (71 percent), followed by beneficiaries not knowing where to find a list of home health providers in their area (43 percent).

Dental

Wyoming Medicaid covers several types of dental services. Children under age 21 have comprehensive dental coverage and orthodontics for cases that impact function. Adults ages 21 and over can receive preventive care (e.g., cleanings, x-rays), restorative care (e.g., fillings), removable prosthesis (e.g., dentures) and emergency extractions. Approximately 65 percent of responds indicated that they received at least one type of dental service in the past year, with 84 percent of them receiving preventive care, 45 percent receiving restorative care, and 20 percent receiving emergency care. Approximately four out of ten respondents indicated that they did not receive needed dental services, and among them, more than half (55 percent) said it was because they were unsure what dental benefits they had. The next most common reasons were because the beneficiary was unsure of where to find a list of dental providers in Medicaid's network (18 percent) and because the desired dental provider was not enrolled with Medicaid (17 percent).

Pharmacy

Nine out of ten survey respondents indicated that they needed to fill or re-fill a prescription in the past year. The majority of beneficiaries indicated traveling less than 20 miles to a pharmacy (90 percent) while only 1 percent traveled more than 60 miles. Almost all respondents stated that it was always (82 percent) or usually (15 percent) easy to find a pharmacy that would accept Medicaid and fill a prescription.

After-Hours Care and Transportation

Survey respondents considered after-hours care always (46 percent) or usually (28 percent) easy to receive. Of those who needed after hours care but did not find it easy to receive (n=101), 38 percent stated that the difficultly was because the opening hours of the after-hours office did not meet their needs. The other most frequently stated reasons were that beneficiaries did not know where to go for after-hours care (32 percent) and that they were unsure where to find a list of doctor's offices/clinics enrolled with Medicaid that are open for after-hours care (29 percent).

Beneficiaries found transportation assistance successful about three-quarters of the time. Of the nearly 6 percent of respondents who stated they called Medicaid for transportation assistance in the past year, three out of four reported that the transportation assistance always (46 percent) or usually (30 percent) met their needs.

Availability of Providers

Access to health care services is a challenge in many parts of Wyoming, regardless of insurance type, because provider shortages exist throughout the state. For example, according to the Kaiser Family Foundation, only 64 percent of primary care needs were met in Wyoming in 2014.[16] Wyoming currently has Health Professional Shortage Areas (HPSAs) throughout the state for primary care, mental health and dental. HPSAs are classified as areas where there are more than 3,500 people per primary care physician, more than 30,000 people per psychiatrist or more than 5,000 people per dentist. Wyoming has 39 Primary Care HPSAs, 40 Mental Health HPSAs and 29 Dental HPSAs.[17] There is at least one HPSA per county as shown in Table 4 below.

Table 4: Primary Care, Mental Health and Dental HPSAs by County

County	Primary Care HPSAs	Mental Health HPSAs	Dental HSPAs
Albany	1	2	2
Big Horn	1	2	1
Campbell	1	1	0
Carbon	1	1	1
Converse	2	1	2
Crook	4	3	2
Fremont	5	5	5
Goshen	1	1	1
Hot Springs	2	2	1
Johnson	1	1	0
Laramie	5	4	3
Lincoln	1	1	0
Natrona	3	3	3
Niobrara	1	1	1
Park	2	2	2
Platte	1	1	1
Sheridan	1	1	1
Sublette	1	1	0
Sweetwater	2	2	1
Teton	0	1	0
Uinta	1	1	0
Washakie	1	2	1
Weston	1	1	1

Source: Health Resources and Services Administration

[16] Kaiser Family Foundation, "*Primary Care Health Professional Shortage Areas,"* (April 2014). Available online: http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/
[17] Health Resources and Services Administration, *"Wyoming HPSA Find Results,"* (Jan. 2016). Available online: http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

Despite the overall provider shortages in many parts of the State, Wyoming has experienced consistent increases in the number of enrolled providers - among both in- and out-of-state providers - across all six service categories since 2014, as shown in Table 5, below. Provider enrollment has increased significantly faster than enrollment of Medicaid beneficiaries, which increased by only 1.5 percent from SFY 2013 to SFY 2015. The recent increases in provider enrollment is partially due to changes in Wyoming statute (*SEA 49, 2014*) that allowed licensed professional counselors, licensed marriage and family therapists, licensed addictions therapists and licensed clinical social workers bill Medicaid directly, which contributed to a large increase in the enrollment of these types of behavioral health providers from 2014 to 2015, both in- and out-of-state. In addition, enrollment increases can be attributed to Wyoming's compliance with *42 CFR 455.410* - federal regulations that require re-enrollment of all providers, and enrollment of all ordering and referring providers (physicians, physician assistants and nurse practitioners) who provide services under the Medicaid State Plan to enroll with the Medicaid agency. In 2015, more than 99 percent of licensed and practicing physicians and more than 85 percent of dentists in Wyoming were enrolled in Medicaid.[18]

Table 5: Number of Enrolled Providers, by Service Area, 2014-2016*

Service Type	In- or Out-of-State	2014	2015	2016	3-Year Percent Change
Primary Care	In-State	641	763	863	34.6%
	Out-of-State	1,559	1,945	2,407	54.4
	Total	***2,200***	***2,708***	***3,270***	***48.6***
Specialist	In-State	638	734	808	26.6
	Out-of-State	2,459	2,875	3,362	36.7
	Total	***3,097***	***3,609***	***4,170***	***34.6***
Maternity	In-State	82	94	101	23.2
	Out-of-State	196	247	298	52.0
	Total	***278***	***341***	***399***	***43.5***
Behavioral Health	In-State	863	1,148	1,391	61.2
	Out-of-State	130	227	284	118.5
	Total	***993***	***1,375***	***1,675***	***68.7***
Home Health	In-State	27	28	28	3.7
	Out-of-State	1	1	1	0.0
	Total	***28***	***29***	***29***	***3.6***
Dental	In-State	191	222	242	26.7
	Out-of-State	76	95	105	38.2
	Total	***267***	***317***	***347***	***30.0***

**Enrollment numbers are as of February 28 each year.*

In addition, all but two eligible outpatient pharmacies in Wyoming (126 out of 128) are currently enrolled in Medicaid.

[18] Wyoming Department of Health, "HealthStat 2015 Final Reports," December 15, 2015.

Table 6, below, displays the statewide ratios of in- and out-of-state providers per 10,000 beneficiaries for each service type.

Table 6: Medicaid Provider-to-Beneficiary Ratios, by Service Area, as of February 28, 2016

Service Type	Enrolled Providers per 10,000 Beneficiaries (In-State Only)	Enrolled Providers per 10,000 Beneficiaries (In and Out-of-State Combined)
Primary Care	142	537
Specialist	133	685
Maternity*	63	248
Behavioral Health	228	275
Home Health	5	5
Dental	40	57

**The provider-to-beneficiary ration for maternity services includes only women ages 10-50.*

Provider ratios are higher among the Medicaid population than the non-Medicaid population in Wyoming, largely due to the fact that the majority of providers in Wyoming are enrolled in Medicaid. Table 7 shows the ratio of primary care and behavioral health providers in Wyoming per 10,000 non-Medicaid eligible state residents based on employment data from the U.S. Bureau of Labor Statistics.[19]

Table 7: Ratios of Primary Care and Behavioral Health Providers to Non-Medicaid Wyoming Residents

Provider Type	Number of Providers in Wyoming	Ratio per 10,000 Non-Medicaid Residents
Primary Care - Children	80	1.6
Primary Care - Adults	340	6.8
Physician Assistants	220	4.4
Nurse Practitioners	200	4.0
Primary Care Total	***840***	***16.9***
Clinical, Counseling, and School Psychologists	250	5.0
Substance Abuse and Behavioral Disorder Counselors	170	3.4
Mental Health Counselors	320	6.4

[19] See Occupational Employment Statistics, May 2014. Bureau of Labor Statistics. Available online: http://www.bls.gov/oes/tables.htm.

Mental Health and Substance Abuse Social Workers	180	3.6
Psychiatrists	40	0.8
Behavioral Health Total	***960***	***19.3***

Source: United States Bureau of Labor Statistics Occupational Data, 2014

Table 8 displays the number of enrolled providers within each service type in each county (in-state providers only).

Table 8: Provider Enrollment (In-State Only), By County and Service Area, As of February 28, 2016

County	Primary Care	Specialist	Maternity	Behavioral Health	Home Health	Dental
Albany	54	69	6	251	3	7
Big Horn	13	3	0	18	0	1
Campbell	46	52	9	57	1	9
Carbon	11	11	1	28	1	2
Converse	29	15	2	25	0	3
Crook	10	1	0	4	1	1
Fremont	69	49	7	33	1	21
Goshen	12	14	0	46	1	6
Hot Springs	9	3	0	12	1	3
Johnson	12	4	0	18	1	5
Laramie	163	154	17	286	2	34
Lincoln	17	9	1	19	2	16
Natrona	162	161	12	171	5	51
Niobrara	6	1	0	0	0	0
Park	59	46	9	89	1	12
Platte	13	7	3	10	1	2
Sheridan	38	40	7	82	1	17
Sublette	10	1	0	8	0	2
Sweetwater	38	56	13	81	2	14
Teton	42	59	11	53	1	11
Uinta	28	33	1	75	3	15
Washakie	16	18	2	20	0	6
Weston	6	2	0	5	0	4
Out of State	2407	3362	298	284	1	105

Note: Provider counts are unduplicated; that is, providers that practice in more than one county are only counted once according to their practice address.

Additional detail about provider enrollment, expenditures and utilization within each service area is provided below.

Primary Care Providers (PCP)

Enrollment of PCPs (in- and out-of-state) has increased nearly 50 percent since 2014, as shown in the table below, including physicians, physician assistants, nurse practitioners, federally qualified health centers (FQHCs), rural health clinics (RHCs), and Indian or Tribal health centers.[20] As shown in Table 5, enrollment of in-state PCPs increased by 35 percent from 2014 to 2016 and enrollment of out-of-state PCPs increased by 64 percent.

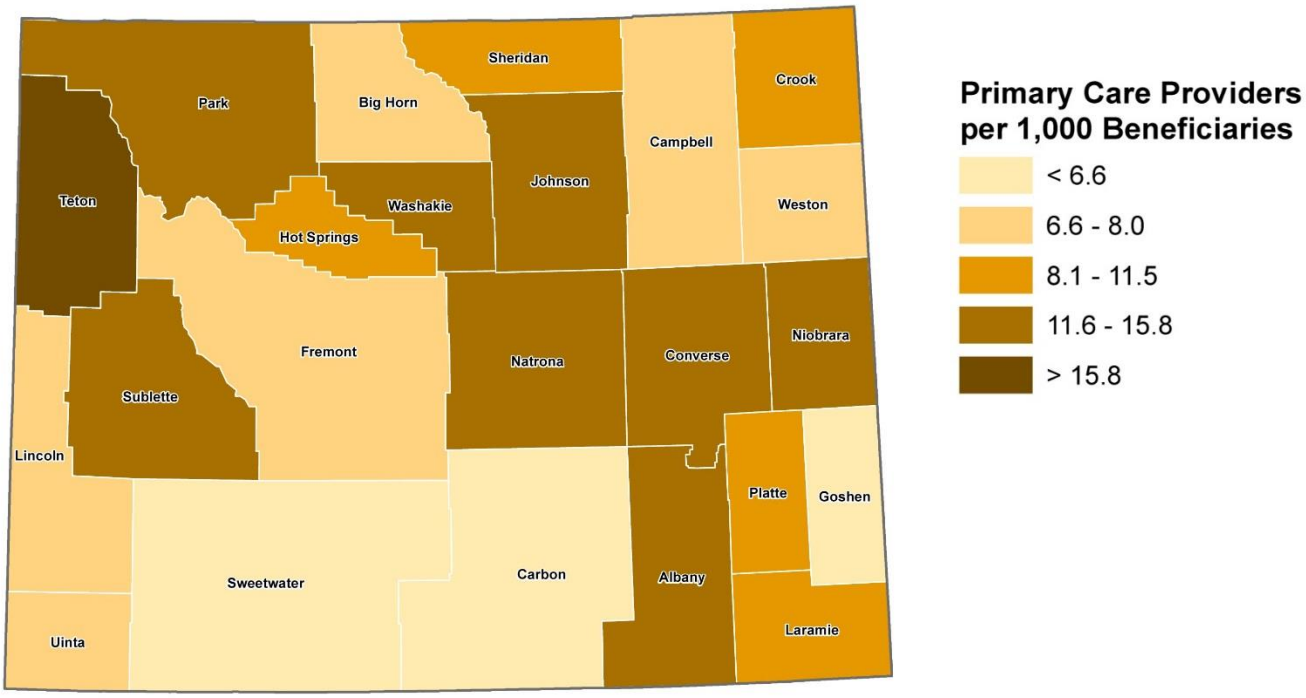
Table 8: Number of Enrolled PCPs (In- and Out-of-State), by Provider Type, 2014-2016

Provider Type	2014	2015	2016	3-Year Percent Change
Primary Care - Physicians	1,550	1,819	2,184	40.9
Primary Care - Non-Physicians (PA and NPs)	623	858	1,053	69.0
FQHCs	4	6	7	75.0
RHCs	21	22	23	9.5
Indian/Tribal Health Centers	2	3	3	50.0
Total	**2,200**	**2,708**	**3,270**	**48.6**

The ratio of enrolled in-state PCPs to beneficiaries is highest in Teton County (25.7 PCPs per 1,000 Medicaid beneficiaries), followed by Albany, Converse, Niobrara and Park counties which each have ratios between 14 and 16 PCPs per 1,000 beneficiaries. Figure 5, below, is a county map of enrolled PCP ratios per 1,000 beneficiaries.

[20] Tribal Contract Health Centers are outpatient health care facilities owned or operated by the Tribes or Tribal organizations. Indian Health Centers are FQHCs designated to provide comprehensive primary care and related services to the American Indian and Alaskan Native population. Services provide by these facilities are claimed by the state at 100% Federal Financial Participation (FFP).

Figure 5: Map of In-State PCPs per 1,000 Medicaid Beneficiaries, by County



The utilization trend does not indicate any meaningful change in access to primary care services within the past three years. Overall utilization of primary care services has fluctuated since SFY 2013, increasing from 2013 to 2014, but decreasing in 2015. However, total expenditures have increased by 6.5 percent since 2013.

Table 10: Primary Care Expenditures and Utilization, SFY 2013-2015

Category	SFY 2013	SFY 2014	SFY 2015
Total Expenditures	$35,824,808	$37,194,039	$38,141,651
Count of Recipients Receiving Services	55,022	58,509	56,317
Percent of Beneficiaries Receiving Services	65.9%	71.0%	66.2%

<u>Pediatrics</u>

The availability of pediatric providers has also increased steadily since 2014, although there are no in-state pediatric surgeons or neonatal or perinatal specialists enrolled in Wyoming Medicaid.

Table 11: Number of Enrolled Pediatric Providers, 2014-2016

Location	Provider Type	2014	2015	2016	3-Year Percent Change
In-State	Pediatrics, MD	63	78	88	39.7
	Pediatrics, NP	6	7	8	33.3
Out-of-State	Pediatrics, MD	600	666	761	26.8
	Pediatrics, Neonatal-Perinatal Medicine	56	58	62	10.7
	Pediatrics, Surgery	24	33	39	62.5

Provider enrollment in Wyoming's KidCare CHIP program, which is administered separately from Medicaid by Blue Cross Blue Shield (BCBS) of Wyoming, ranges from 83 percent of physicians in Washakie County to 100 percent of physicians in ten counties. WDH pays a capitated rate to BCBS to cover children enrolled in the KidCare CHIP Program; all services are reimbursed based on the proprietary BCBS network rates.

Physician Specialists

Enrollment among physician specialists increased by 35 percent since 2014 including both in- and out-of-state providers. Enrollment of in-state specialists increased by 27 percent from 2014 to 2016 and enrollment of out-of-state specialists increased by 37 percent.

Table 12: Number of Enrolled (In- and Out-of-State) Specialists, 2014-2016

Specialist Type	2014	2015	2016	3-Year Percent Change
Cardiology	132	161	178	34.8
Urology	63	72	87	38.1
Radiology	451	523	580	28.6
Pathology	121	132	147	21.5
Anesthesiology	491	553	594	21.0
Surgery - General	164	195	227	38.4
Surgery - Vascular and thoracic	41	50	66	61.0
Other	1,634	1,923	2,291	40.2
Total	**3,097**	**3,609**	**4,170**	**34.6**

For all specialty types, the majority of enrolled providers are out-of-state. As of February 28, 2016, with the exception of pathology, enrollment of in-state providers for the selected specialty types ranged from 19 to 27 percent of the totals, as shown in the table below.

Table 13: Percent of Enrolled Specialists who are In-State, 2016

Specialist Type	Percent In-State	Specialist Type	Percent In-State
Cardiology	20.2	**Anesthesiology**	18.5
Urology	24.1	**Surgery - General**	27.3
Radiology	19.7	**Surgery - Vascular and thoracic**	20.0
Pathology	7.5		

The statewide utilization trend does not indicate a change in access for physician specialist services since 2013. Overall utilization and expenditures for physician specialist services have remained relatively flat since SFY 2013 and are summarized in the table below.

Table 14: Physician Specialist Expenditures and Utilization, SFY 2013-2015

Category	SFY 2013	SFY 2014	SFY 2015
Total Expenditures	$19,715,772	$19,744,486	$19,190,203
Count of Recipients Receiving Services	35,458	35,706	35,887
Percent of Beneficiaries Receiving Services	42.5%	43.3%	42.2%

Maternity

Enrollment of maternity providers has increased considerably since 2014. The majority of enrolled maternity providers are out-of-state providers: about 70 percent of enrolled Ob/Gyn physicians, 62 percent of physician assistants/APRNs, and 83 percent of nurse midwives are out-of-state providers. Enrollment of in-state maternity providers increased by 23 percent from 2014 to 2016 and enrollment of out-of-state providers increased by 52 percent.

Table 15: Number of Enrolled (In- and Out-of-State) Maternity Providers, 2014-2016

Provider Type	2014	2015	2016	3-Year Percent Change
Ob/Gyn Physicians	235	273	317	34.9
Ob/Gyn Physician Assistants and APRNs	10	11	16	60.0
Nurse Midwives	33	57	66	100.0
Total	**278**	**341**	**399**	**43.5**

Utilization and expenditures for pre- and post-natal obstetric services have slightly decreased since SFY 2013 and are summarized in the table below. The slight decrease in utilization and expenditures could be due to reductions in the number of pregnancies related to increased use

of contraceptives and other family planning services (e.g., Wyoming Medicaid has always covered long-acting contraceptives, and also began offering the Pregnant by Choice waiver in October 2008) as well as reimbursement reductions to certain obstetric codes in 2013.

Table 16: Pre- and Post-Natal Obstetric Expenditures and Utilization, SFY 2013-2015

Category	SFY 2013	SFY 2014	SFY 2015
Total Expenditures	$23,471,711	$21,483,442	$19,074,441
Count of Recipients Receiving Services	4,120	4,129	3,992
Percent of Beneficiaries Receiving Services	18.2%	18.2%	16.2%

Behavioral Health

The supply of behavioral health providers has increased significantly since 2014. Enrollment of in-state behavioral health providers increased by 61 percent from 2014 to 2016 and enrollment of out-of-state providers increased by 119 percent.

Table 17: Number of Enrolled (In- and Out-of-State) Behavioral Health Providers, for Selected Provider Types, 2014-2016

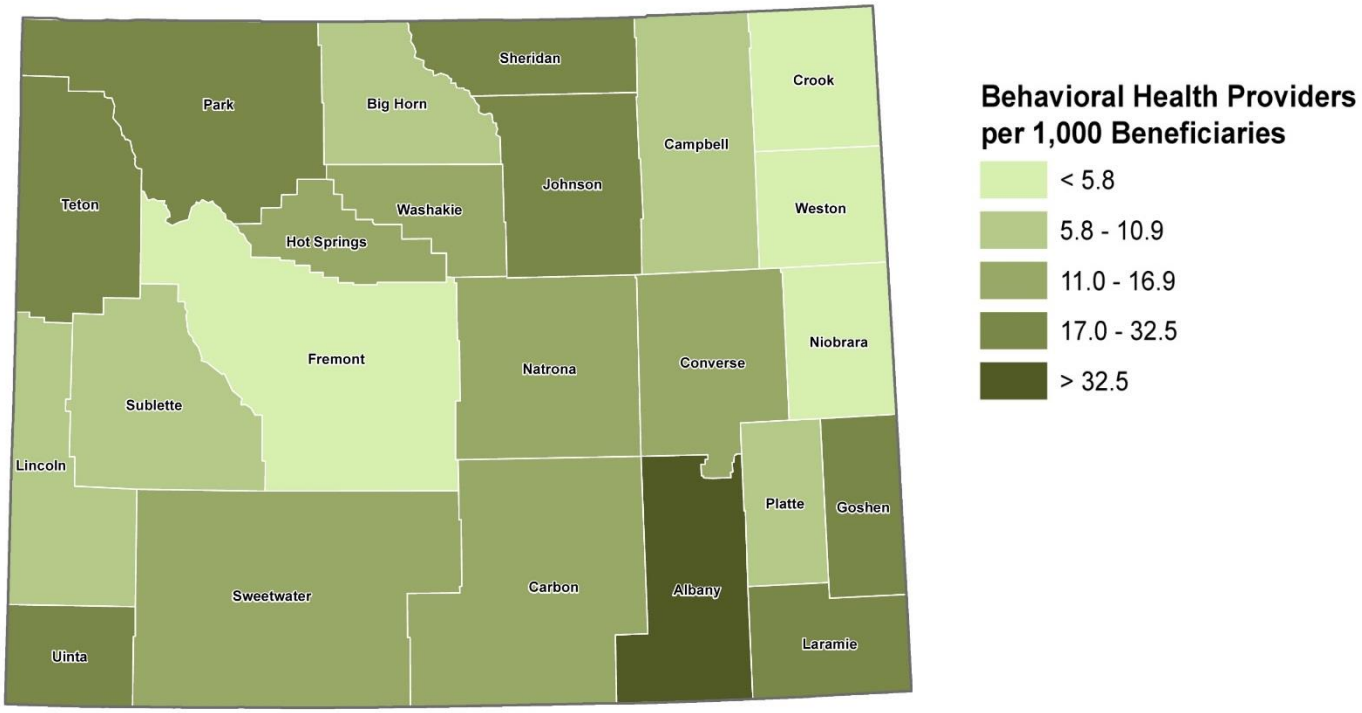
Behavioral Health Provider Type	2014	2015	2016	3-Year Percent Change
Psychiatrist	109	132	169	55.0
Clinical Psychologist	157	221	233	48.4
Professional Counselor	215	279	313	45.6
Licensed Clinical Social Worker (LCSW)	172	240	289	68.0
Community Mental Health Center (CMHC)	26	26	26	0.0
Substance Abuse Treatment Center (SATC)	27	29	30	11.1
Other	287	448	615	114.3
Total	**993**	**1,375**	**1,675**	**68.7**

As with specialists, many enrolled psychiatrists and psychologists are out-of-state providers (34 and 50 percent, respectively), but the majority of counselors and LCSWs are in-state (95 and 93 percent, respectively). All enrolled CMHCs and SATCs are in-state. The number of enrolled in-state behavioral health providers of any type in 2016 (1,391) greatly exceeds the 2014 BLS estimate of 960. Therefore, it appears that most behavioral health providers in Wyoming are enrolled with the Medicaid program.

The ratio of enrolled in-state behavioral health providers to beneficiaries is highest in Albany county (66.3 per 1,000 Medicaid beneficiaries), followed by Teton county (32.5 per 1,000). Six counties (Goshen, Johnson, Laramie, Park, Sheridan and Uinta) have ratios between 20 and 24

per 1,000 beneficiaries. Figure 6, below, is a county map of enrolled behavioral health provider ratios per 1,000 beneficiaries.

Figure 6: Map of In-State Behavioral Health Providers per 1,000 Medicaid Beneficiaries, by County



The statewide utilization trend does not point to noteworthy changes in access for behavioral health specialist services since 2013.[21] According to the Medicaid and CHIP Payment Advisory Commission (MACPAC), 20 percent of Medicaid enrollees nationally had a behavioral health diagnosis in 2011, but it is unknown how many received treatment from a behavioral health specialist.[22] Therefore, we do not have a national average against which to compare Wyoming's behavioral health utilization rate of 14 percent in SFY 2015. Additional study is needed to determine the extent to which Wyoming Medicaid beneficiaries' behavioral health needs are met and reasons for unmet need. Utilization and expenditures for behavioral health services have increased slightly since SFY 2013 and are summarized in the table below.

[21] Behavioral health utilization rates are the percentage of beneficiaries who received treatment from a behavioral health provider (based on provider taxonomy codes) each year.

[22] MACPAC defines enrollees with a behavioral health diagnosis as "persons who had any Medicaid fee-for-service claim or managed care encounter record where a behavioral health diagnosis was recorded (except for prescribed medicines); these claims and encounter records might have been for specific behavioral health services or for physical health or other services." See "Behavioral Health in the Medicaid Program – People, Use, and Expenditures." MACPAC (June 2015). Available online: https://www.macpac.gov/wp-content/uploads/2015/06/Behavioral-Health-in-the-Medicaid-Program%E2%80%94People-Use-and-Expenditures.pdf

Table 18: Behavioral Health Expenditures and Utilization, SFY 2013-2015

Category	SFY 2013	SFY 2014	SFY 2015
Total Expenditures	$28,248,228	$30,502,431	$33,800,902
Count of Recipients Receiving Services	11,115	10,966	11,923
Percent of Beneficiaries Receiving Services	13.3%	13.3%	14.0%

Home Health

There are 28 in-state home health agencies in Wyoming that are based in 17 counties (all counties except Big Horn, Converse, Niobrara, Sublette, Washakie and Weston). Natrona County has five home health agencies, Uinta and Albany counties each have three, and Laramie, Lincoln and Sweetwater counties each have two. The remaining 11 counties each have one enrolled agency. In addition, one out-of-state home health agency provides services to Wyoming beneficiaries.

Statewide utilization and expenditures for home health services increased between SFYs 2013 and 2015, potentially indicating an increase in access, as summarized in the table below.

Table 19: Home Health Expenditures and Utilization, SFY 2013-2015

Category	SFY 2013	SFY 2014	SFY 2015
Total Expenditures	$2,948,918	$3,540,531	$4,619,245
Count of Recipients Receiving Services	591	590	688
Percent of Beneficiaries Receiving Services	0.7%	0.7%	0.8%

Dental

Access to dental providers is a challenge in many parts of Wyoming, due to its rural and frontier nature. As described earlier, all but six counties have at least one Dental HPSA. Furthermore, the aging of the professional population may also affect the supply of dental services in the future, as half of Wyoming's dentists will reach retirement age by 2017.[23] Dental specialists exist in only 10 of Wyoming's 23 counties.[24] Overall, enrollment of dental providers has increased by 30 percent since 2014, as shown in the table below, with enrollment of in-state providers increasing by 27 percent and out-of-state providers increasing by 38 percent.

[23] The Health Resource and Services Administration Health Professional Shortage areas are available by state and county online: http://hpsafind.hrsa.gov
The 2010 Wyoming Oral Health Initiative Report states "Wyoming currently has 263 active dentists. Over 56 percent of these dentists are over the age of 51. Available online: http://health.wyo.gov/familyhealth/dental/index.html
[24] Wyoming Medicaid SFY 2015 Annual Report.

Table 20: Number of Enrolled (In- and Out-of-State) Dental Providers, 2014-2016

Dental Providers	2014	2015	2016	3-Year Percent Change
Dentists - General	179	214	233	30.2
Dental Specialists (Endodontics, Pedodontics, Oral and Maxillofacial Surgery, Orthodontics)	89	103	114	28.1
Total	**267**	**317**	**347**	**30.0**

The number of enrolled in-state dentists (of all types) in 2016 (242) is similar to the 2014 BLS estimate (240), indicating that most dental providers in Wyoming are enrolled in Medicaid.

The statewide utilization trend does not indicate a significant change in access for dental services in recent years. However, the Kaiser Family Foundation reported that, in 2014, 65 percent of all adults in Wyoming visited a dentist, which is substantially higher than the share of Medicaid beneficiaries who received any dental services in 2015 (36 percent).[25] A number of factors may contribute to this discrepancy, including but not limited to, a shortage of dental providers accepting Medicaid and beneficiaries' lack of awareness of their dental benefits. Utilization and expenditures for dental services have slowly increased since SFY 2013 and are summarized in the table below.

Table 21: Dental Expenditures and Utilization, SFY 2013-2015

Category	SFY 2013	SFY 2014	SFY 2015
Total Expenditures	$13,280,768	$13,389,899	$14,467,094
Count of Recipients Receiving Services	28,533	29,171	30,669
Percent of Beneficiaries Receiving Services	34.2%	35.4%	36.0%

[25] Kaiser Family Foundation, "Percentage of Adults Who Visited the Dentist or Dental Clinic within the Past Year." Available online: http://kff.org/other/state-indicator/percent-who-visited-the-dentistclinic/

Provider Access Perceptions

In February 2016, Wyoming Medicaid conducted a survey of providers encompassing a range of service areas to collect information on their perceptions of access for Medicaid beneficiaries. In total, 289 providers responded from the 7 categories shown in Table 22, below.

Table 22: Provider Type Categories

Provider Type	Survey Respondents*	Percent of Enrolled Providers
Primary Care Provider	46	1.4%
Physician Specialist	42	1.0
Maternity	17	4.3
Behavioral Health Providers	127	7.6
Home Health Agencies	24	82.8
Dental	49	14.1
Number of Unique Responses	**289***	**2.9**

**Respondents were asked to select the type of provider that best describes their practice and could check all that apply; therefore, the total number of responses (305) exceeds the number of respondents (289).*

Overall, the majority of respondents reported that they currently accept new Medicaid patients and do not differentiate Medicaid patients from other patients in terms of appointment wait times or which practitioners the patient can see. No major differences were noted regarding the share of providers at the county level who currently accept new Medicaid patients.[26] Responses for each provider type are summarized in the pages that follow.

Primary Care

Table 23 displays primary care provider responses to questions about their patient panels. Nearly all primary care providers reported that they accept new Medicaid patients.

Table 23: Primary Care Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	100%	0%	0%

[26] Providers selected all counties in which they actively deliver services. The highest percent of respondents actively deliver services in Natrona (21.7 percent) and Laramie (18.0 percent) counties. Approximately 9 percent of respondents actively deliver services in each of Albany, Campbell, Fremont and Sheridan counties. At least one respondent actively delivers services in each of the 23 counties and nearly 14.6 percent of respondents identified themselves as actively delivering services out-of-state.

Survey Question	Yes	No	N/A or No Response
Are you presently accepting new Medicaid patients under age 21?	91%	7%	2%
Are you presently accepting new Medicaid patients over age 21?*	89%	4%	7%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	13%	83%	4%
Do wait times for new patient appointments ever vary by the patient's insurance type?	0%	93%	7%
In the past 12 months, have you dismissed a Medicaid client or otherwise restricted a Medicaid client from being seen within your group or practice?	4%	89%	7%

Note: totals do not sum to 100 percent because of rounding.

When asked approximately what percent of their patient panels are comprised of Medicaid patients, the majority of primary care providers reported that Medicaid patients comprise less than 40 percent of their patient panels. According to PCP respondents, nearly all new patients wait less than 2 weeks for an appointment with 70 percent waiting less than one week.

Table 24: Distribution of Medicaid Patients in Primary Care Providers' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20	53%
21-40	30
41-60	9
61-80	0
81-100	7

Note: totals do not sum to 100 percent because of rounding.

Physician Specialist

Table 25 includes physician specialist responses to questions about their patient panels**.** The majority of physician specialists reported that they accept new Medicaid patients.

Table 25: Physician Specialist Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	100%	0%	0%
Are you presently accepting new Medicaid patients under age 21?	76%	10%	14%
Are you presently accepting new Medicaid patients over age 21?	81%	12%	7%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	17%	71%	12%
Do wait times for new patient appointments ever vary by the patient's insurance type?	5%	95%	0%
In the past 12 months, have you dismissed a Medicaid client or otherwise restricted a Medicaid client from being seen within your group or practice?	14%	83%	2%

When asked approximately what percent of their patient panels are comprised of Medicaid patients, two-thirds of physician specialists reported that Medicaid patients comprise less than 20 percent of their patient panels. According to physician specialist respondents, more than two-thirds of new patients wait less than 2 weeks for an appointment with nearly 30 percent of those waiting less than 1 week. Only five percent of new patients reportedly wait more than four weeks for an appointment.

Table 26: Distribution of Medicaid Patients in Physician Specialists' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20	68%
21-40	28
41-60	5
61-80	0
81-100	0

Maternity

Table 27 includes maternity provider responses to questions about their patient panels. Nearly all maternity providers reported that they accept new Medicaid patients.

Table 27: Maternity Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	100%	0%	0%
Are you presently accepting new Medicaid patients under age 21?	88	6	6
Are you presently accepting new Medicaid patients over age 21?	94	6	0
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	0	94	6
Do wait times for new patient appointments ever vary by the patient's insurance type?	0	100	0
In the past 12 months, have you dismissed a Medicaid client or otherwise restricted a Medicaid client from being seen within your group or practice?	12	88	0

Note: Totals do not sum to 100 percent because of rounding.

When asked approximately what percent of their patient panels are comprised of Medicaid patients, more than 8 out of 10 maternity providers reported that Medicaid patients comprise less than 40 percent of their patient panels. According to maternity provider respondents, almost 9 out of 10 new patients wait less than 2 weeks for an appointment with 59 percent of those waiting less than 1 week.

Table 28: Distribution of Medicaid Patients in Maternity Providers' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20	38%
21-40	44
41-60	6
61-80	0
81-100	13

Behavioral Health

Table 29 includes behavioral health provider responses to questions about their patient panels. The majority of behavioral health providers reported that they accept new Medicaid patients.

Table 29: Behavioral Health Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	84%	16%	0%
Are you presently accepting new Medicaid patients under age 21?	87%	9%	5%
Are you presently accepting new Medicaid patients over age 21?	84%	9%	7%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	6%	78%	16%
Do wait times for new patient appointments ever vary by the patient's insurance type?	2%	94%	3%
In the past 12 months, have you dismissed a Medicaid client or otherwise restricted a Medicaid client from being seen within your group or practice?	11%	87%	2%

Note: Totals do not sum to 100 percent because of rounding.

When asked approximately what percent of their patient panels are comprised of Medicaid patients, more than one quarter of behavioral health providers reported that Medicaid patients comprise less than 20 percent of their panels while more than 30 percent of the providers indicated that more than 61 percent of their patient panels were comprised of Medicaid patients. According to behavioral health providers, more than 9 out of 10 new patients wait less than 2 weeks for an appointment with 58 percent of those waiting less than 1 week. Only 3 percent of new patients reportedly wait more than four weeks for an appointment.

Table 30: Distribution of Medicaid Patients in Behavioral Health Providers' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20	28%
21-40	20
41-60	21

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
61-80	11
81-100	20

Note: Totals do not sum to 100 percent because of rounding.

Home Health Agencies

Table 31 includes home health provider responses to questions about their patients. The majority of home health service providers reported that they accept new Medicaid patients.

Table 31: Home Health Agency Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	79%	21%	0%
Are you presently accepting new Medicaid patients under age 21?	67%	17%	17%
Are you presently accepting new Medicaid patients over age 21?	83%	13%	4%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	8%	71%	21%
Do wait times for new patient appointments ever vary by the patient's insurance type?	0%	92%	8%
In the past 12 months, have you dismissed a Medicaid client or otherwise restricted a Medicaid client from being seen within your group or practice?	17%	75%	8%

When asked approximately what percent of their patient panels are comprised of Medicaid patients, about 60 percent of home health providers reported that Medicaid patients comprise less than 40 percent of their panels. One-fifth of home health providers reported that Medicaid patients comprise more than 81 percent of their panels. According to home health service provider respondents, more than 85 percent of new patients wait less than 1 week for an appointment and no patients wait more than 4 weeks.

Table 32: Distribution of Medicaid Patients in Home Health Service Providers' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20	25%
21-40	38
41-60	13
61-80	4
81-100	21

Note: Totals do not sum to 100 percent because of rounding.

Dental

Table 33 includes dental service provider responses to questions about their patient panels. More than 9 out of 10 dental providers reported that they accept Medicaid patients under age 21 while 6 out of 10 reported that they accept adult Medicaid patients.

Table 33: Dental Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	100%	0%	0%
Are you presently accepting new Medicaid patients under age 21?	92%	8%	0%
Are you presently accepting new Medicaid patients over age 21?	61%	29%	10%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	12%	82%	6%
Do wait times for new patient appointments ever vary by the patient's insurance type?	2%	96%	2%
In the past 12 months, have you dismissed a Medicaid client or otherwise restricted a Medicaid client from being seen within your group or practice?	29%	69%	2%

When asked approximately what percent of their patient panels are comprised of Medicaid patients, only 12 percent of dental providers surveyed reported that Medicaid patients comprise more than 40 percent of their panels. According to dental service providers, 9 out of 10 new

patients wait less than 2 weeks for an appointment with 40 percent of those wait less than 1 week.

Table 34: Distribution of Medicaid Patients in Dental Service Providers' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20	58%
21-40	29
41-60	6
61-80	4
81-100	2

Note: Totals do not sum to 100 percent because of rounding.

Reimbursement Comparisons

Benchmarking Wyoming Medicaid's reimbursement rates against the rates of Medicare, other state Medicaid programs and commercial insurance is useful to ascertain the extent to which access problems may be due to unfavorable reimbursement rates that discourage providers from taking Medicaid patients. WDH calculated Wyoming Medicaid rates in each service area as a percentage of Medicare (Wyoming-specific rates), four neighboring states' Medicaid rates (Colorado, Montana, South Dakota and Utah), and average commercial paid amounts in Wyoming.

To determine reimbursement rates in Medicare and other states, FFS rates in the respective fee schedules were identified for the top procedure codes for each service area by volume and by expenditures.[27] In Wyoming, Medicaid FFS rates do not vary for adult and pediatric populations. To determine commercial benchmark comparisons, paid claims data from the 2014 Truven MarketScan Commercial Claims and Encounters Data dataset were analyzed for the same procedure codes and provider taxonomies as were used to analyze Wyoming Medicaid's utilization trend to calculate average reimbursement amounts for each service area.[28]

The Medicaid programs in surrounding states use similar methodologies to Wyoming for most service areas. Wyoming Medicaid generally pays higher rates than Medicaid programs in surrounding states. Wyoming Medicaid rates as a percentage of the average of other states' rates range from 100 percent for home health to 126 percent for maternity services. Wyoming Medicaid rates are typically within 10 percent of Medicare rates for the same services, with the exception of home health services, which are 66 percent of Medicare's rates.[29] Wyoming Medicaid rates are consistently lower than commercial insurance rates, ranging from 54 percent of average physician specialist reimbursements to 86 percent of average behavioral health reimbursements. The tables below display rate comparison results for the top procedure codes in each service area based on Wyoming Medicaid expenditures (Table 35) and based on volume of services provided (Table 36).

[27] We queried the top 20 Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for each service area by expenditures and by volume (paid units). For home health, we also queried the top revenue codes. Codes pertaining to drugs and anesthesia were not considered in the analysis because reimbursement methodologies vary widely across states and Medicare.

[28] 2014 was the most recent year of Truven MarketScan commercial claims data available. The dataset does not contain dental claims data.

[29] To determine Medicare rates for home health services, we queried the top revenue codes for home health services in Wyoming and calculated average Medicare home health visit rates in Wyoming using the average Wyoming Wage Index Budget Neutrality Factor.

Table 35: Comparison of Wyoming Medicaid Rates to Benchmarks for Top Procedures[a] Based on Total Expenditures

Service Area	Wyoming 2015 Medicaid Rate as a Percent of		
	2015 Medicare Rates	Other States' 2015 Rates	2014 Commercial Reimbursement Rates
Primary Care	93%	110%	65%
Physician Specialist	106%	113%	54%
Maternity Care	102%	125%	55%
Behavioral Health	100%	117%	86%
Home Health	66%	100%	70%
Dental	Not comparable	94%	No Available Data

Sources: SFY 2015 Medicaid fee schedules from Wyoming, Colorado, Montana, South Dakota and Utah, and 2014 Truven Health Analytics MarketScan data

[a] Anesthesia and injectable drugs were excluded from the analysis.

Table 36: Comparison of Wyoming Medicaid Rates to Benchmarks for Top Procedures[a] Based on Volume

Service Area	Wyoming 2015 Medicaid Rate as a Percent of		
	2015 Medicare Rates	Other States' 2015 Rates	2014 Commercial Reimbursement Rates
Primary Care	91%	113%	64%
Physician Specialist	95%	118%	56%
Maternity Care	101%	126%	62%
Behavioral Health	93%	105%	80%
Home Health	66%	100%	70%
Dental	Not comparable	97%	No Available Data

Sources: SFY 2015 Medicaid fee schedules from Wyoming, Colorado, Montana, South Dakota and Utah, and 2014 Truven MarketScan Commercial Claims and Encounters Data

[a] Anesthesia and injectable drugs were excluded from the analysis.

Commercial reimbursement rates vary across the state. We compared rates from the Wyoming Medicaid fee schedule to average commercial payments in Wyoming's two metropolitan statistical areas (MSAs)—Cheyenne and Casper—and to the statewide average. The table below displays rate comparison results for the top procedure codes for each service area for these three geographic areas. Wyoming Medicaid rates range from an average of 49 percent of rates for physician specialist services in Casper to 89 percent of behavioral health rates in Cheyenne.

Table 37: Comparison of Wyoming Medicaid Rates to 2014 Commercial Reimbursement for Top Procedures[a] Based on Expenditures and Volume, By Geographic Region

Service Area	Wyoming 2015 Medicaid Rate as a Percent of					
	Top Codes by Expenditures			Top Codes by Volume		
	Statewide, WY	Casper, WY	Cheyenne, WY	Statewide, WY	Casper, WY	Cheyenne, WY
Primary Care	65%	71%	69%	64%	65%	68%
Physician Specialist	54%	49%	61%	56%	54%	61%
Maternity Care	55%	57%	60%	62%	64%	69%
Behavioral Health	86%	87%	89%	80%	83%	84%
Home Health	70%	69%	74%	70%	69%	74%
Dental	N/A	N/A	N/A	N/A	N/A	N/A

Source: Truven MarketScan Commercial Claims and Encounters Data, 2014

[a] Anesthesia and injectable drugs were excluded from the analysis.

Based on the analysis of Wyoming Medicaid reimbursement rates compared to Medicare, commercial insurance, and other state Medicaid programs, WDH concludes that Wyoming Medicaid reimbursement rates are sufficient to assure access to services at least to the same extent as Medicare. In addition, Medicaid rates are generally higher in Wyoming than FFS Medicaid rates in neighboring states. While commercial rates are substantially higher than Medicaid and Medicare rates in Wyoming, this alone does not indicate an access problem for Medicare or Medicaid beneficiaries. So long as there are a sufficient number of providers who are willing to treat publicly insured patients at rates lower than commercial payers, access should remain high. Given that the Wyoming Medicaid beneficiary survey revealed high levels of access for the six service areas in Wyoming, WDH concludes that Medicaid rates are sufficient to allow for adequate access to those services in the State.