

Wyoming Medicaid 2019 Access Monitoring Review Plan

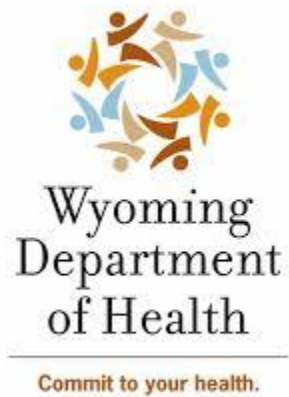


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Overview and Methodology

In accordance with 42 CFR 447.203 and 447.204, Wyoming developed an access monitoring review 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 section 1902(a)(30)(A) of the Social Security Act. While the federal regulations do not define “access,” they do provide guidelines for how states should measure access to care and require states to conduct an assessment for five types of services:

1. Primary care
2. Specialists- Physician and Other Licensed Practitioners
3. Maternity care (pre- and post-natal obstetric services and labor and delivery)
4. Behavioral health
5. Home health

In addition to the five required services listed above, Wyoming’s AMRP also includes a review of dental services. The 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 by Medicaid recipients, and comparisons of Wyoming Medicaid fee-for-service (FFS) reimbursement rates to payment data from Medicare, private payers, and Medicaid programs in other states. Where available data exists, this AMRP compares access measures between Wyoming Medicaid beneficiaries and the general population and describes provider shortages that impact all Wyoming residents.

The AMRP was developed between February and June 2019 and was posted for public comment on the Medicaid website from June X, 2019 through July X, 2019.

Background

The Wyoming Medicaid program, administered by the Wyoming Department of Health (WDH), provided health care coverage to approximately 80,400 people and had total FFS claims expenditures of approximately \$567 million in State fiscal year (SFY) 2018. Nearly all services under Wyoming Medicaid are paid for under the State plan on a FFS basis.¹ Medicaid enrollment comprises approximately 13.6 percent of the State’s population (589,250 in 2018).²

Wyoming is the least populous State in the nation, with only two Metropolitan Statistical Areas (MSAs)—Cheyenne and Casper.³ Forty seven percent of Wyoming’s residents live in rural areas, all of which are designated as health provider shortage areas (HPSAs) for most, if not all,

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 Wyoming Medicaid SFY 2018 Annual Report. Available online: <https://health.wyo.gov/wp-content/uploads/2019/01/SFY-2018-Wyoming-Medicaid-Annual-Report.pdf>

³ Cheyenne is in Laramie County and Casper is in Natrona County.

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provider types.⁴ 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:

- **Surveys of beneficiaries and providers about access to services.** WDH developed provider and beneficiary surveys using an internet-based survey tool to identify beneficiary and provider experience with access to Medicaid services. The surveys were posted to the WDH website from October 9 to November 27, 2018. In addition, the survey was posted on both client and provider websites and shared with WDH advisory groups and beneficiary advocacy groups. Beneficiaries were asked questions about whether they received care they needed within the past year and reasons why they were not able to receive care when needed.⁵ WDH asked providers questions about whether they currently accept new Medicaid patients and questions about their patient panels. In total, 1,510 beneficiaries and 848 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. In addition, because the surveys were only available online and because WDH did not select a representative sample of beneficiaries or providers to survey, there is potential selection bias that should be taken into consideration when interpreting results, as beneficiaries without internet access were not able to complete the survey.
- **Three-year trend in Medicaid provider enrollment for the six service areas.** WDH analyzed Wyoming Medicaid provider enrollment data from a point-in-time snapshot of February 28 of 2017, 2018 and 2019 for all provider taxonomies that fall under the six service areas to identify changes in enrollment of in- and out-of-state providers for each provider type.⁶ WDH also determined the ratio of Medicaid enrolled providers in each service area to Medicaid beneficiaries, across the State and by county for primary care and behavioral health providers.
- **Three-year trend in utilization of services and expenditures in each area.** WDH reviewed statewide utilization and expenditure data for SFY 2016 through 2018 for each service area to identify any decreases in utilization that could indicate a potential access problem.⁷ Medicaid claims were grouped based on the taxonomy of

⁴ Health Resources and Services Administration, “Wyoming HPSA Find Results,” (April 2019). Available online: <http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

⁵ The beneficiary survey asked respondents to respond on behalf themselves and any members of their family who are enrolled in Medicaid (e.g., their children).

⁶ Health care 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.

⁷ Wyoming Medicaid operates on a July 1 to June 30 fiscal year.

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the billing provider, except for maternity care services, which were determined based on procedure and diagnosis codes. 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 2018 Wyoming Medicaid FFS rates to Medicare rates, Medicaid rates in six neighboring states (Colorado, Idaho, Montana, Nebraska, South Dakota, and Utah), and commercial rates in Wyoming (using paid amounts for in-network commercial insurance claims from the 2018 Truven Health Analytics dataset) to identify any reimbursement rates that could indicate a potential access problem. To conduct the rate comparisons, WDH queried the top twenty (20) procedure codes for each service area by claims volume and expenditures.

WDH reports the following data and measures at the statewide level:

- Measures of providers' perceptions of access (based on survey results) for each service area.
- Utilization and expenditures; due to the rural or frontier characteristics of most counties it is difficult to interpret changes that might have occurred among small cohorts of beneficiaries.
- Rate comparisons; 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 89 percent of survey respondents indicating that they were always or usually able to find a provider that accepted Medicaid when they needed care. This represents an increase of three percentage points for beneficiary satisfaction over the last time the survey was conducted in 2016.

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 the Consumer Assessment of Healthcare Providers and Systems (CAHPS)⁸ survey results among Medicare nationally, as shown below.

⁸ The Consumer Assessment of Health Providers and Systems (CAHPS) survey is a national survey that looks at consumer/patients experience with health care.

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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	62%	31%
	Medicare	66%	23%
When care was needed right away, how often was care received as soon as needed?	Wyoming Medicaid	61%	31%
	Medicare	71%	19%

Source: 2018 CAHPS Database

While we do believe that there are some unmet behavioral health and dental 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.⁹ While 23 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, only 9 percent of respondents said it was because the desired behavioral health provider was not enrolled with Medicaid. Respondents stated that the top barriers to getting an appointment were that they could not get an appointment at a time that was convenient (15 percent) and Medicaid approval or authorization was delayed (11 percent). Behavioral health reimbursement in Wyoming Medicaid is approximately 94 percent of Medicare's rates.¹⁰ While it is possible that some providers choose to limit or not accept any Medicaid clients, 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, in the most recently available data the Kaiser Family Foundation reported that 67 percent of adults in Wyoming visited a dentist in 2016, which is significantly higher than the 36 percent of Medicaid beneficiaries who received any dental services in 2015.¹¹ Nearly half (44 percent) of survey respondents who

⁹ Health Resources and Services Administration, "Wyoming HPSA Find Results," (April 2019). Available online: <http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

¹⁰ The rate comparisons are based on the most highly utilized procedure codes (based on paid claims) in Wyoming Medicaid.

¹¹ Kaiser Family Foundation's analysis of the Center for Disease Control and Prevention 2016 Survey Behavioral Risk Factor Surveillance System, "Percentage of Adults Who Visited the Dentist or Dental Clinic within the Past Year," (2016). Available online: <http://kff.org/other/state-indicator/percent-who-visited-the-dentistclinic/>

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indicated that they did not receive needed dental services said it was because they were unsure what dental benefits they had, while 16 percent said it was because their desired dental provider was not enrolled with Medicaid. The percent of dental providers accepting new adult Medicaid patients has decreased 14 percentage points since the last access survey in 2016. During this period Wyoming Medicaid lost around \$1.7 million in funding for adult dental benefits, resulting in a reduction of services offered. This reduction in services could be negatively impacting the number of dental providers willing to accept adult Medicaid patients. 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, while the percentage of providers who reported that they accept new Medicaid patients decreased during that same time. Providers who responded to the survey indicated that their top reasons reported for no longer accepting new Medicaid patients is insufficient reimbursement and administrative burden. While this decrease mitigates some of the gains to access achieved through increased provider enrollment, 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	76%	92%
Specialists	82%	79%
Maternity	90%	80%
Behavioral Health	67%	87%
Home Health	80%	45%
Dental	54%	84%

Source: Wyoming Medicaid Provider Access Survey 2019

Telehealth

Wyoming Medicaid has covered telehealth services since 2007, which helps to address 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 therapy are all reimbursable as telehealth services at the same reimbursement level as in-person services when provided by eligible providers. Telehealth services are eligible for reimbursement from all enrolled Medicaid providers who bill services appropriate for telehealth, this includes services 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

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handful of states that reimburses for telehealth services provided by a substance abuse or addiction specialist.¹²

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, nursing facilities, developmental centers, and Indian Health Service Clinics. Wyoming Medicaid also reimburses for telehealth visits provided to a client in a home-based setting.

The WDH and Office of Rural Health actively promote the use of telehealth throughout the State. They partnered with the University of Wyoming to form the Wyoming Telehealth Network (WyTN) with the goal of connecting provider and patient through telehealth and supporting telehealth providers with training in telehealth best practices. Since 2016 WyTN has offered ongoing education and training sessions for health care providers through regional events and monthly webinars.¹³ 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.^{14, 15}

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 under evaluation than rates from six neighboring states (Colorado, Idaho, Montana, Nebraska 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 concludes that Wyoming Medicaid reimbursement rates are sufficient to assure access to primary care, specialists, maternity, behavioral health, home health and dental services.

Ongoing Access Monitoring

WDH developed a web-based mechanism for beneficiaries to report access concerns called “WY Medicaid Help” which has been accessible on the Wyoming Medicaid website since 2016. Individuals submit questions or comments as a Wyoming Medicaid beneficiary, family member of a Wyoming Medicaid beneficiary, citizen, pharmacy employee, or provider of Medicaid services. Individuals can choose to be contacted for follow-up to their question or comment, and Medicaid tracks the response rate of those opting to receive follow-up contact.

¹² Center for Connected Health Policy, The National Telehealth Policy Resource Center, “*State Telehealth Laws & Reimbursement Policies*,” (2018). Available online: https://www.cchpca.org/sites/default/files/2018-10/CCHP_50_State_Report_Fall_2018.pdf

¹³ Wyoming Telehealth Network, <http://www.uwyo.edu/wind/wytn/>

¹⁴ 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>

¹⁵ The Interstate Medical Licensure Compact provides an expediated process for providers to meet licensure requirements multiple states. This enables providers to legally offer telehealth services in multiple states.

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From October 2016 to January 2019, the WY Medicaid Help tool received 539 questions and comments, on average about 19 submissions per month. Of those, 44 percent were from Medicaid beneficiaries, 26 percent were from citizens, 24 percent were from a family member of a Medicaid beneficiary and 6 percent were from a Medicaid provider. In an effort to quickly address all reported questions and concerns, WDH responded to 40 percent of submissions the same day that they were received. Around 30 percent of submissions received a response within a day, 14 percent within 2 to 4 days, and only 16 percent of submissions took 4 or more days to receive a response.¹⁶

The questions and comments generally fall into one of the following six categories with eligibility, coverage and general receiving 65 percent of the questions and comments.

- **What Medicaid Covers:** Questions or comments on what services Medicaid covers for existing or potential beneficiaries. For example, what types of dental or maternity services are covered for Medicaid beneficiaries.
- **Eligibility:** Questions or comments on eligibility status or requirements for those who are not currently enrolled in a Medicaid plan, including, understanding eligibility requirements, requesting eligibility status updates, and understanding coverage requirements when moving between states.
- **Benefits:** Questions or comments regarding beneficiaries' benefits such as requesting help to find an available provider.
- **Coverage:** Questions or comments regarding beneficiaries' current coverage. This includes understanding changes in coverage and asking for assistance with the reapplication process.
- **General:** General questions or comments, such as help with accessing the online portal, obtaining documentation, and reporting income changes.
- **Multifaceted/Unknown:** Questions or comments that fall into multiple or none of the categories above, including questions about how to report fraudulent actions and understanding personal financial implications.

Summary of Public Comments

¹⁶ The response rate was calculated based on calendar days and includes weekends and holiday weekends when state offices are closed.

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Beneficiary Population

Medicaid provides access to medical assistance for low-income and certain categorically eligible residents. There are generally four major categories of eligibility: Children, Pregnant Women, Adults, and Aged, Blind, or Disabled (ABD). Wyoming has not extended optional eligibility under the Affordable Care Act to non-disabled adults under 133 percent of the Federal Poverty Level (FPL). 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 2018 Enrollment
Aged, Blind, or Disabled Employed Individuals with Disabilities (ABD EID)	<ul style="list-style-type: none"> • Employed individuals with disabilities • Income requirement based on Supplemental Security Income (SSI) standards (individuals do not have to be eligible for SSI) 	404
Aged, Blind, or Disabled Intellectually Disabled/Developmentally Disabled/Acquired Brain Injury (ABD ID/DD/ABI)	<ul style="list-style-type: none"> • 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) 	2,603
Aged, Blind, or Disabled Institutional (ABD Institution)	<ul style="list-style-type: none"> • 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) 	55
Aged, Blind, or Disabled Long-Term Care (ABD LTC)	<ul style="list-style-type: none"> • Residents living in nursing facilities • Individuals receiving hospice care • Individuals who need nursing facility care and receive services in the home or a community setting • Resources are taken into consideration • Income requirement based on SSI (individuals do not have to be eligible for SSI) 	5,007
Aged, Blind, or Disabled Supplemental Security Income (ABD SSI)	<ul style="list-style-type: none"> • Disabled individuals receiving SSI automatically qualify • SSI Related – An individual no longer receiving SSI payment may be eligible using SSI criteria 	6,609
Children	<ul style="list-style-type: none"> • Newborns – automatically eligible if the mother is eligible for Medicaid at the time of the birth 	47,919

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Eligibility Category	Description	SFY 2018 Enrollment
	<ul style="list-style-type: none"> • 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 	
Adults	<ul style="list-style-type: none"> • 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. 	10,989
Medicare Savings Programs	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ○ Medicaid pays for Medicare premiums, deductibles, and cost-sharing ○ Income requirement based on FPL • Specified Low-Income Medicare Beneficiaries (SLMB) <ul style="list-style-type: none"> ○ Medicaid pays for Medicare premiums only ○ Income requirement based on FPL 	4,978
Non-Citizens with Medical Emergencies	<ul style="list-style-type: none"> • Non-citizens who meets all eligibility factors of a Medicaid group except citizenship and social security number • Emergency services only 	195
Pregnant Women	<ul style="list-style-type: none"> • Pregnant women • Income requirement based on FPL. Women with income below the 1996 Family Care Standard must cooperate in establishing 	4,336

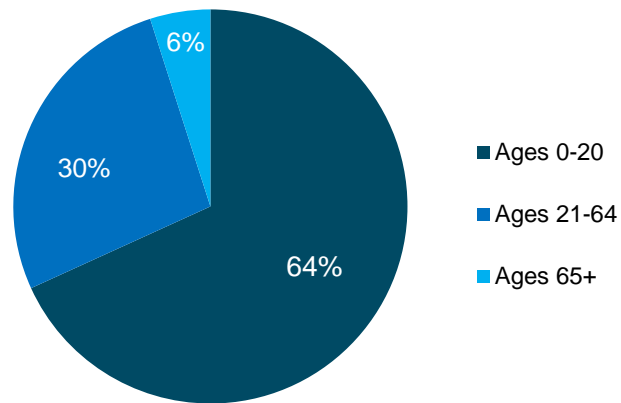
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Eligibility Category	Description	SFY 2018 Enrollment
	paternity for the baby, so Medicaid can pursue medical support <ul style="list-style-type: none"> Presumptive eligibility allows for coverage of outpatient services for up to 60 days pending Medicaid eligibility determination Coverage continues through 60 days post-partum 	
Special Groups	<ul style="list-style-type: none"> 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) 	121

Source: Wyoming Medicaid SFY 2018 Annual Report

About two-thirds of Medicaid enrollees are children, as shown in the chart below. In addition, just over half of the beneficiaries (59 percent in SFY 2018) are female.

Figure 1: Wyoming Medicaid Beneficiaries by Age, SFY 2018



Source: Wyoming Medicaid SFY2018 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.

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Table 3: Wyoming Medicaid Enrollment by County, SFY 2018

County	Enrolled Members	Percent of Total Enrollment	County	Enrolled Members	Percent of Total Enrollment
Albany	3,492	4.3	Natrona	12,472	15.5
Big Horn	2,048	2.5	Niobrara	307	0.4
Campbell	6,002	7.5	Park	3,520	4.4
Carbon	1,940	2.4	Platte	1,140	1.4
Converse	1,886	2.3	Sheridan	3,657	4.5
Crook	784	1.0	Sublette	706	0.9
Fremont	9,598	11.9	Sweetwater	5,639	7.0
Goshen	1,798	2.2	Teton	1,296	1.6
Hot Springs	800	1.0	Uinta	3,269	4.1
Johnson	890	1.1	Washakie	1,102	1.4
Laramie	13,709	17.0	Weston	854	1.1
Lincoln	1,758	2.2	Other	1,743	2.2

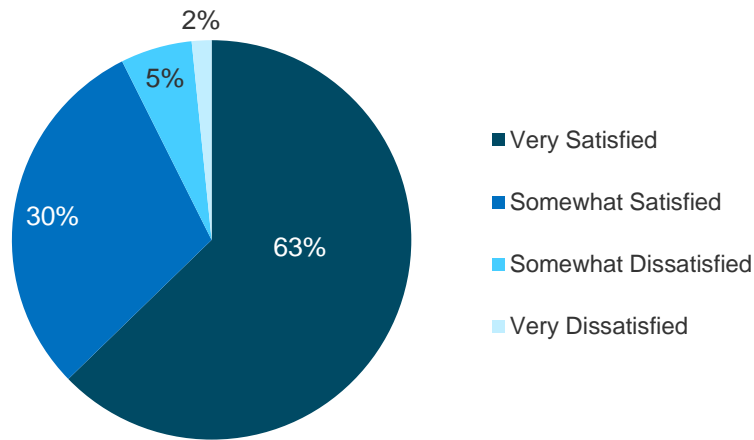
Source: Wyoming Medicaid SFY 2018 Annual Report

Wyoming Beneficiary Perceptions of Access to Health Care Services

Wyoming Medicaid beneficiaries, overall, were satisfied with access to health care services, including primary care, specialist services, behavioral health, women’s health, home health, dental, and pharmacy. The results of a survey of Wyoming Medicaid beneficiaries on satisfaction with access to covered services are summarized below. A total of 1,510 people responded, representing 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, 76 percent of beneficiaries indicated traveling less than 20 miles to access medical services and only 10 percent indicated that they typically traveled further than 60 miles. As shown in Figure 2 below, more than 93 percent of survey respondents were very or somewhat satisfied with access to services available under Wyoming Medicaid and only 7 percent were somewhat or very dissatisfied.

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



Source: Wyoming Medicaid Client Access Survey 2018

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The table below displays the reported ease of finding a provider that accepted Medicaid and 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?	49%	40%	10%	1%
In the last 12 months, when care was needed right away, how often was care received as soon as needed?	61%	31%	7%	1%

In 20 counties, more than 80 percent of respondents stated it was easy (always or usually) to find a provider that accepted Medicaid. In the remaining three counties (Campbell, Crook and Hot Springs) more than 70 percent of respondents found it easy. In 21 out of 23 counties, more than 80 percent of respondents responded it was easy (always or usually) to receive care as soon as needed, while in 2 counties (Platte and Johnson) only 65 to 70 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 32 percent of Wyoming Medicaid beneficiaries used the ER at least once in SFY 2018 and the average number of annual ER visits among all beneficiaries was two visits.¹⁷ Nationally, according to the National Health Interview Survey (NHIS), about 18 percent of adults ages 18 to 64 visit the ER annually. One study of NHIS data from 2014 found that nearly 35 percent of Medicaid beneficiaries nationally visited the ER each year as compared to around 14 percent of adults with private insurance.^{18,19} 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 (85 percent) reported having a personal doctor and nearly all (91 percent) reported seeking care for a check-up or routine care within the past 12 months.²⁰ Nine out of ten respondents stated they were always or usually able to get an appointment as soon as needed.

¹⁷ Wyoming Medicaid SFY 2018 Annual Report.

¹⁸ 2013 and 2014 National Health Interview Survey

¹⁹ Gindi, R. et al., "Reasons for Emergency Room Use Among U.S. Adults Aged 18-64: National Health Interview Survey, 2013 and 2014," National Health Statistics Report, (February 2016).

²⁰ 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.

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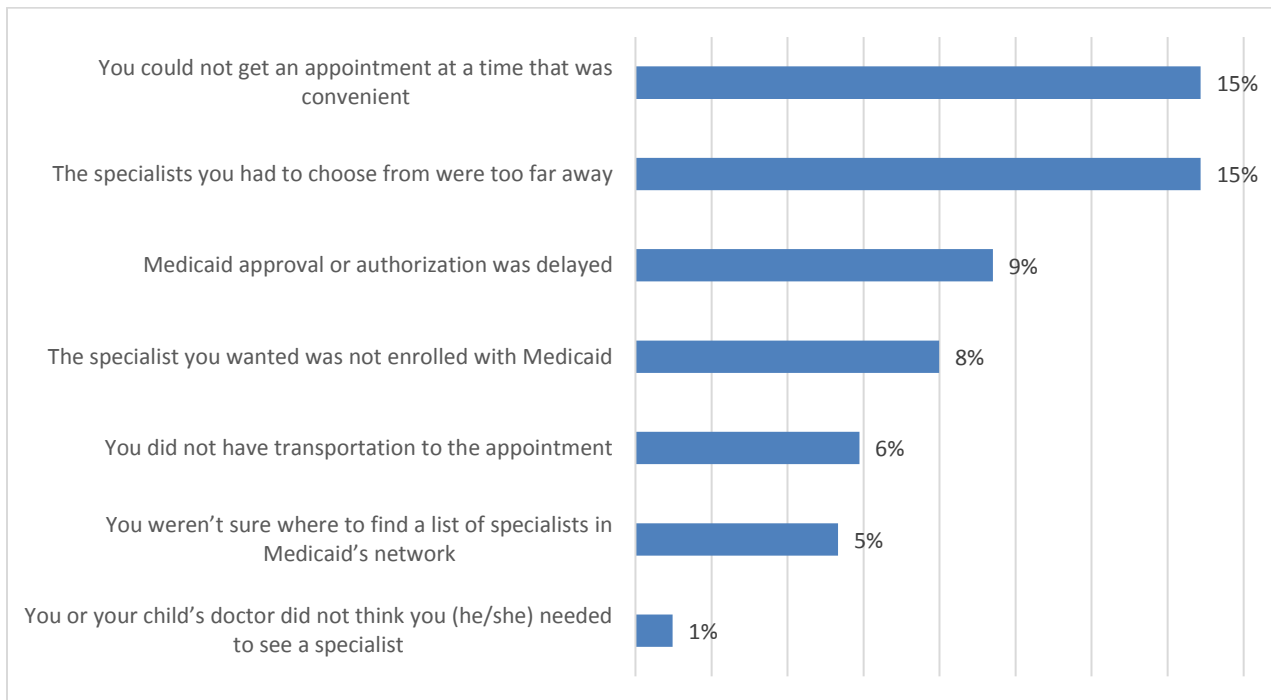
Specialists - Physician and Other Licensed Practitioners Access to specialist services is perceived as high among Wyoming Medicaid beneficiaries. More than half of respondents (54 percent) indicated they needed to see a specialist in the past year, and among them, 82 percent reported that they were always 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%	13%	4%

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, the reasons reported are shown in Figure 3 below.

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



Note: Totals do not equal 100 percent because respondents could choose more than one option and could indicate that it was easy to get a specialist appointment.

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Maternity

In the past 12 months, around 14 percent of respondents reported that they or their family member needed maternity care, and nearly all of them (95 percent) found it always (79 percent) or usually (16 percent) easy to schedule a maternity care appointment.

Behavioral Health

Thirty-one percent of survey respondents indicated needing counseling or other behavioral health services in the past 12 months.²¹ Of these respondents, 85 percent indicated traveling less than 20 miles while only 7 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.

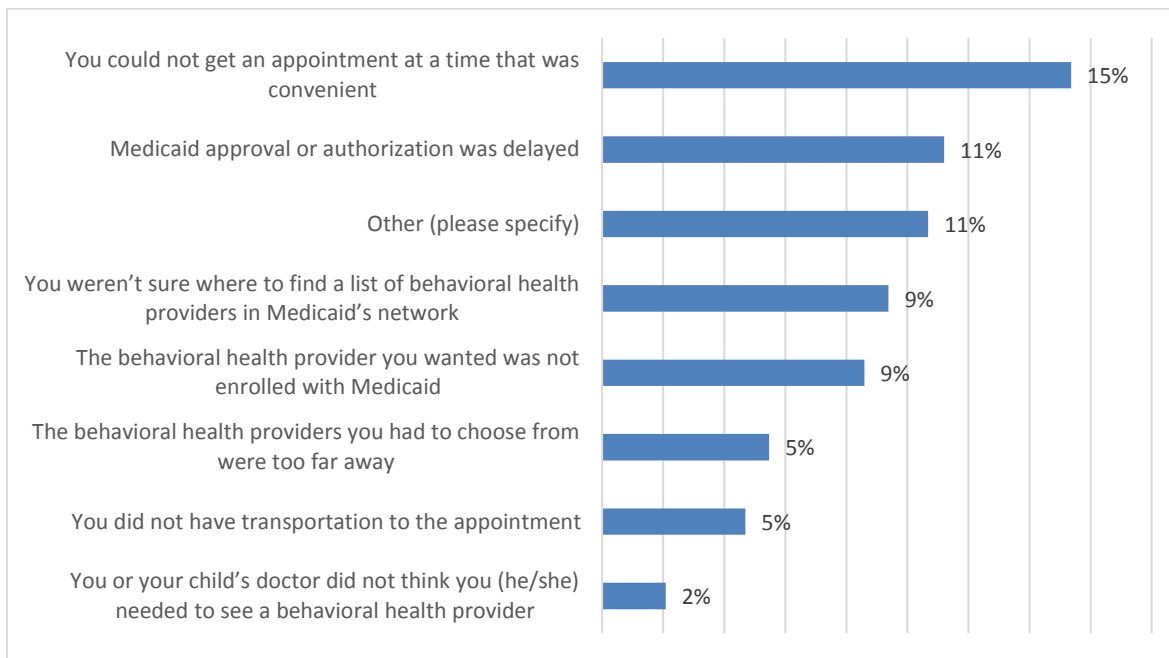
Survey Question	Always	Usually	Sometimes	Never
In the past 12 months, when counseling or behavioral health treatment was needed right away, how often were you seen as soon as needed?	55%	22%	16%	7%

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

²¹ According to Wyoming Medicaid Annual Report, 17 percent of beneficiaries received behavioral health services during SFY 2018.

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



Note: Totals do not equal 100 percent because respondents could choose more than one option and could indicate that it was easy to get behavioral health appointment.

Home Health

Approximately 7 percent of respondents indicated needing home health services within the past year, 78 percent of whom responded that they received the needed services.²² Of those who responded that they did not receive the needed home health services, the top two reasons were due to a delay in Medicaid approval or authorization (16 percent), followed by the home health provider not being enrolled with Medicaid (10 percent).²³

Dental

Wyoming Medicaid covers several types of dental services with children under age 21 receiving comprehensive dental coverage and orthodontics for cases that impact function. Adults ages 21 and over can receive preventive care (e.g., cleanings, x-rays), and emergency care (extractions).²⁴ Approximately 83 percent of respondents indicated that they received at least one type of dental service in the past year, with 87 percent of them receiving preventive care, 37 percent receiving restorative care, and 14 percent receiving emergency care.²⁵ Approximately

²² According to Wyoming Medicaid Annual Report, around one percent of beneficiaries received home health services during SFY 2018.

²³ Seventy three percent of respondents who provided a reason they or their family member did not receive the needed home health services chose "None of the Above. We had no issues getting the home health services that were ordered."

²⁴ Adult dental services were reduced in SFY2017 as a result of the Governor's budget cuts.

²⁵ According to the Wyoming Medicaid Annual Report, 39 percent of beneficiaries received dental services during SFY 2018.

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four out of ten respondents indicated that they did not receive needed dental services, and among them, almost half (44 percent) said it was because they were unsure what dental benefits they had. The next most common reasons were because the desired dental provider was not enrolled with Medicaid (16 percent), because Medicaid approval or authorization for care was delayed (14 percent), or because the beneficiary was unsure of where to find a list of dental providers in Medicaid's network (13 percent).

Pharmacy

Eight out of ten survey respondents indicated that they needed to fill or re-fill a prescription in the past year.²⁶ The majority of beneficiaries indicated traveling less than 20 miles to a pharmacy (91 percent) while less than 1 percent traveled more than 60 miles. Almost all respondents stated that it was always (81 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 who used after hours care, considered after-hours care always (23 percent) or usually (16 percent) easy to receive.²⁷ Of those who needed after hours care but did not find it easy to receive, 13 percent stated that the difficulty was because the 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 (7 percent) and that they were unsure where to find a list of doctor's offices/clinics enrolled with Medicaid that were open for after-hours care (7 percent).

Beneficiaries successfully found transportation assistance about three-quarters of the time. Of the 5 percent of respondents who stated they called Medicaid for transportation assistance in the past year, 49 percent reported that the transportation assistance always met their needs and 23 percent reported that it usually met their needs.

²⁶ According to the Wyoming Medicaid Annual Report, 57 percent of beneficiaries filled a prescription during SFY 2018.

²⁷ Forty seven percent of respondents answered that they did not need after hours care.

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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 54 percent of primary care needs were met in Wyoming in 2018.²⁸ Wyoming currently has Health Professional Shortage Areas (HPSAs) throughout the State for primary care, mental health, and dental services. HPSAs are classified as geographic 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 44 Primary Care HPSAs, 24 Mental Health HPSAs and 28 Dental HPSAs.²⁹ There is at least one HPSA per county as shown in Table 4 below.

Table 4: 2018 Primary Care, Mental Health and Dental HPSAs by County

County	Primary Care HPSAs	Mental Health HPSAs	Dental HPSAs
Albany	1	2	1
Big Horn	2	2	1
Campbell	1	1	0
Carbon	1	1	1
Converse	2	1	1
Crook	4	4	3
Fremont	6	5	5
Goshen	1	1	1
Hot Springs	2	2	1
Johnson	1	1	0
Laramie	6	5	4
Lincoln	2	1	0
Natrona	3	3	3
Niobrara	1	1	1
Park	2	2	1
Platte	1	1	1
Sheridan	1	1	1
Sublette	1	1	0
Sweetwater	2	2	1
Teton	0	1	0
Uinta	2	1	0
Washakie	1	2	1
Weston	1	1	0

Source: Health Resources and Services Administration

²⁸ Kaiser Family Foundation, “Primary Care HPSA,” (December 2018). Available online: <http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/>

²⁹ Health Resources and Services Administration, “Wyoming HPSA Find Results,” (April 2019). Available online: <http://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx>

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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 2017, as shown in Table 5, below. Provider enrollment has increased significantly faster than enrollment of Medicaid beneficiaries, which increased by only 1 percent from 2017 to 2018. In 2018, more than 99 percent of licensed and practicing physicians and more than 72 percent of dentists in Wyoming were enrolled in Medicaid.³⁰

Table 5: Number of Enrolled Providers, by Service Area, 2017-2019*

Service Type	In- or Out-of-State	2017	2018	2019	3-Year Percent Change
Primary Care	In-State	1,002	1,137	1,308	30.5%
	Out-of-State	1,866	2,358	3,146	68.6%
	Total	2,868	3,495	4,454	55.3%
Specialist	In-State	822	896	1022	24.3%
	Out-of-State	2,694	3,108	3,766	39.8%
	Total	3,516	4,004	4,788	36.2%
Maternity	In-State	91	101	109	19.8%
	Out-of-State	213	245	331	55.4%
	Total	304	346	440	44.7%
Behavioral Health	In-State	1014	1265	1637	61.4%
	Out-of-State	148	211	316	113.5%
	Total	1162	1476	1953	68.1%
Home Health	In-State	24	25	26	8.3%
	Out-of-State	0	0	0	0.0%
	Total	24	25	26	8.3%
Dental	In-State	272	305	328	20.6%
	Out-of-State	82	88	96	17.1%
	Total	354	393	424	19.8%

*Enrollment numbers are as of February 28 each year.

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

³⁰ Wyoming Department of Health, "Health Stat 2018 Final Reports," December 15, 2018.

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Table 6: Medicaid Provider-to-Beneficiary Ratios, by Service Area, as of February 28, 2019

Service Type	Enrolled Providers per 10,000 Beneficiaries (In-State Only)	Enrolled Providers per 10,000 Beneficiaries (Out-of-State Only)	Enrolled Providers per 10,000 Beneficiaries (In and Out-of-State Combined)
Primary Care	255	613	868
Specialist	199	734	933
Maternity*	76	231	307
Behavioral Health	319	62	381
Home Health	64	19	83
Dental	5	0	5

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

Table 7 displays the number of enrolled providers within each service type in each county (in-state providers only).

Table 7: Provider Enrollment (In-State Only), By County and Service Area, As of February 28, 2019

County	Primary Care	Specialist	Maternity	Behavioral Health	Home Health	Dental
Albany	85	88	8	271	2	10
Big Horn	22	5	0	20	0	2
Campbell	100	89	11	57	1	13
Carbon	29	23	2	31	1	3
Converse	39	17	1	35	0	5
Crook	15	2	0	3	2	1
Fremont	98	88	9	82	1	33
Goshen	21	20	0	61	1	7
Hot Springs	11	8	0	10	1	3
Johnson	19	5	0	17	0	8
Laramie	231	154	15	356	3	49
Lincoln	36	30	0	19	1	15
Natrona	223	157	13	213	5	62
Niobrara	9	1	0	0	0	0
Park	88	74	9	84	1	21
Platte	21	10	10	14	1	2
Sheridan	53	46	8	101	1	20

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County	Primary Care	Specialist	Maternity	Behavioral Health	Home Health	Dental
Sublette	9	0	0	8	0	3
Sweetwater	61	58	9	95	1	21
Teton	53	75	13	61	1	19
Uinta	47	27	1	50	2	18
Washakie	29	41	0	41	0	8
Weston	9	4	0	8	1	5
Out-of-State	3,146	3,766	331	316	0	96

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

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

Primary Care Providers (PCP)

Enrollment of PCPs (both in- and out-of-state) has increased over 50 percent since 2017, 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.³¹ As shown in Table 5, enrollment of in-state PCPs increased by 31 percent from 2017 to 2019 and enrollment of out-of-state PCPs increased by 69 percent.

Table 8: Number of Enrolled PCPs (Includes Both In- and Out-of-State), by Provider Type, 2017-2019

Provider Type	2017	2018	2019	3-Year Percent Change
Primary Care - Physicians	1,748	2,035	2,487	42.3%
Primary Care - Non-Physicians (PA and NPs)	1,085	1,415	1,916	76.6%
FQHCs	11	12	13	18.2%
RHCs	18	27	32	77.8%
Indian/Tribal Health Centers	2	2	2	0.0%
Total	2,864	3,491	4,450	55.4%

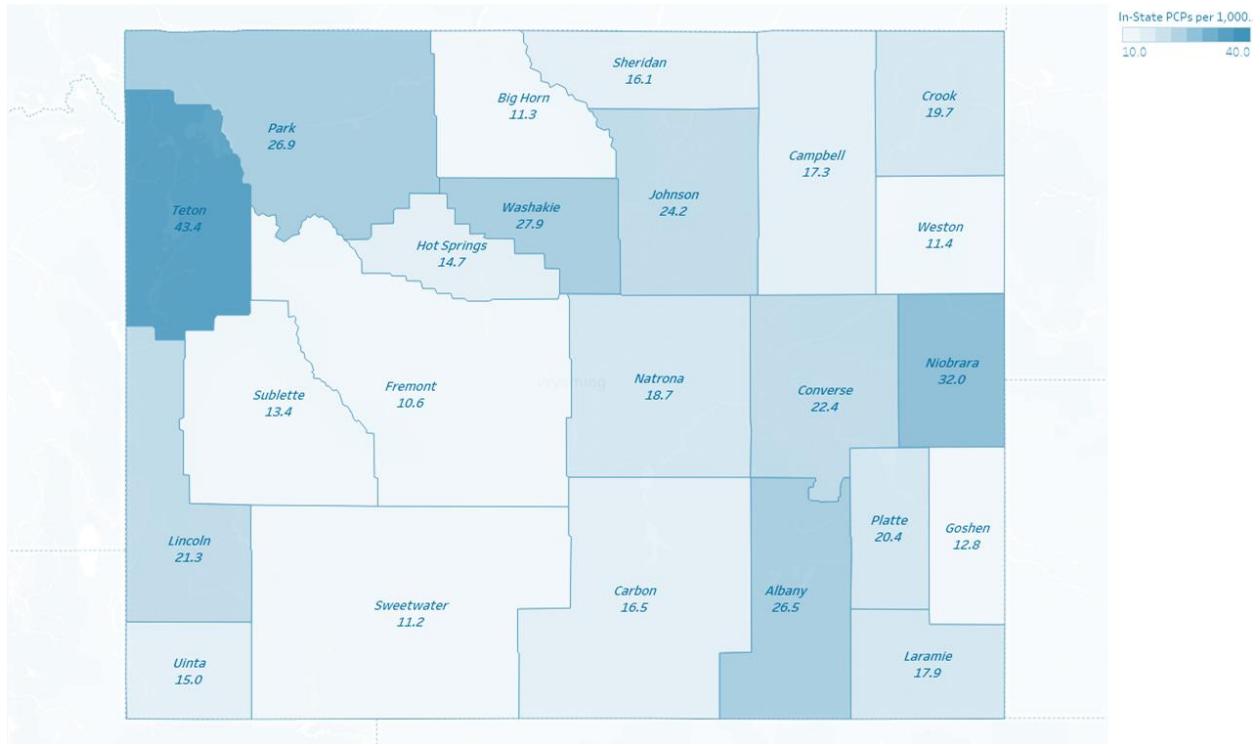
The ratio of enrolled in-state PCPs to beneficiaries is highest in Teton County (43.4 PCPs per 1,000 Medicaid beneficiaries), followed by Niobrara, Washakie, Park, Albany, Johnson, Converse, Lincoln, and Platte counties which each have ratios between 20 and 32 PCPs per

³¹ 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 percent Federal Financial Participation (FFP).

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1,000 beneficiaries. Figure 5, below, is a county map of enrolled PCP ratios per 1,000 beneficiaries.

Figure 5: Map of In-State PCPs per 1,000 Medicaid Beneficiaries, by County³²



The utilization trend indicates an increase in access to primary care services within the past three years. Overall the percent of beneficiaries receiving primary care services have increased from 2016 to 2018 by 18.3 percent. Over the same period, total expenditures have also increased by 43 percent since 2016. Part of the increase can be attributed to an increase in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHC) expenditures which represents a 209 percent change over the past three years. Wyoming has recently experienced a trend of physician practices converting to FQHCs and RHCs, resulting in an increase in primary care expenditures for clinical encounters based on CMS approved methodology for FQHCs and RHCs. Over the past three years Wyoming Medicaid has enrolled 14 new RHCs and 2 new FQHCs. In addition, in SFY 2018, due to a cost report settlement process a rate increase was applied retroactively to past services delivered at FQHCs and RHCs, resulting in an increase to primary care expenditures.³³

³² In-state primary care provider numbers as of February 28, 2019

³³ Wyoming Medicaid SFY 2018 Annual Report.

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Table 9: Primary Care Expenditures and Utilization, SFY 2016-2018

Category	SFY 2016	SFY 2017	SFY 2018
Total Expenditures	\$37,999,046	\$39,927,145	\$54,211,987
Count of Recipients Receiving Services	55,219	59,181	59,671
Percent of Beneficiaries Receiving Services	65.8%	73.7%	77.9%

Pediatrics

The number of enrolled pediatric providers has also steadily increased since 2017, although there are no in-state pediatric surgeons or neonatal or perinatal specialists enrolled in Wyoming Medicaid (Wyoming does not have a neonatal intensive care unit in-state).

Table 10: Number of Enrolled Pediatric Providers, 2017-2019

Location	Provider Type	2017	2018	2019	3-Year Percent Change
In-State	Pediatrics, MD	78	85	94	20.5%
	Pediatrics, NP	10	10	13	30%
Out-of-State	Pediatrics, MD	630	702	820	30.2%
	Pediatrics, Neonatal-Perinatal Medicine	75	90	104	38.7%
	Pediatrics, Surgery	26	31	34	30.8%
Total		819	918	1,065	30.0%

Specialists - Physician and Other Licensed Practitioners

Enrollment among specialists increased by 37.5 percent since 2017 including both in- and out-of-state providers. Enrollment of in-state specialists increased by 25 percent from 2017 to 2019 and enrollment of out-of-state specialists increased by 42 percent.

Table 11: Number of Enrolled (In- and Out-of-State) Specialists, 2017-2019

Specialist Type	2017	2018	2019	3-Year Percent Change
Cardiology	188	211	236	25.5%
Urology	76	87	109	43.4%
Radiology	535	608	741	38.5%
Pathology	124	144	165	33.1%
Anesthesiology	463	498	574	24.0%

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Surgery - General	217	243	278	28.1%
Surgery - Vascular and thoracic	43	49	72	67.4%
Other	1,870	2,163	2,612	39.7%
Total	3,516	4,003	4,787	36.1%

For all specialty types, the majority of Medicaid enrolled providers are out-of-state. As of February 28, 2019, enrollment of in-state providers for the selected specialty types ranged from 10 to 30 percent of the total providers, as shown in the table below.

Table 12: Percent of Enrolled Specialists who are In-State, 2019

Specialist Type	Percent In-State	Percent Out-of-State
Anesthesiology	20.0%	80.0%
Cardiology	18.2%	81.8%
Pathology	10.3%	89.7%
Radiology	30.4%	69.6%
Surgery - General	28.1%	71.9%
Surgery - Vascular & Thoracic	12.5%	87.5%
Urology	22.0%	78.0%

The statewide utilization trend does not indicate a change in access for specialist services since 2016. Overall utilization and expenditures for specialist services have remained relatively flat since SFY 2016 and are summarized in the table below.

Table 13: Specialists - Physician and Other Licensed Practitioners Expenditures and Utilization, SFY 2016-2018

Category	SFY 2016	SFY 2017	SFY 2018
Total Expenditures	\$16,049,185	\$17,574,304	\$16,943,455
Count of Recipients Receiving Services	32,836	33,491	32,742
Percent of Beneficiaries Receiving Services	39.1%	41.7%	42.7%

Maternity

The majority of enrolled maternity providers are out-of-state providers: about 76 percent of enrolled Ob/Gyn physicians, 71 percent of physician assistants/APRNs, and 73 percent of nurse midwives are out-of-state providers. However, enrollment of maternity providers has increased considerably since 2017. Enrollment of in-state maternity providers increased by 20 percent from 2017 to 2019 and enrollment of out-of-state providers increased by 55 percent.

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Table 14: Number of Enrolled (In- and Out-of-State) Maternity Providers, 2017-2019

Provider Type	2017	2018	2019	3-Year Percent Change
Ob/Gyn Physicians	260	291	363	39.6%
Ob/Gyn Physician Assistants and APRNs	12	14	17	41.7%
Nurse Midwives	32	41	60	87.5%
Total	304	346	440	44.7%

Utilization and expenditures for pre- and post-natal obstetric services have decreased since SFY 2016 and are summarized in the table below. The decrease in utilization and expenditures may be due to reimbursement reductions implemented in state fiscal year 2017 and a decrease in the number of Medicaid births. However, this has not affected provider enrollment, as the number of maternity providers has steadily increased by 44.7 percent over the last three years.

Table 15: Pre- and Post-Natal Obstetric Expenditures and Utilization, SFY 2016-2018

Category	SFY 2016	SFY 2017	SFY 2018
Total Expenditures	\$19,799,535	\$19,059,803	\$16,322,430
Count of Recipients Receiving Services	3,633	3,756	3,155
Percent of Beneficiaries Receiving Services	14.5%	15.8%	13.8%

Behavioral Health

The number of enrolled behavioral health providers has increased significantly since 2017. Enrollment of in-state behavioral health providers increased by 58 percent from 2017 to 2019 and enrollment of out-of-state providers increased by 112 percent.

Table 16: Number of Enrolled (In- and Out-of-State) Behavioral Health Providers, for Selected Provider Types, 2017-2019

Behavioral Health Provider Type	2017	2018	2019	3-Year Percent Change
Psychiatrist	134	177	215	60%
Clinical Psychologist	130	150	185	42%
Professional Counselor	300	333	387	29%
Licensed Clinical Social Worker (LCSW)	262	308	384	47%
Community Mental Health Center (CMHC)	26	26	26	0%

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Behavioral Health Provider Type	2017	2018	2019	3-Year Percent Change
Substance Abuse Treatment Center (SATC)	26	29	31	19%
Other	284	444	688	142%
Total	1,162	1,467	1,916	65%

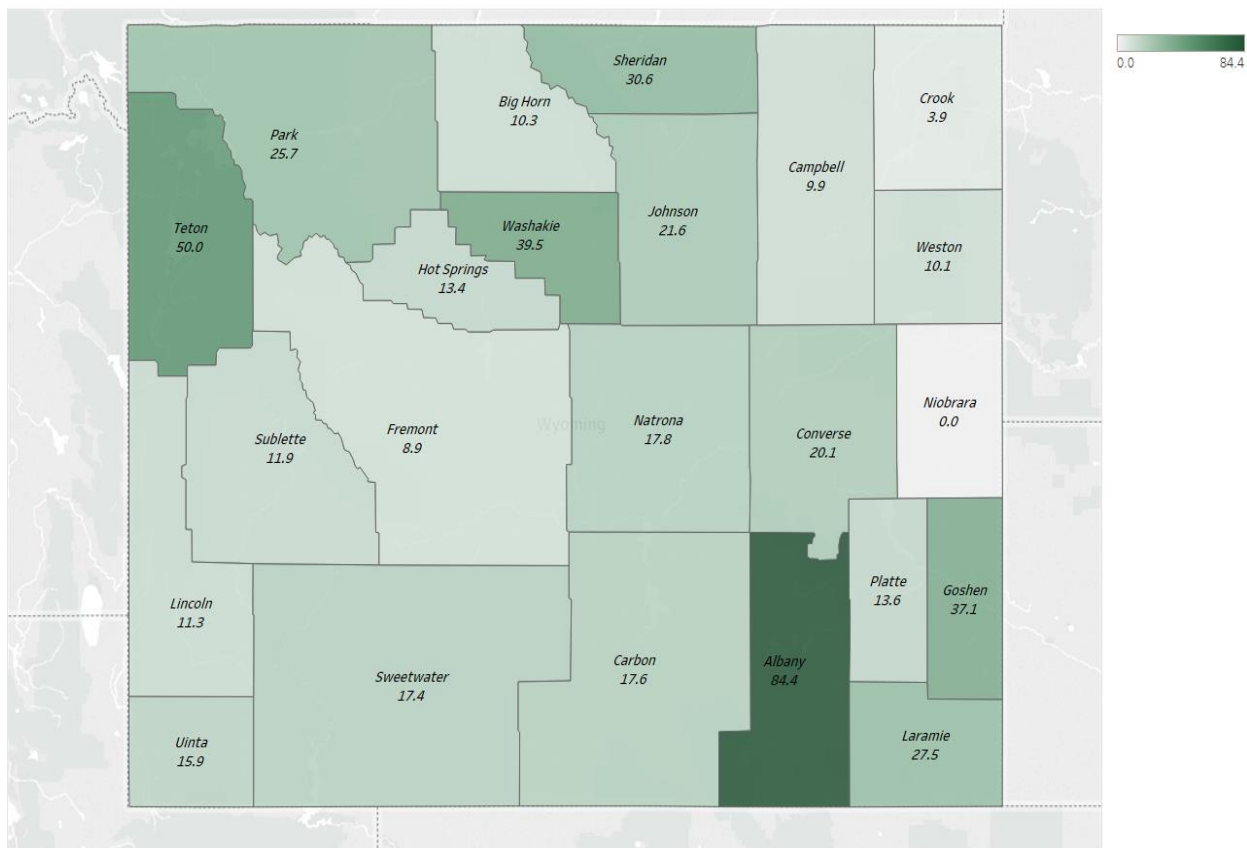
As with specialists, many enrolled psychiatrists and psychologists are out-of-state providers (76 and 43 percent, respectively), but the majority of counselors and LCSWs are in-state (99 and 96 percent, respectively). All enrolled CMHCs and SATCs are in-state. The number of enrolled in-state behavioral health providers of any type in 2019 (1,916) greatly exceeds the 2017 Bureau of Labor Statistics (BLS) estimate of 570.³⁴ 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 (84.4 per 1,000 Medicaid beneficiaries), followed by Teton county (50 per 1,000). Seven counties (Converse, Goshen, Johnson, Laramie, Park, Sheridan, and Washakie) have ratios between 20 and 40 per 1,000 beneficiaries. Figure 6, below, is a county map of enrolled behavioral health provider ratios per 1,000 beneficiaries.

³⁴ Bureau of Labor Statistics May 2017 State Occupational Employment and Wage Estimates Wyoming (May 2017). Available online: https://www.bls.gov/oes/2017/may/oes_wy.htm#29-0000

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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 2016.³⁵ According to the Substance Abuse and Mental Health Services Administrations (SAMHSA) 2017 National Survey on Drug Use and Health: Mental Health Findings, 21 percent of Medicaid and CHIP enrollees nationally had a behavioral health diagnosis in 2015, but it is unknown how many received treatment from a behavioral health specialist.³⁶ Therefore, we do not have a national average against which to compare Wyoming’s behavioral health utilization rate of 16 percent in SFY 2018. Expenditures for behavioral health services have decreased since SFY 2016, but the percent of beneficiaries receiving services has increased. The decrease in expenditures and utilization during SFY 2018 may be attributed to a Medicaid policy change which requires medical necessity reviews in the form of prior authorization for behavioral health services and stricter utilization control strategies at the state level. These trends are summarized in the table below.

³⁵ Behavioral health utilization rates are the percentage of beneficiaries who received treatment from a behavioral health provider (based on provider taxonomy codes) each year.

³⁶ Results from the 2017 National Survey on Drug Use and Health: Detailed Tables SAMHSA (September 2016). Available online: <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH>

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Table 17: Behavioral Health Expenditures and Utilization, SFY 2016-2018

Category	SFY 2016	SFY 2017	SFY 2018
Total Expenditures	\$34,949,259	\$30,713,831	\$26,312,098
Count of Recipients Receiving Services	12,339	12,777	12,396
Percent of Beneficiaries Receiving Services	14.7%	15.9%	16.2%

Home Health

There are 46 in-state home health agencies in Wyoming that are based in 18 counties (all counties except Big Horn, Converse, Niobrara, Sublette, and Washakie). Natrona County has seven home health agencies, Uinta county has four, and Albany, Johnson, Laramie, and Sheridan counties each have three. The remaining 12 counties each have one to two enrolled agencies. In addition, three out-of-state home health agency provides services to Wyoming beneficiaries.

Statewide utilization and expenditures for home health services remained consistent between SFYs 2016 and 2017, and then decreased in SFY 2018 as summarized in the table below. The decrease in expenditures and utilization during SFY 2018 may be attributed to a Medicaid policy change which requires prior authorization for home health services. The requirement was implemented effective March 1, 2017.³⁷

Table 18: Home Health Expenditures and Utilization, SFY 2016-2018

Category	SFY 2016	SFY 2017	SFY 2018
Total Expenditures	\$9,467,835	\$9,595,827	\$4,012,590
Count of Recipients Receiving Services	730	713	491
Percent of Beneficiaries Receiving Services	0.9%	0.9%	0.6%

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 seven counties have at least one Dental HPSA. Dental specialists exist in only 9 of Wyoming's 23 counties.³⁸ Overall, enrollment of dental providers has increased by 20 percent since 2017, as shown in the table below, with enrollment of in-state providers increasing by 21 percent and out-of-state providers increasing by 17 percent.

³⁷ Wyoming Medicaid SFY 2018 Annual Report.

³⁸ Wyoming Medicaid SFY 2018 Annual Report.

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Table 19: Number of Enrolled (In- and Out-of-State) Dental Providers, 2017-2019

Dental Providers	2017	2018	2019	3-Year Percent Change
Dentists - General	58	66	72	24%
Dental Specialists (Endodontics, Pedodontics, Oral and Maxillofacial Surgery, Orthodontics)	296	327	352	19%
Total	354	393	424	20%

The number of enrolled in-state dentists (of all types) in 2019 (328) is similar to the 2017 BLS estimate (220), indicating that most dental providers in Wyoming are enrolled in Medicaid.³⁹

The statewide utilization trend indicates a decrease in beneficiaries accessing dental services in recent years. In addition, the Kaiser Family Foundation reported that, in 2016, approximately 66 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 2018 (38 percent).⁴⁰ A number of factors may contribute to this difference, including but not limited to, a shortage of dental providers accepting Medicaid, beneficiaries' lack of awareness of their dental benefits, and a reduction in dental benefits for adult Medicaid beneficiaries as a result of Medicaid budget reductions.⁴¹ Utilization and expenditures for dental services are summarized in the table below.

Table 20: Dental Expenditures and Utilization, SFY 2016-2018

Category	SFY 2016	SFY 2017	SFY 2018
Total Expenditures	\$15,451,752	\$14,165,687	\$11,843,632
Count of Recipients Receiving Services	31,842	31,399	28,712
Percent of Beneficiaries Receiving Services	38.0%	39.1%	37.5%

³⁹ Bureau of Labor Statistics May 2017 State Occupational Employment and Wage Estimates Wyoming (May 2017). Available online: https://www.bls.gov/oes/2017/may/oes_wy.htm#29-0000

⁴⁰ 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/>

⁴¹ Adult dental services were reduced to preventative and emergency services only in SFY2017 as a result of the Governor's budget cuts.

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Provider Access Perceptions

In October and November 2018, 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, 463 providers responded from the 6 categories shown in Table 21, below.

Table 21: Provider Type Categories

Provider Type	Survey Respondents*	Percent of Enrolled Providers
Primary Care Provider	75	5.73%
Specialist	65	6.36%
Maternity	19	17.43%
Behavioral Health Providers	195	11.91%
Home Health Agencies	24	92.31%
Dental	85	25.91%
Number of Unique Responses	463	10.45%

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 at the county level regarding providers who currently accept new Medicaid patients.⁴² Responses for each provider type are summarized in the pages that follow.

Primary Care

Table 22 displays primary care provider responses to questions about their patient panels. Nearly all primary care providers surveyed reported that they accept new Medicaid patients.

Table 22: Primary Care Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	97%	3%	0%
Are you presently accepting new Medicaid patients under age 21?	92%	5%	3%

⁴² Providers selected all counties in which they actively deliver services. All 23 counties had at least 20 respondents who actively deliver services and 126 respondents identified themselves as actively delivering services out-of-state. The highest percent of respondents actively deliver services in Natrona (18.5 percent), Laramie (17.7 percent) and Campbell (10.1 percent) counties. Approximately 9 percent of respondents actively deliver services in each of Fremont, Park, Sheridan, and Sweetwater counties.

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Survey Question	Yes	No	N/A or No Response
Are you presently accepting new Medicaid patients over age 21?	76%	8%	16%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	0%	87%	13%
Do wait times for new patient appointments ever vary by the patient's insurance type?	0%	97%	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?	17%	83%	0%

When asked approximately what percent of their patient panels are comprised of Medicaid patients, the majority of primary care providers surveyed reported that Medicaid patients comprise less than 20 percent of their patient panels. According to PCP respondents, nearly all new patients wait less than 2 weeks for an appointment with 81 percent waiting less than one week.

Table 23: 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%	55%
21-40%	24%
41-60%	12%
61-80%	3%
81-100%	6%

Specialists - Physician and Other Licensed Practitioners Table 24 includes specialist responses to questions about their patient panels. The majority of specialists surveyed reported that they accept new Medicaid patients, regardless of age.

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Table 24: Specialists - Physician and Other Licensed Practitioners Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	89%	11%	0%
Are you presently accepting new Medicaid patients under age 21?	87%	9%	4%
Are you presently accepting new Medicaid patients over age 21?	67%	25%	8%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	13%	70%	17%
Do wait times for new patient appointments ever vary by the patient's insurance type?	5%	85%	12%
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?	19%	81%	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, 75 percent of specialists reported that Medicaid patients comprise less than 20 percent of their patient panels. According to specialist respondents, more than half of new patients wait less than 2 weeks for an appointment with around 32 percent of those waiting less than 1 week. 13 percent of new patients reportedly wait more than four weeks for an appointment.

Table 25: Distribution of Medicaid Patients in Specialists - Physician and Other Licensed Practitioners Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20%	75%
21-40%	22%
41-60%	0%
61-80%	3%
81-100%	0%

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Maternity

Table 26 includes maternity provider responses to questions about their patient panels. Nearly all maternity providers surveyed reported that they accept new Medicaid patients.

Table 26: Maternity Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	90%	10%	0%
Are you presently accepting new Medicaid patients under age 21?	80%	10%	10%
Are you presently accepting new Medicaid patients over age 21?	90%	10%	0%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	10%	80%	10%
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?	38%	63%	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, almost 80 percent of maternity providers reported that Medicaid patients comprise less than 40 percent of their patient panels. According to maternity provider respondents, two thirds of new patients wait less than 2 weeks for an appointment.

Table 27: Distribution of Medicaid Patients in Maternity Providers' Patient Panels

Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
0-20%	67%
21-40%	11%
41-60%	22%
61-80%	0%
81-100%	0%

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Behavioral Health

Table 28 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 28: Behavioral Health Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	89%	11%	0%
Are you presently accepting new Medicaid patients under age 21?	87%	9%	4%
Are you presently accepting new Medicaid patients over age 21?	67%	25%	8%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	13%	70%	17%
Do wait times for new patient appointments ever vary by the patient's insurance type?	5%	84%	12%
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?	19%	81%	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 one quarter of behavioral health providers reported that Medicaid patients comprise less than 20 percent of their panels while around 50 percent of the providers indicated that more than 41 percent of their patient panels were comprised of Medicaid patients. According to behavioral health providers, more than 8 out of 10 new patients wait less than 2 weeks for an appointment with 59 percent of those waiting less than 1 week. Only 2 percent of new patients reportedly wait more than four weeks for an appointment.

Table 29: 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%	21%
41-60%	13%

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Percentage of Patient Panel That is Comprised of Medicaid Patients	Percent of Respondents
61-80%	18%
81-100%	20%

Home Health Agencies

Table 30 includes home health provider responses to questions about their patients. The majority of home health service providers reported that they accept new Medicaid patients over the age of 21.

Table 30: Home Health Agency Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	85%	15%	0%
Are you presently accepting new Medicaid patients under age 21?	45%	25%	30%
Are you presently accepting new Medicaid patients over age 21?	80%	20%	0%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	25%	70%	5%
Do wait times for new patient appointments ever vary by the patient's insurance type?	25%	45%	30%
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?	26%	74%	0%

When asked approximately what percent of their patient panels are comprised of Medicaid patients, about 50 percent of home health providers reported that Medicaid patients comprise less than 20 percent of their panels. Around 40 percent of home health providers reported that Medicaid patients comprise more than 61 percent of their panels. According to home health service provider respondents, more than 70 percent of new patients wait less than 2 weeks for an appointment and no patients wait more than 4 weeks.

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Table 31: 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%	50%
21-40%	5%
41-60%	5%
61-80%	30%
81-100%	10%

Dental

Table 32 includes dental service provider responses to questions about their patient panels. More than 8 out of 10 dental respondents reported that they accept Medicaid patients under age 21 while only 5 out of 10 reported that they accept adult Medicaid patients.

Table 32: Dental Provider Information

Survey Question	Yes	No	N/A or No Response
Are you presently accepting any new patients (from any pay source)?	99%	1%	0%
Are you presently accepting new Medicaid patients under age 21?	84%	14%	1%
Are you presently accepting new Medicaid patients over age 21?	54%	38%	9%
Are you currently limiting Medicaid clients to specific providers or provider types within your group or practice?	13%	74%	13%
Do wait times for new patient appointments ever vary by the patient's insurance type?	4%	94%	1%
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?	19%	81%	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, only 13 percent of dental providers surveyed reported that Medicaid patients comprise

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more than 40 percent of their panels. According to dental service providers, 7 out of 10 new patients wait less than two weeks for an appointment with only one percent of new patients wait more than four weeks for an appointment.

Table 33: 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%	75%
21-40%	12%
41-60%	9%
61-80%	4%
81-100%	0%

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), six neighboring states' Medicaid rates (Colorado, Idaho, Montana, Nebraska, 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.⁴³ In Wyoming, Medicaid FFS rates do not vary for adult and pediatric populations. To determine commercial benchmark comparisons, in-network paid claims data from the 2018 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.⁴⁴

The Medicaid programs in surrounding states use similar methodologies as 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 85 percent for home health to 124 percent for dental 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 58 percent of Medicare's rates.⁴⁵ Wyoming Medicaid rates are consistently lower than commercial insurance rates, ranging from 48 percent of average specialist reimbursements to 110 percent of average home health reimbursements. The tables below display rate comparison results for the top procedure codes in each service area based on Wyoming Medicaid expenditures (Table 34) and based on volume of services provided (Table 35).

⁴³ We queried the top 20 Current Procedure Terminology (CPT) and Health Care 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.

⁴⁴ 2018 was the most recent year of Truven MarketScan commercial claims data available. The dataset does not contain dental claims data.

⁴⁵ 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.

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Table 34: Comparison of Wyoming Medicaid Rates to Benchmarks for Top Procedures^a Based on Total Expenditures

Service Area	Wyoming 2018 Medicaid Rate as a Percent of:		
	2018 Medicare Rates	Other States' 2018 Rates	2018 Commercial Reimbursement Rates
Primary Care	92%	109%	61%
Specialist	99%	115%	48%
Maternity Care	108%	116%	66%
Behavioral Health	94%	102%	No Available Data
Home Health	58%	85%	110%
Dental	Not comparable	124%	No Available Data

Sources: SFY 2018 Medicaid fee schedules from Wyoming, Colorado, Idaho, Montana, Nebraska, South Dakota, and Utah, and 2018 Truven Health Analytics MarketScan data ⁴⁶

Table 35: Comparison of Wyoming Medicaid Rates to Benchmarks for Top Procedures^a Based on Volume

Service Area	Wyoming 2018 Medicaid Rate as a Percent of		
	2018 Medicare Rates	Other States' 2018 Rates	2018 Commercial Reimbursement Rates
Primary Care	85%	99%	58%
Specialist	96%	119%	35%
Maternity Care	104%	117%	64%
Behavioral Health	85%	104%	No Available Data
Home Health	58%	85%	110%
Dental	Not comparable	120%	No Available Data

Sources: SFY 2018 Medicaid fee schedules from Wyoming, Colorado, Idaho, Montana, Nebraska, South Dakota, and Utah, and 2018 Truven MarketScan Commercial Claims and Encounters Data ⁴⁷

⁴⁶ Anesthesia and injectable drugs were excluded from the analysis.

⁴⁷ Anesthesia and injectable drugs were excluded from the analysis.

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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 - to the statewide average. Table 36 below displays rate comparison results for the top procedure codes for each service area for these three geographic areas. Wyoming Medicaid rates by expenditure range from an average of 48 percent of rates for specialist services to 86 percent of behavioral health rates in Casper and by volume range from an average of 52 percent of specialist in Casper to 86 percent of behavioral health in Cheyenne.

Table 36: Comparison of Wyoming Medicaid Rates to 2018 Commercial Reimbursement for Top Procedures^a Based-on Expenditures and Volume, By Geographic Region

Service Area	Wyoming 2018 Medicaid Rate as a Percent of 2018 Commercial Reimbursement					
	Top Codes by Expenditures			Top Codes by Volume		
	Statewide, WY	Casper, WY	Cheyenne, WY	Statewide, WY	Casper, WY	Cheyenne, WY
Primary Care	61%	58%	69%	58%	55%	68%
Specialist	53%	48%	69%	57%	52%	59%
Maternity Care	64%	61%	67%	68%	60%	68%
Behavioral Health	76%	86%	76%	79%	78%	86%
Home Health	N/A	N/A	N/A	N/A	N/A	N/A
Dental	N/A	N/A	N/A	N/A	N/A	N/A

Source: Truven MarketScan Commercial Claims and Encounters Data, 2018 ⁴⁸

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.

⁴⁸ Anesthesia and injectable drugs were excluded from the analysis.

Sufficiency of Access to Providers

Based on a review of the available data, including beneficiary and provider access related surveys, Medicaid provider enrollment trends, utilization and expenditure trends and an analysis of reimbursement rates, WDH concludes that there is sufficient access to providers to the extent required by section 1902(a)(30)(A) of the Social Security Act. There is no data to indicate that access to care and services in the six services areas reviewed (primary care, specialist-physician and other licensed practitioners, maternity care, behavioral health, home health, and dental services) differs for the Medicaid population as compared to the general Wyoming population.

Overall, Wyoming Medicaid beneficiaries reported that they are satisfied with their access to health care services, including primary care, specialist services, behavioral health, women's health, home health, dental, and pharmacy. According to the beneficiary survey, Wyoming Medicaid beneficiaries found access to health care services overall satisfactory, with 93 percent of survey respondents indicating that they were very or somewhat satisfied with their access to care.

The number of providers that accept Wyoming Medicaid continues to increase. Over the past three years, the number of enrolled Wyoming Medicaid providers has increased for all six service areas. Gaps in coverage do exist, especially for behavioral health and dental services, but these gaps can be attributed to a lack of providers in health provider shortage areas (HPSAs) which affects both the Medicaid and the general population. In addition, the number of behavioral health providers enrolled in Wyoming Medicaid has increased substantially with an overall 65 percent change over the past three years.

Increased enrollment of providers is supported by reimbursement rates that are sufficient to assure access to service areas to the extent that they are available to the general population. A review of reimbursement rates indicates that Wyoming Medicaid rates are comparable to Medicare rates and are on average higher than Medicaid reimbursement rates from Wyoming's six neighboring states (Colorado, Idaho, Montana, Nebraska South Dakota, and Utah). There is no data to indicate access challenges related to reimbursement for the Medicaid population as compared to the general Wyoming population.

Finally, utilization of primary care, specialists - physician and other licensed practitioners' services and behavioral health services by Medicaid beneficiaries has remained constant or increased. This is an indication that Medicaid beneficiaries are able to sufficiently access care. According to the beneficiary survey, Wyoming Medicaid beneficiaries were able to always or usually get an appointment as soon as it was needed at a physician's office or clinic for routine care 93 percent of the time, for a specialist 82 percent of the time and with a behavioral health provider 77 percent of the time.

To assure access to care for Medicaid beneficiaries, WDH will continue to monitor access to services for Medicaid beneficiaries and maintain the "WY Medicaid Help" web-based mechanism for beneficiaries to report access concerns. Overall, based on a review of the

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available data, WDH concludes that there is sufficient access to providers for the Medicaid population as compared to the general Wyoming population.