

WYOMING MEDICAID FACTS

Who is covered in Wyoming's Medicaid Program? ELIGIBILITY GROUPS

FFS¹⁻⁴

Children (0-18 years)



Current & Former Foster Care Children



Parents and other Caretaker Relatives



Pregnant Women



Aged, Blind, and Disabled Adults



Dual Eligibles



Disabled Children



Qualified Non-Citizens*



Undocumented Immigrants**



Incarcerated***



American Indians/ Alaskan Natives



Intellectual and Developmental Disabilities



^{*}Qualified non-citizens are subject to a 5-year waiting requirement, except for pregnant women.

Do Medicaid health plans provide coverage? 5



YES



NO

Important News

January 2014 - The state legislature passed a revised statute that removes existing supervision requirements for licensed professional counselors, licensed marriage and family therapists, licensed addictions therapists, and licensed clinical social workers who provide mental health services to Medicaid clients.⁶

February 2016 - The state legislature considers a bill that would result in a two-year, \$20,000 state study of low-income residents' health coverage. Hospitals in Wyoming, which absorb about \$100 million in losses per year from uncompensated care, have criticized the bill for being a distraction from expanding the state's Medicaid program.⁷

How has Wyoming's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS⁸

Pregnant by Choice was created to provide a limited benefit package of family planning services to women ages 19-44 up to 133% of the federal poverty level (FPL) who will lose their Medicaid coverage 60 days postpartum.

APPROVAL: 9/8/2008

EFFECTIVE: 1/1/2009

EXPIRATION: 7/31/2018

The **Wyoming Medicaid Tribal Uncompensated Care** waiver was created to increase resources to Indian Health Services (HIS) for American Indians/American Natives to reduce the burden of uncompensated care costs on qualifying facilities. An application was submitted for approval on 01/19/2016. As of June 2018, the waiver was still pending.



STATUS: Pending approval



^{**}Emergency Medicaid services only.

^{***}Acute inpatient hospitalization covered only.



WYOMING MEDICAID FACTS

How is Wyoming meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives 8

Wyoming offers a patient-centered medical home (PCMH), a value based purchasing model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. The PCMH program contracts with certain nurse practitioners, select physicians, OB/GYNs, federally qualified health centers (FQHC), rural health centers (RHC), and Indian Health Services (IHS).



Family Planning

Covered family planning services must be provided by a physician or nurse practitioner or received at a family planning clinic. Covered services include pregnancy testing and contraceptive supplies and devices.²

The **Pregnant by Choice** waiver provides a limited family planning package to certain women otherwise ineligible for Medicaid coverage. Covered services include: ⁹

- Approved methods of contraception
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing
- Pap smears and pelvic exams
- Contraceptive management
- Patient education and counseling
- Family planning- related services such as:
 - Colposcopy or repeat pap tests as followup to an abnormality
- Drugs/treatment for STIs/STDs



Women's Health¹⁰

The **breast and cervical cancer treatment** (BCCT) program provides medical coverage for treatment for uninsured women up to 250% of the federal poverty level (FPL) who have been found eligible under the breast and cervical cancer early detection program (BCCEDP).

Behavioral Health

Mental health and substance use services can be attained at a community mental health center, a freestanding substance use treatment center, a child development center, or a certified provider. Clients under age 21 do not have to pay a copay, nor do they have a limit on the number of office visits they may use. Covered services include: 12



Outpatient hospital

Medical and nursing home services

Prescriptions

Covered drug therapies: naloxone, naltrexone, acamprosate, and disulfiram¹³

Oral Health

Wyoming's Medicaid program provides full comprehensive dental services to enrollees under the age of 21. Enrollees are also eligible to receive braces if they are ages 12-18 and have severe bite problems that deter their physical functioning. Enrollees can apply to the severe crippling malocclusion program to receive surgical or orthodontic treatment for a malocclusion that is detrimental to a child's physical well-being.¹⁴

Members age 21 or older can receive basic dental services, which include:¹¹

- One preventive visit per year (including an exam, x-rays, and basic cleaning)
- Emergency services
- Fillings
- Extractions
- Dentures







Timeline

Federal

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

1967

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967

Wyoming adopts the Medicaid program.¹⁵

Wyoming

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990

3

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

999



Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

ACA implementation begins.

2014

2017

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2016 2017 Benefits for adult Medicaid enrollees (ages 21 & older) are reduced. The following services are no longer covered: amalgam fillings, composite fillings, inlay/onlay services, prefabricated crowns, dentures, tissue conditioning, occlusal orthotic devices, hospital/ASC calls, therapeutic parenteral drug, and other drugs and/or medicaments. 16

The cap limit policy for enrollees ages 21 and older for therapeutic services (physical, occupational, and speech therapy, and chiropractic and dietician services) is extended to cover enrollees of all ages. All enrollees will have a limit of 20 visits for each type of therapy per calendar year. ¹⁷

Last Updated: June 2018
www.MedicaidInnovation.org

For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org

