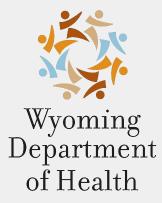
Hospital Viability Study (Section 338)



Franz Fuchs

Policy Analyst / Legislative Liaison



Legislative Requirements

2

→ Two primary research questions

- How is access to specific hospital capabilities geographically distributed in Wyoming?
- ◆ **Cost vs. access**. How can an "efficient" distribution of hospital resources be balanced against "maintain[ing] the highest quality and broadest range of medical services" throughout the State?

→ Implied research question

◆ Evaluate potential for new hospitals in Riverton, Pinedale and Saratoga.

Viability Study Outline

- 3
- **→** Executive Summary
- **→** Background
 - Overview of hospitals
 - Financial health
 - Workforce and provider access
 - ◆ Ambulance access
- **→** Time-sensitive conditions
 - ◆ Overview
 - ◆ Childbirth
 - **♦** Trauma
- **→** New hospital projections
- → Recommendations

Executive Summary



- ◆ Most hospitals in Wyoming seem economically viable.
- ◆ Physician and provider availability is major limiting factor for medical viability. Wyoming ranks low nationally, but there is significant variation across counties.

→ Access to care for time-sensitive conditions

◆ Riverton and Pinedale do seem to have worse access when looking at (a) childbirth and (b) trauma.

Executive Summary

5

→ Recommendations:

- ◆ New hospitals or expanded services increase access, but also add cost.
- ◆ This trade-off is fundamental. "Good, fast or cheap pick two"
- ◆ If the Legislature believes there is a role for the State in negotiating this tradeoff, we suggest considering "time-sensitive" services differently from "shoppable" services.
 - Pay for "time-sensitive" services directly, restrict hospital billing.
 - Leave "shoppable" services to the free-market.

Hospital Overview

- → **33** total hospitals in Wyoming. **30** hospitals accept Medicare/Medicaid, **27** are general acute care hospitals
- → Of these 27, 11 are Prospective Payment System (PPS) hospitals in Wyoming, 16 are Critical Access Hospitals (CAHs).
- → Governance, ownership and for-profit status vary.

Hospitals in and around Wyoming Cowley Dayton Ranchester Sheridan Hulett Powell Byron Clearmont Greybull Sundance 🚓 _Burlington-Buffalo Gillette Moorcroft Pine Haven Basin Manderson Meeteetse Antelope Valley-Crestvi Upton Worland Ten Sleep Newcastle Wright Kaycee Thermopolis Dubois Jackson East Thermopolis Edgerton Midwest Pavillion (Shoshoni Alpine Riverton Thayne Pinedale Bar Nunn Rolling Hills Mills Casper Afton Lander, Douglas Marbleton Big Piney Guernsey a Barge Bairoil Fort Laramie Cokeville Lingle Torrington Wheatland Medicine Bow Kemmerer Diamondville Rawlins Sinclair Hanna Rock River Superior Chugwater Wamsutter La Grange Rock Springs Granger Elk Mountain Green River Saratoga Albin <u>Lym</u>an Evanston Laramie Burns Pine Bluffs Mountain View Grand Encampment Cheyenne Baggs Dixon

Financial Indicators

- 8
- → Section 338 requires study of "economic viability"
- → We chose ten (10) metrics broken into five (5) categories:
 - Liquidity;
 - Profitability;
 - Cost structure;
 - Relationship with Medicare; and,
 - Medicaid and uncompensated care.
- → Data from Medicare Healthcare Cost Report Information System ("hospital cost reports")

Quick ratio Debt-to-capital ratio Wyoming Medical Center 2.4 2.8 3.5 0.1 3.3 5.8 10.6 6.3 Wyoming Behavioral Institute-4.6 0 4.6 0 0 0 0 Weston County [HD]-2.2 2.2 2.4 2.4 0.8 2 0 0 0.1 0.4 0.3 West Park Hospital [HD] 4.3 5.9 5.1 5.2 3.8 3.4 0.3 0.3 0.3 4.3 0.3 0.3 0.3 0 Washakie Medical Center [CM]-3 7.6 2.7 1.8 0 0 0 0 Torrington Community 2.4 2.4 1.7 1.4 0.5 0.4 0.4 1.9 2 2.6 0.6 0.4 0.4 Sweetwater County [CM]— 4.7 1.9 2.6 0.4 0.4 0.3 1.9 2.4 2.8 0.3 0.3 0.3 0.3 Star Valley [HD] 3.4 4.1 3.4 4.5 3.5 0.1 0.1 0.1 0.1 0.1 0.1 St. John's [HD] 6.1 5.8 5.6 0.2 0.2 0.2 0.1 0.1 6 6 0.2 0.1 South Lincoln [HD] 6.2 3.6 4 2.4 0 0 0 0 South Big Horn [HD] 5.9 2.1 1.4 0.3 0.3 0.3 0 0.3 0.4 Sheridan County [CM]-1.8 2.6 2.5 1.6 1.2 0 4.2 SageWest - Riverton 3.5 2.7 3.6 2.2 2.8 0 0 0 0 SageWest - Lander 3.5 0.7 Powell Valley [HD] 1.9 0.1 0.2 2.4 3 0.2 0.2 0.2 0.3 0.1 Platte County [HD] 2.1 1.5 2.7 0.2 0.1 0.1 1.6 1.2 0 1.1 1.9 0.1 0 North Big Horn [HD] 2.7 3.1 0 0.2 0.2 0.1 3.9 4.1 4 3.9 2.6 0 Niobrara Community [HD] 3.5 4.1 4.9 5.1 3.7 2.9 0 0 0 2.2 0.1 0.1 0.1 0.2 Mountain View-1.4 1.8 1.7 1.5 1.7 0.2 0.1 3.2 Johnson County [HD] 6.2 6.8 0 0.1 0 0 Ivinson Memorial [HD] 5.1 5.6 0 0 0 0.1 0.1 Hot Springs County [HD] 1.6 1.6 2.1 2.5 3 3.2 1.9 0.2 0.2 0.1 0.1 0.2 0.1 0.1 Evanston Regional 0.7 0 0 0 0 0 0 Crook County [HD] 2.6 1.5 1.2 0.1 0.1 0 0 1.7 2 0 0 0 Converse County [CM] 3.7 2.8 4.8 3.4 3.8 3.2 0.1 0.2 0.2 0.2 0.1 0.2 0.1 Chevenne Regional [CM]-2.3 2.6 3.1 0.3 0.2 0.2 0.2 0.2 0.2 1.8 1.4 1.7 2.6 0.3 Carbon County Memorial [CM] 3.7 3.3 0.3 0.2 0.2 0 6.8 0.5 0.4 0.2 0.2 Campbell County [HD] 1.5 1.3 1.4 1.7 2.3 0.2 0.2 0.2 0.20.2 1.6 2014 2015 2016 2017 2018 2013 2014 2015 2016 2018 2013 2012 2017 FY FY

Liquidity

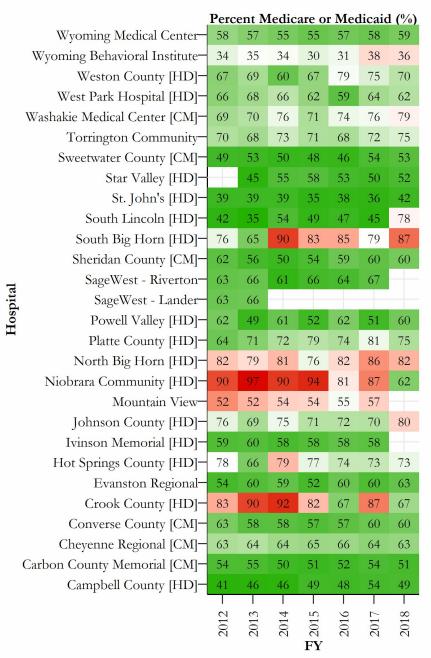
		Total margin (%)									
	Wyoming Medical Center	0	7	1	3	0	10	8			
	Wyoming Behavioral Institute	31	33	33	30	26	19	14			
	Weston County [HD]	7	10	1	6	6	2	5			
	West Park Hospital [HD]	11	7	5	7	6	8	5			
	Washakie Medical Center [CM]	7	4	1	-1	-2	-9	-2			
	Torrington Community-	13	10	16	20	19	0	-2			
	Sweetwater County [CM]—	6	3	1	7	1	-9	3			
	Star Valley [HD]		7	4	9	10	2	4			
	St. John's [HD]—	13	18	12	11	9	6	4			
	South Lincoln [HD]	7	3	-3	-1	-4	-15	-13			
	South Big Horn [HD]	4	8	5	22	-3	-13	-5			
	Sheridan County [CM]	8	-3	2	1	5	-1	-2			
r T	SageWest - Riverton-	9	8	13	10	14	10				
$\operatorname{Hospita}$	SageWest - Lander	11	12								
	Powell Valley [HD]—	1	0	-3	-2	-3	-2	-3			
	Platte County [HD]	11	7	1	8	-3	-10	-8			
	North Big Horn [HD]	5	7	0	4	7	1	2			
	Niobrara Community [HD]	4	7	-7	-13	-17	-6	-26			
	Mountain View	24	30	31	20	3					
	Johnson County [HD]	16	8	8	6	8	-3	1			
	Ivinson Memorial [HD]	20	20	23	12	14	21				
	Hot Springs County [HD]	3	3	-2	1	3	-3	7			
	Evanston Regional-	38	28	37	36	44	28	27			
	Crook County [HD]	0	-4	6	-1	-4	5	-6			
	Converse County [CM]—	9	5	-2	3	-4	0	-3			
	Cheyenne Regional [CM]-	2	4	5	3	4	6	3			
	Carbon County Memorial [CM]-	3	7	13	19	9	9	9			
	Campbell County [HD]	12	6	2	6	4	-1	0			
		2	3 –	4	ιζ 	- 9	7 —	8			
		201	2013	2014	2015	2016	201	2018			
					$\mathbf{F}\mathbf{Y}$						

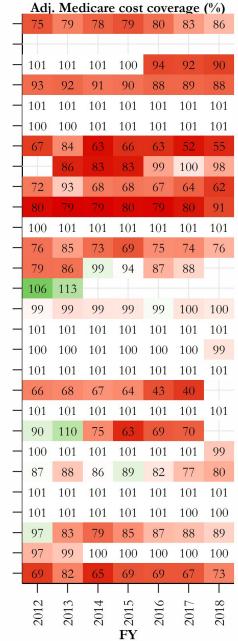
Patient services margin (%)												
\dashv	1	6	-5	-1	-4	6	1					
\dashv	28	37	35	28	23	18	14					
\dashv	-5	-2	-14	-13	-21	-25	-12					
\dashv	2	-2	-6	0	-2	1	-3					
\dashv	6	3	-3	-1	-3	-9	-3					
\dashv	9	6	13	19	19	0	-4					
\exists	4	-1	-10	-3	-6	-14	-5					
\dashv		1	-1	2	6	-5	2					
\dashv	-2	3	1	3	2	-3	-5					
\dashv	-20	-24	-27	-15	-16	-33	-30					
\dashv	-27	-17	-39	-32	-27	-32	-30					
\dashv	-3	-12	-5	-3	-10	-11	-7					
\dashv	6	4	12	9	11	6						
\exists	11	12										
\dashv	-2	-2	-10	-6	-8	-7	-7					
Н	3	2	-4	3	-6	-12	-10					
\dashv	-12	-5	-20	-7	-3	-14	-9					
\dashv	-5	-15	-38		-46	-20	-47					
\exists	23	27	27	17	-18	-8						
\dashv	-5	-13	-10	-12	-7	-13	-9					
\exists	11	11	12	7	9	13						
\exists	-1	-3	-8	-3	0	-7	-4					
\exists	37	27	35	34	43	27	27					
\exists	-23	-27	-11	-16	-36	-20	-20					
\dashv	0	-4	-11	-5	-11	-7	-10					
\dashv	9	3	-2	4	5	3	4					
-	-7	-2	4	13	-1	5	-13					
-	-5	-15	-18	-12	-12	-15	-11					
	7	3 –	4	5	- 9							
	2012	201	201	201	2010	201	2018					
	10001341			FY		1000 \$1						

Profitability

Overall depreciation (%) Cost per ADC (millions) Wyoming Medical Center 1.8 1.6 1.6 63 61 61 66 70 1.7 1.6 1.6 1.6 Wyoming Behavioral Institute-0.2 0.2 0.2 0.3 0.3 28 32 36 40 43 46 47 0.2 0.3 Weston County [HD] 57 27 58 60 64 40 9.6 West Park Hospital [HD] 42 46 48 47 50 52 3.5 3.6 4.8 5.2 5.6 Washakie Medical Center [CM]-76 80 42 29 29 34 3.9 3.6 4.5 6.2 5.8 Torrington Community 57 3.4 3.4 3.8 4.3 5.2 60 54 52 59 62 3.4 7.2 Sweetwater County [CM]-42 42 46 55 2.3 2.6 4.1 2.4 3 Star Valley [HD] 52 52 52 5.5 58 55 52 4.8 6.6 7.5 St. John's [HD]-49 52 2.9 3.2 4.2 5.4 59 51 47 49 3.8 4.6 South Lincoln [HD]-68 70 9.9 66 67 66 67 7.2 South Big Horn [HD] 37 37 8.2 8.8 9.7 47 52 56 35 5.3 Sheridan County [CM]-55 67 2.5 2.3 3.1 3.1 3.3 3.7 62 49 64 63 SageWest - Riverton-58 56 1.7 1.9 2.1 55 57 60 1.7 2 1.6 Hospital SageWest - Lander 45 49 1.5 1.8 Powell Valley [HD] 8.4 9.5 60 59 70 78 78 6.4 8.6 7.9 6.1 78 82 Platte County [HD] 70 74 75 72 3.7 4.4 4.9 5.9 3.7 4 6.1 North Big Horn [HD]-72 75 78 62 62 8.1 8.4 8.8 66 9.3 74 Niobrara Community [HD]-67 49 60 69 57 Mountain View-54 61 16 35 48 4.7 5.2 5.6 5.9 6.4 7.9 Johnson County [HD] 35 43 33 36 40 4.6 5.7 6 39 4.6 6 6 Ivinson Memorial [HD] 54 45 2.5 2.9 3.7 3.7 44 43 3.1 3.5 Hot Springs County [HD] 78 76 76 2.5 5.3 83 3.8 4.4 6.5 3.1 Evanston Regional 4.2 4.8 50 52 57 61 59 2.5 2.5 3.2 4.5 46 2.9 Crook County [HD]-69 60 64 61 66 9.6 5.7 Converse County [CM]-5.1 48 54 51 52 58 61 5.7 5.7 6.5 4.6 Cheyenne Regional [CM]-55 59 2.1 60 49 51 63 2 2.4 2.2 2.2 2.4 2.5 Carbon County Memorial [CM]-63 65 70 73 3.7 3.6 3.1 3.4 3.7 4 60 4.5 Campbell County [HD]-3.4 5.5 3.1 5.6 2013 2014 2015 2016 2017 2018 2014 2015 2016 2018 2012 2017 FY FY

Cost Structure



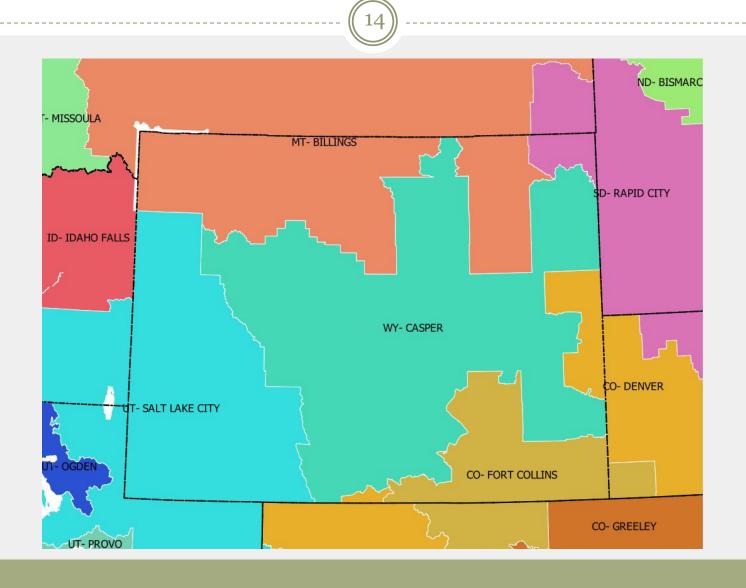


Public
Payer Mix
and
Medicare
Cost
Coverage

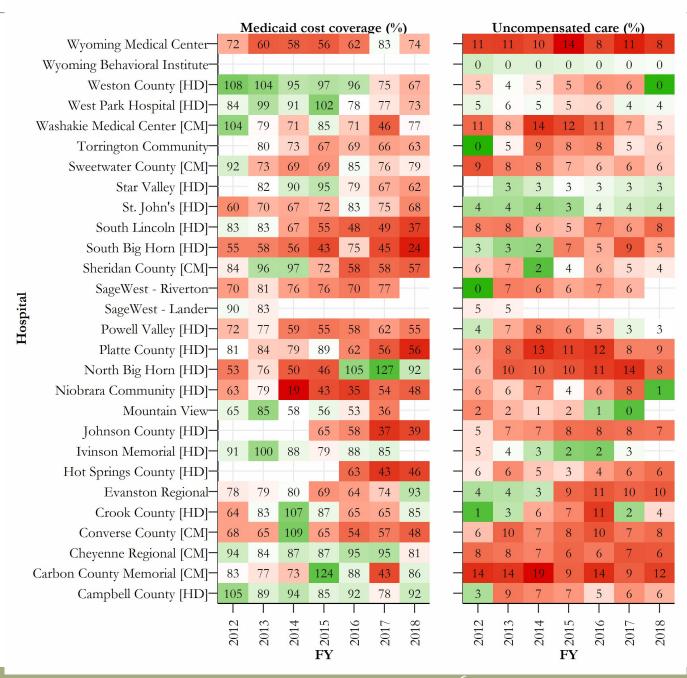
Medicare reimbursement

- → Separately from the study, Chairmen of JtLHSS asked WDH and LSO to examine how Medicare payment rates vary across hospitals in and around Wyoming.
- → Top 10 DRGs by volume used:
 - ◆ 189 Pulmonary edema / respiratory failure
 - ♦ 190 COPD with MCC
 - ◆ 193 Simple pneumonia with MCC
 - ♦ 291 Heart failure with MCC
 - ◆ 392 Digestive disorders without MCC
 - ♦ 460 Spinal fusion without MCC
 - ◆ 470 Major joint replacement without MCC
 - ♦ 683 Renal failure with CC
 - ♦ 871 Sepsis with MCC
 - ♦ 873 Sepsis without MCC

Hospital Referral Regions



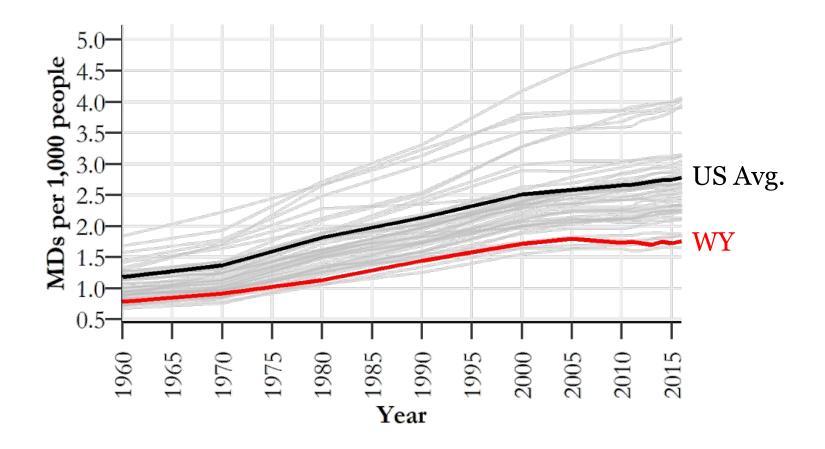
	Wyoming hospitals and peers in their HRRs											
	Banner Fort Collins Medical Center (CO)-				.,,	- P	P	\$12.2 [32]		\$15.5 [15]	
	Poudre Valley Hospital (\$8.3 [73]	\$8.1 [83]	\$9.6 [96]	\$9.8 [143]	\$5.5 [69]	\$26.5 [83]	\$15.2 [994]	\$6.5 [41]	\$12.2 [362]	\$7.3 [78]
	Portneuf Medical Center	(ID)	\$10.5 [47]	\$9.7 [63]	\$12.4 [63]	\$12.8 [70]	\$6.3 [20]	\$33.4 [32]	\$18.5 [298]	\$8.4 [26]	\$15.3 [314]	\$8.7 [54]
	Bozeman Health Deaconess Hospital (MΤ)—	\$7.4 [33]	\$7.4 [28]	\$8.4 [51]	\$8.9 [81]	\$5.1 [32]	\$29.8 [38]	\$13.3 [204]	\$6.3 [23]	\$10.8 [113]	
	St Vincent Healthcare (\$8.2 [114]	\$7.6 [21]	\$9.1 [52]	\$10 [172]	\$5.1 [23]	\$26.3 [67]	\$14.2 [564]	\$6.4 [53]	\$11.6 [398]	\$6.9 [91]
	Billings Clinic Hospital (MΤ̈́)—	\$8.5 [75]	\$7.9 [172]	\$9.3 [95]	\$10 [123]	\$5.2 [64]	\$30.4 [36]	\$14.6 [327]	\$6.3 [50]	\$11.8 [277]	\$7.1 [73]
	St Peter's Health (\$8.2 [69]	\$7.7 [88]	\$9.4 [49]	\$10 [83]	\$5.5 [36]		\$14.9 [157]	\$6.3 [29]	\$11.9 [146]	\$6.9 [59]
N	Northeastern Nevada Regional Hospital (NV)—	\$11 [49]	\$10.4 [14]		\$13.4 [18]	\$6.7 [17]		\$20.1 [37]	\$8.3 [13]	\$15.9 [44]	\$10.3 [21]
	Lone Peak Hospital (\$7.5 [12]			\$23.4 [23]	\$15.4 [42]		\$10.7 [24]	
	Riverton Hospital (UT)—	\$12.7 [11]			\$9.6 [13]	\$5.7 [14]		\$15.1 [59]		\$10.8 [66]	\$7.8 [29]
	Park City Hospital (UT)-							\$15.6 [167]		\$13.4 [19]	\$6.6 [15]
	Cache Valley Hospital (UT)-						\$36.4 [23]	\$13.3 [125]			
	Jordan Valley Medical Center ((UT)	\$8.6 [99]	\$8 [15]	\$9.2 [50]	\$9.7 [71]	\$5.3 [15]	\$25.6 [17]	\$13.8 [205]	\$6.5 [25]	\$11.6 [169]	\$7.4 [29]
	The Orthopedic Specialty Hospital (\$25.6 [65]	\$14.4 [359]			
	St Mark's Hospital ((UT)	\$8.3 [50]	\$7 [31]	\$8.8 [73]	\$8.8 [100]	\$5.2 [37]	\$27 [78]	\$14.7 [384]	\$5.8 [56]	\$10.8 [217]	\$6.6 [61]
	Alta View Hospital (\$7.1 [11]			\$9 [17]			\$15.3 [134]		\$9.9 [62]	\$6.2 [20]
	Lakeview Hospital (\$7.2 [20]		\$8 [20]	\$9 [40]	\$4.5 [12]	\$25.1 [46]	\$12.4 [324]	\$5.4 [12]	\$9.9 [91]	\$6 [16]
_	Ashley Regional Medical Center (\$9.2 [12]	\$12.8 [19]	\$11.6 [16]			\$16.3 [32]		\$14.1 [38]	\$8.3 [11]
Hospital	Sevier Valley Hospital (\$15.4 [87]			\$7.5 [11]
ďso	Dixie Regional Medical Center (\$8.6 [79]		\$10.1 [135]	\$5.3 [55]	\$28.7 [125]		\$6.4 [81]	\$13.1 [388]	\$7.2 [107]
Ħ	Uintah Basin Medical Center (\$12 [14]				\$17.6 [35]		\$15.2 [26]	
	Logan Regional Hospital (\$8 [30]		\$8.9 [17]	\$8.8 [41]	\$5.3 [14]	\$26.2 [44]	\$15.6 [59]		\$10.7 [153]	\$6.8 [42]
	Mountain West Medical Center (\$8.1 [17]	\$9.7 [20]				\$14.8 [57]		\$12 [18]	\$7 [11]
	Castleview Hospital			\$7.8 [17]	\$9.6 [30]	\$9.6 [15]	\$5.5 [11]		\$15.2 [103]	\$6.1 [24]	\$11.5 [67]	\$7.3 [14]
	Intermountain Medical Center		\$9.8 [110]	\$8.9 [36]	\$10.9 [47]	\$11.3 [219]	\$6.2 [55]	\$30.6 [84]	\$16 [178]	\$7.4 [67]	\$13.3 [608]	\$8.2 [144]
Ţ	University of Utah Hospitals and Clinics		\$12 [76]	\$17.4 [48]		\$13.7 [117]	\$7.7 [37]	\$32.5 [110]	\$16.2 [324]	\$10.3 [42]	\$16.6 [410]	\$9.8 [92]
	Cedar City Hospital (\$8.2 [14]	\$9.8 [23]	\$10.5 [11]	\$5.3 [11]		\$15.1 [128]	\$6.5 [18]	\$12.6 [48]	\$7.3 [11]
	Lds Hospital (\$9.5 [25]	\$7.7 [14]	\$9.4 [17]	\$9.4 [20]			\$14.5 [262]	\$7.6 [13]	\$11.9 [119]	\$7.2 [42]
	Salt Lake Regional Medical Center (\$14 [132]		\$10.7 [30]	\$6.5 [13]
	Mountain View Regional Hospital (#10 CF4 17				\$26.3 [80]	\$13.4 [72]		0.10 = 51	
	Evanston Regional Hospital (\$10.6 [14]			00 1 5157		\$20.1 [11]		\$13.7 [13]	A
	Ivinson Memorial Hospital (\$12.6 [20]			\$8.4 [12]		\$23.6 [90]	\$10.4 [15]	\$20 [15]	\$11.7 [15]
	St Johns Medical Center ((ha a a (EE)	\$40.0 F4.0 T1	\$100 F1 CC	Ø4 4 5 [4 0 0]	\$8.7 [14]	# 10 5 110	\$24.3 [71]	фо <i>с</i> г д т	\$22 [12]	(h) = 1741
	Cheyenne Regional Medical Center (the second secon	and the second second		\$7.2 [71]	\$42.5 [40]	\$19.7 [125]	\$8.6 [71]	\$17 [349]	\$9.7 [71]
	Wyoming Medical Center (\$7 [39]	\$9.2 [87]	\$9.6 [118]	\$5 [53]	\$32.3 [75]	\$15.1 [206]	\$5.8 [66]	\$11.2 [190]	\$7 [36]
	Memorial Hospital Sweetwater County (₾0 ← [02]	₾11 5 5003	\$15.3 [47]	\$7.7 [12]		\$21.4 [15]	\$9.5 [14]	\$18.4 [80]	\$10.6 [13]
	Sagewest Health Care (\$9.6 [23]	\$11.5 [33]	\$12.6 [18]	\$6.2 [20]		\$17.1 [33]	\$7.6 [11]	\$14.5 [56]	\$9.7 [21]
	Sheridan Memorial Hospital (\$12.2 [47]	\$14.8 [23]	\$15.7 [22]	\$7.9 [16]		\$22.6 [94]	\$9.8 [13]	\$19 [116]	\$11 [25]
	Campbell County Memorial Hospital (w Y)-	\$13.1 [27]	\$12.4 [16]	\$14.9 [11]	\$15.9 [20]			\$24.4 [69]		\$20.1 [28]	\$11.1 [12]
			- 6	0		-	2	- 0	0		H	7
			189	190	193	291	392	460	470	683	871	872
							D	RG				



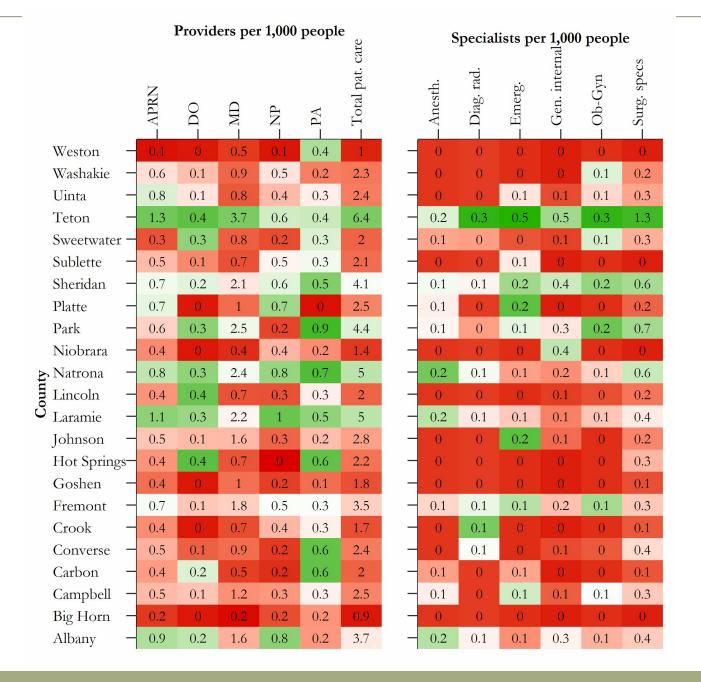
Medicaid and Uncomp. Care

Medical provider density

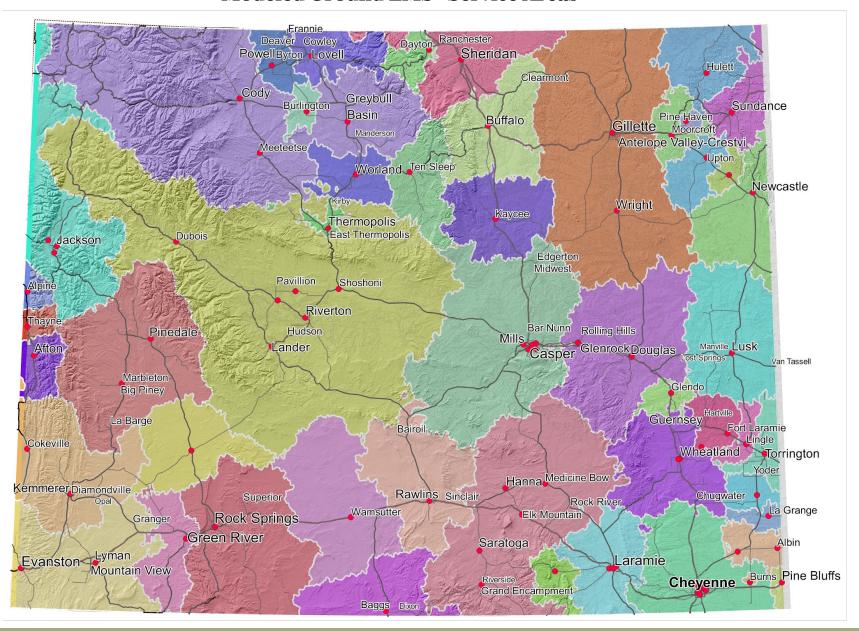
- → Section 338 required study of "medical viability." WDH interpretation of this in study relates to availability of labor and support services.
- → Intuitively, **Wyoming ranks low** among States in terms of access to providers.
- → However, access varies widely across counties.



		MDs per 1,000 people												
	Weston-	0	0.5	0.7	0.5	0.6	0.9	0.7	0.6	0.6	0.6	0.7	0.6	0.4
	Washakie-	0.4	0.9	0.6	0.8	1	1	0.7	0.7	0.9	0.8	0.8	1	0.9
	Uinta—	0.9	1.4	0.9	1	1.2	1.4	1.3	1.1	1	0.9	0.9	0.9	0.9
	Teton-	0.6	1.5	2.7	2.9	3.2	4.2	4.1	4.2	4.3	4.2	4.1	3.9	4.1
	Sweetwater	0.6	0.5	0.7	0.8	1	0.9	0.7	0.8	0.8	0.9	0.9	0.9	1
	Sublette-	0.5	0.5	0.9	0.8	1.4	1	0.8	0.9	0.8	0.8	0.8	0.7	0.7
	Sheridan—	1	1	1.4	2	1.9	1.8	2.1	2.3	2.4	2.4	2.2	2.2	2.1
	Platte—	0.6	0.5	0.3	0.7	0.8	0.9	1	1.1	1	1	0.9	0.9	1
	Park—	0.9	0.9	1.1	1.4	2.3	2.3	2.4	2.3	2.4	2.3	2.6	2.6	2.5
	Niobrara-	0.8	0.7	0	0.4	0.4	0	0	0	0.4	0.4	0.4	0.4	0.4
ıty	Natrona-	1	1.1	1.5	2.1	2.3	2.3	2.4	2.5	2.3	2.3	2.3	2.4	2.6
County	Lincoln—	0.7	0.5	0.3	0.8	0.8	0.6	0.6	0.7	0.8	0.8	0.9	0.8	0.6
O	Laramie—	1	1.2	1.6	2	2.3	2.3	2.3	2.4	2.4	2.3	2.3	2.3	2.3
	Johnson-	0.5	0.5	0.9	0.8	1.3	1.2	1.4	1.5	1.5	1.6	1.6	1.6	1.6
	Hot Springs-	0.9	1.2	0.9	1	2	1.5	1.2	1.3	1.2	1	1.2	0.8	0.6
	Goshen-	0.8	0.6	0.8	0.8	0.9	1	0.9	1	1	0.9	1	0.9	1.1
	Fremont	0.6	0.7	1.5	1.9	1.9	2.1	1.8	1.8	1.8	1.8	1.9	1.9	1.8
	Crook-	0.2	0.2	0.4	0.4	0.3	0.6	0.3	0.6	0.7	0.7	0.7	0.7	0.7
	Converse—	0.5	0.7	0.4	0.5	0.7	1.3	1	1.1	0.9	0.9	1	1	1.1
	Carbon—	0.8	0.8	0.6	0.8	1	0.8	0.8	0.8	0.6	0.6	0.6	0.5	0.6
	Campbell—	0.5	0.6	0.9	1.1	1.4	1.5	1.4	1.2	1.2	1.3	1.4	1.3	1.2
	Big Horn-	0.7	0.9	0.5	0.6	0.4	0.8	0.5	0.4	0.4	0.3	0.3	0.2	0.2
	Albany	0.8	0.9	1.2	1.5	2	2.2	2	1.7	1.6	1.6	1.7	1.6	1.6
		0	0	1	0	0	5	- 0	1	2	3	4	رح 	9
		196	1970	1980	1990	2000	2005	2010	2011	2012	201	2014	201.	2016
							,	Year	ľ					



Modeled Ground EMS "Service Areas"



Time-sensitive conditions



→ Heart Attacks

- ◆ Leading cause of death in WY/US
- ◆ Prompt hospital-setting intervention critical (<90 min)

→ Stroke

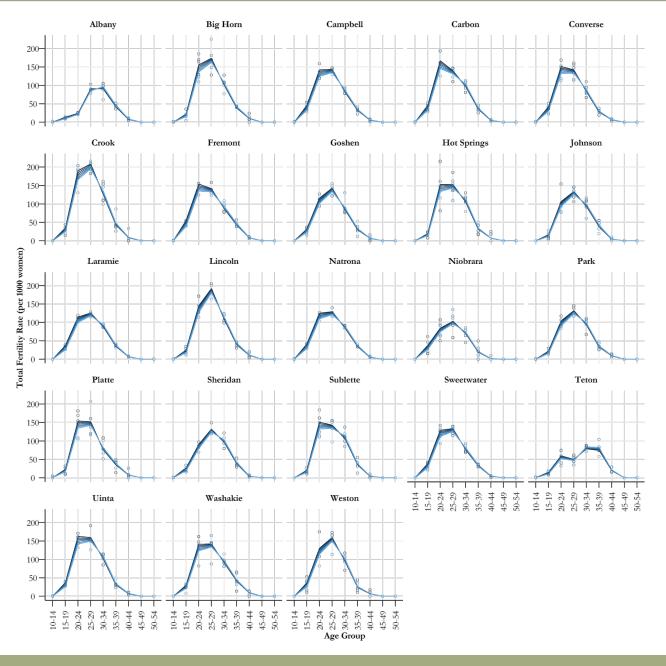
- 3rd leading cause of death for women, 5th leading cause in WY/US
- ◆ 4 to 6 hour effective treatment window from onset
- ◆ Rapid imaging (CT/MRI) vital to ID stroke type/treatment

→ Trauma

- ◆ Leading cause of death for <35 year olds, 3rd leading in WY/US
- "Golden Hour" is industry standard

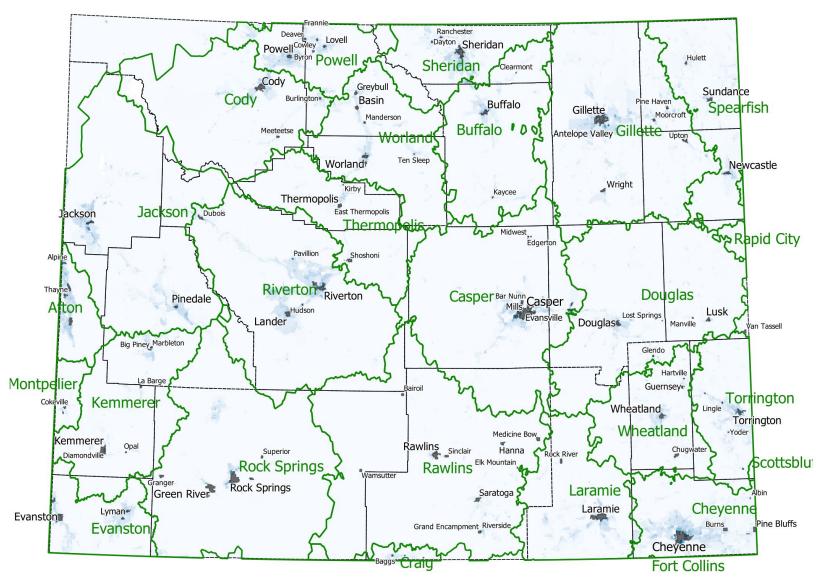
→ Childbirth

 Complications often require prompt hospital-setting interventions (e.g. 30-60 mins for severe hypertension)

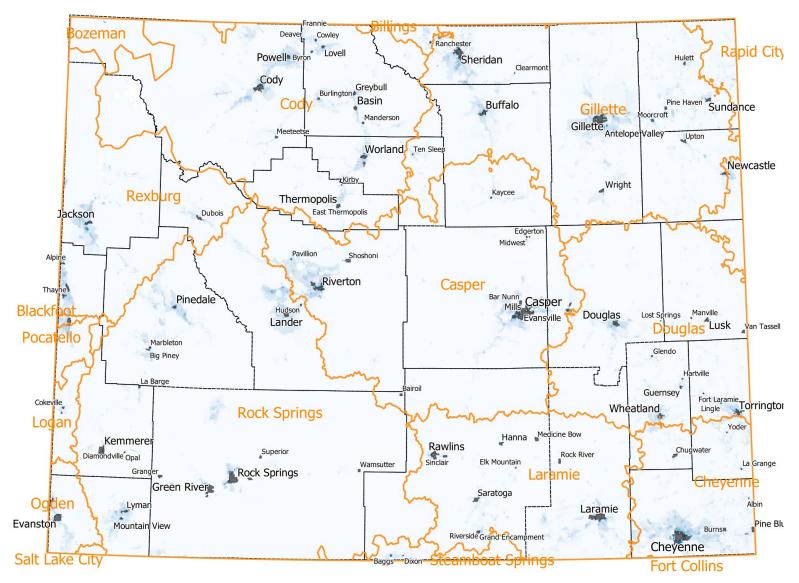


Risk of Childbirth by Age, County and Year

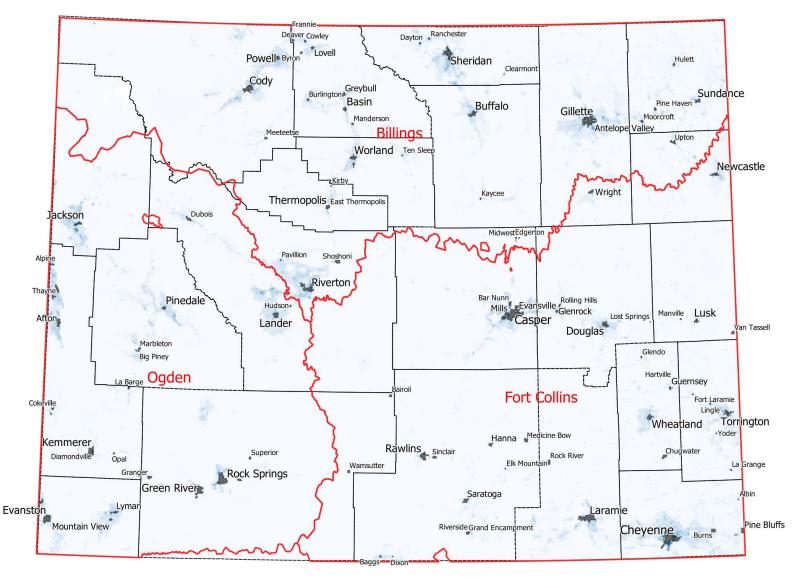
Closest hospital for uncomplicated delivery



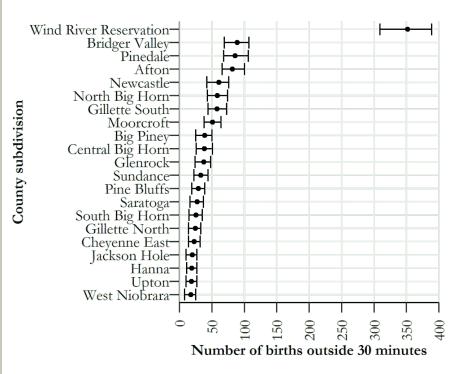
Closest hospital for semi-complicated delivery

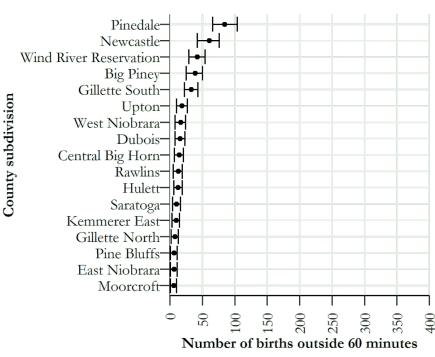


Closest hospital for complicated delivery

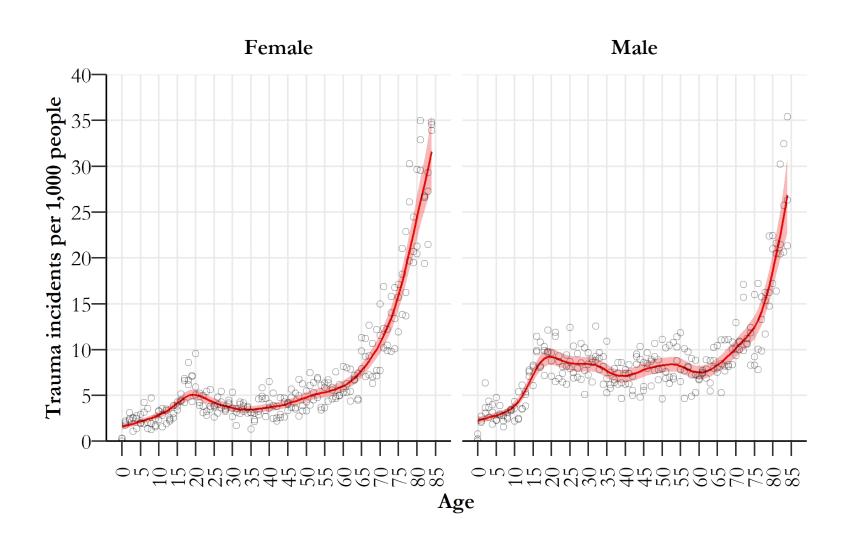


Access to hospital services for uncomplicated deliveries

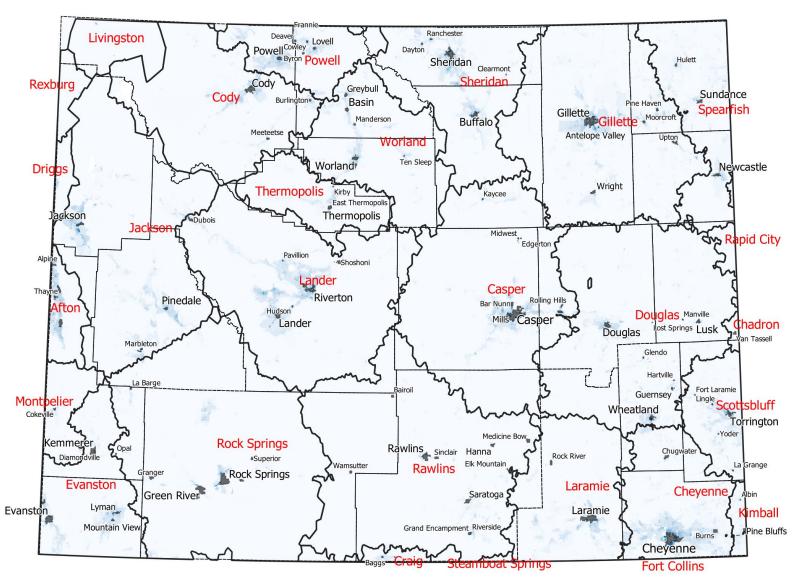




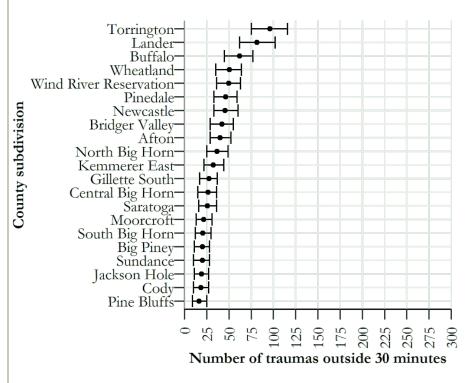
Trauma risk by age and sex

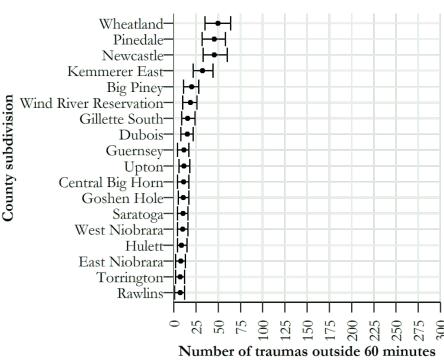


Closest Community Trauma Hospital (IV) or higher



Access to trauma care (CTH/IV or higher)

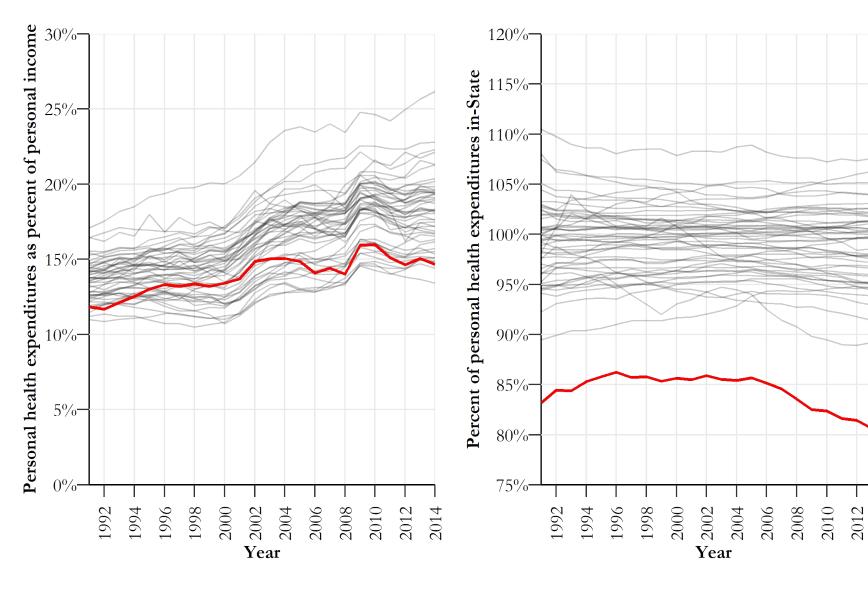


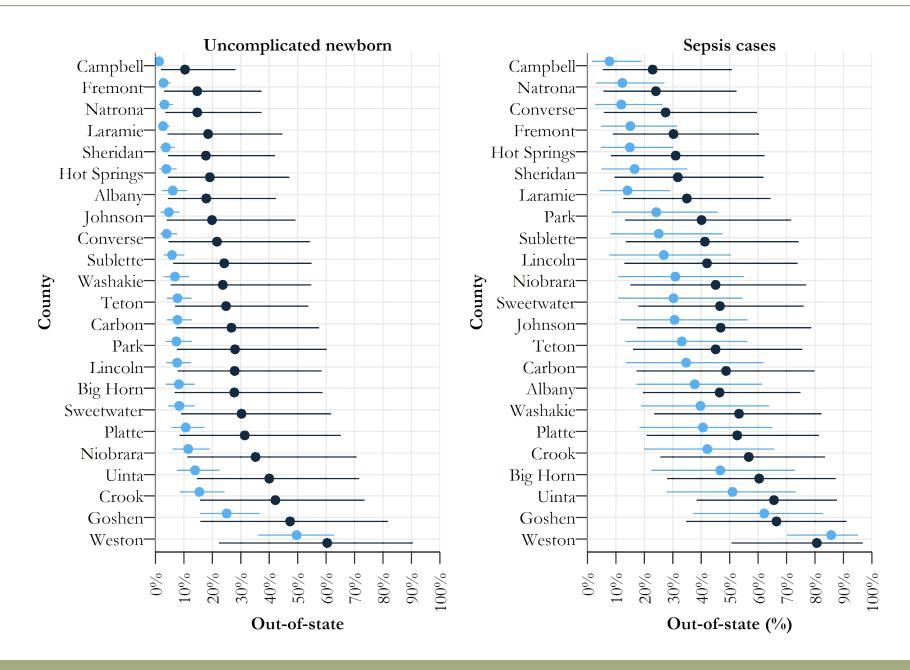


Out-of-State spending

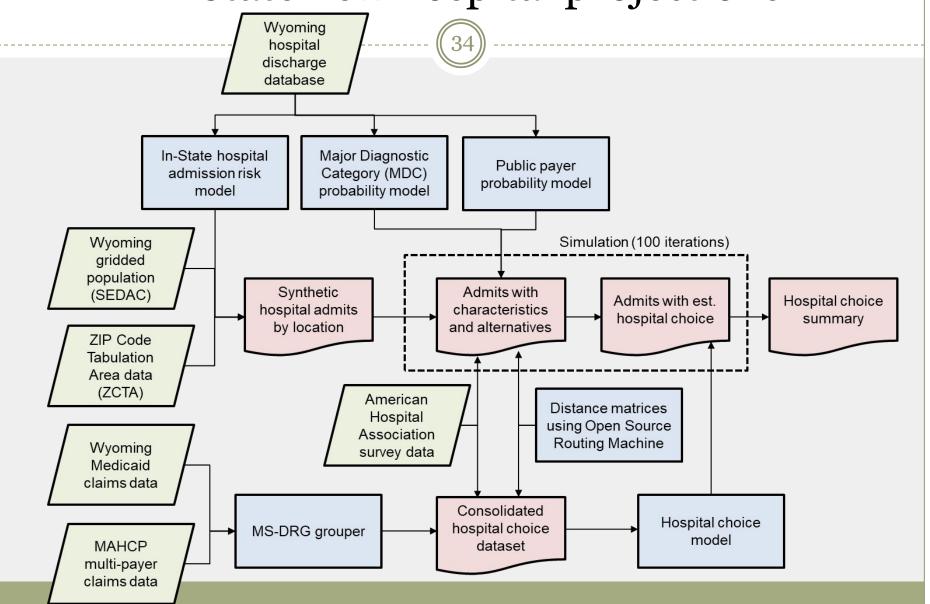
- → Compared with other states, Wyoming has one of the highest percentages of out-of-state health spending.
- → When it comes to hospital costs and volume, varies by payer, diagnosis, location. Those most likely to go out-of-state is intuitive:
 - Private payers
 - More complex cases
 - Peripheral counties

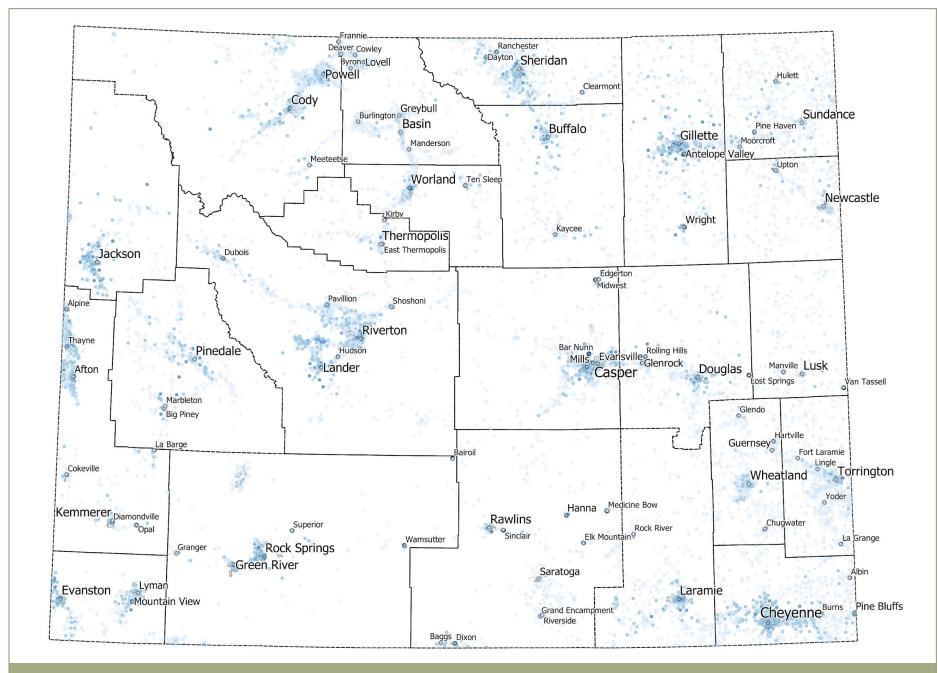
Big-picture health care expenditure trends

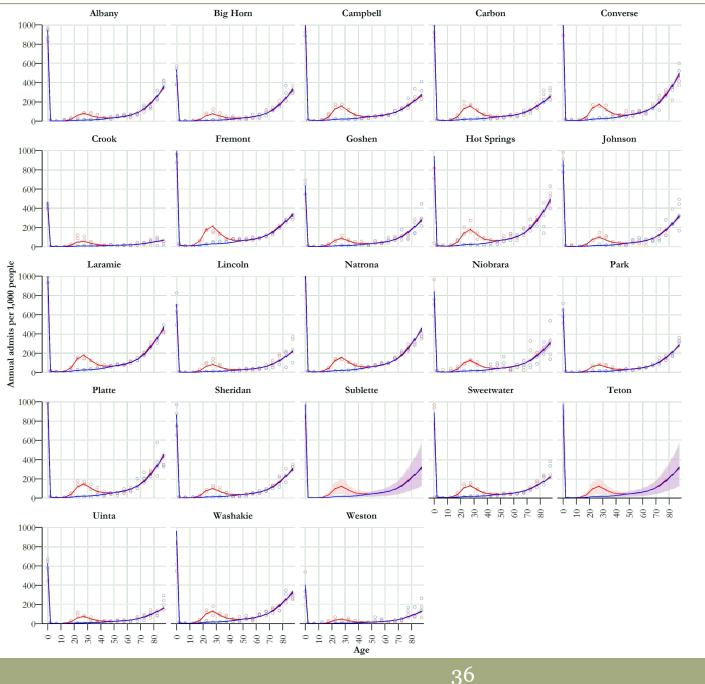




In-State new hospital projections



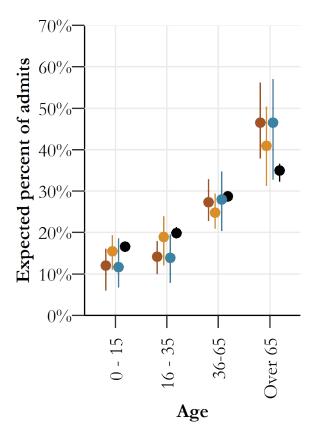


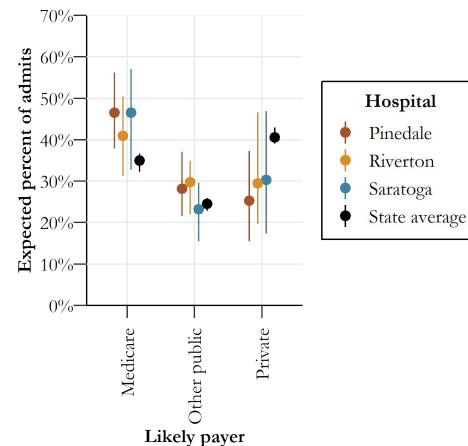


Risk of In-State Hospital Admit Age and County

Expected annual inpatient admits

Riverton - 745 (470 - 890) Pinedale - 420 (150 - 700) Saratoga - 190 (110 - 280)





Recommendations



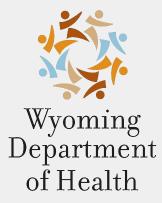
- → Is there a role for the State in managing cost vs. access?
- → If there is, we suggest considering alternative framework for paying for hospital services differently.
 - ◆ Free-market excellent in terms of improving value. Lots of room to improve here, though limits on what's "shoppable."
 - ◆ Unintended consequences of 'full free market':
 - Probably even more care out-of-State.
 - Impact on access for time-sensitive conditions due to role of cross-subsidies.
 - ◆ Can we isolate "time-sensitive" services and pay for them separately?

Wyoming Medicaid Air Ambulance Waiver Update



Franz Fuchs

Policy Analyst / Legislative Liaison



Waiver status



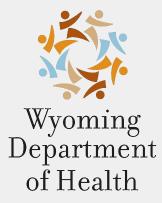
- → Air ambulance waiver was submitted on Oct. 28th, 2019.
- → Deadline for CMS to respond re: completeness is Nov. 12th.
- → If complete, **30-day federal public comment period** begins.
- → Our primary objective is to get quality feedback from the Federal government.
 - Worst case scenario is bureaucratic limbo (e.g., Tribal uncompensated care waiver)

Medicaid Expansion Updates



Franz Fuchs

Policy Analyst / Legislative Liaison



Summary - Expectations

- → Projecting **first biennium only**, due to significant uncertainty.
- → ~19,000 expected enrollment by 24 months. Most likely between 9,000 and 32,000.
 - ◆ ~56% of new enrollees previously uninsured.
 - ◆ ~64% of new enrollees below 100% FPL.
- → First biennium cost of ~\$154M, made up of ~\$136M federal funds and ~\$18M State General Funds.
- → Including effects of crowd-out, additional net provider revenue of ~\$41M.

Enrollment

(43)

~19,000 expected enrollment at 24 months

→ 67% of scenarios (dashed): 12 - 26K

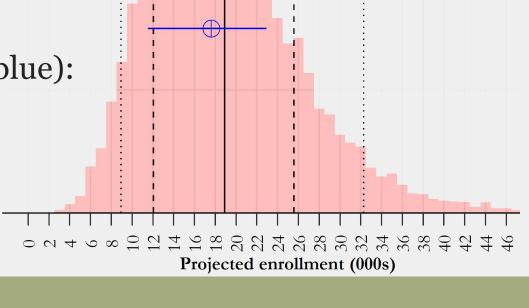
→ 90% of scenarios (dotted): 9 - 32K

→ 2011 Milliman report (blue):

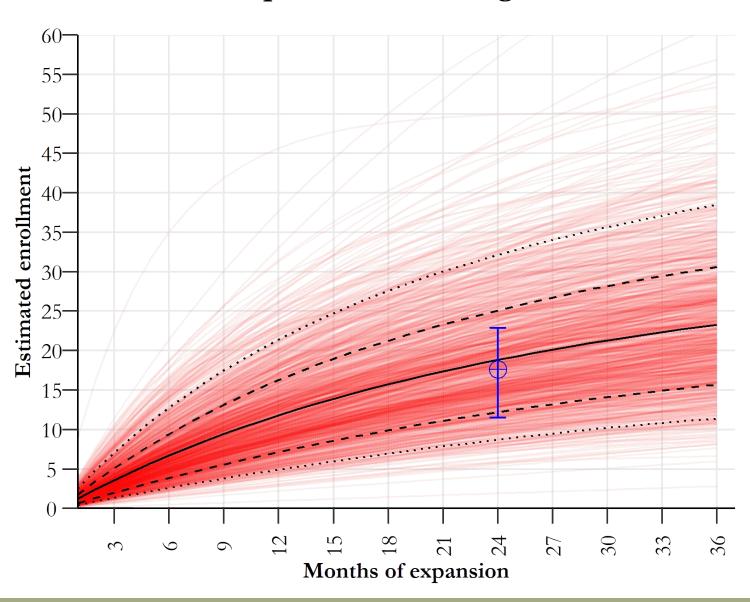
Expected: 17.6K

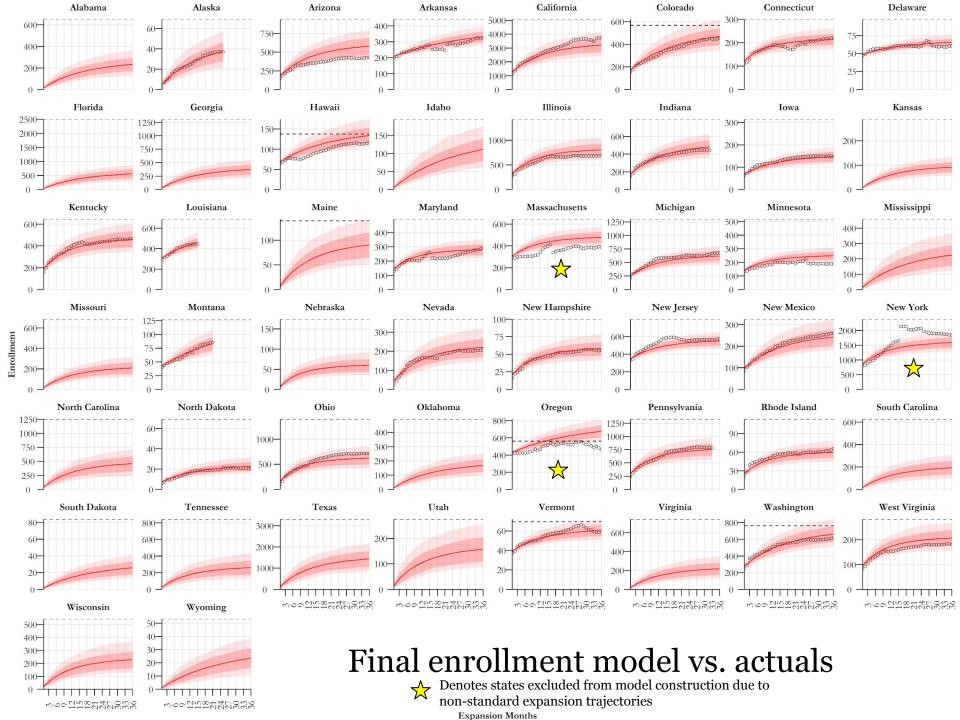
Low: 11.5K

High: 22.9K



Enrollment expected to have a growth curve





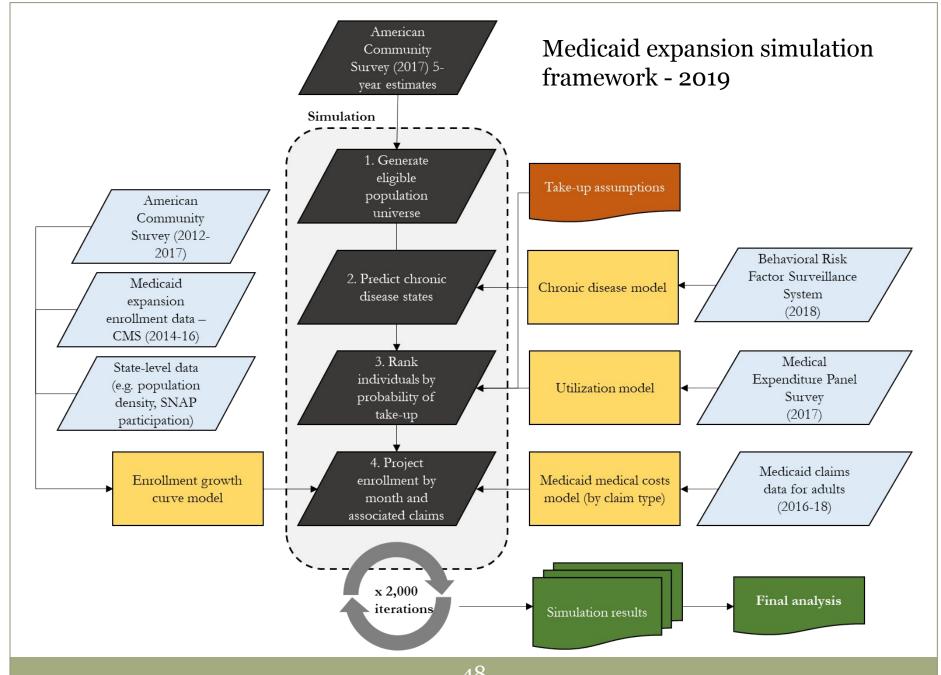
Why simulation-based projections?

- → "How many people will enroll?" is not the only question that matters;
- → "What kind of people will enroll? Who will enroll first?"
 - We assume sicker people those with a demonstrated need for insurance — will likely enroll first
 - ◆ Affects overall cost and PMPM over time.
- → "How many of these people will be uninsured? How many will already have insurance?"
 - ◆ I.e., how much 'crowd out' in the program, which affects providers will see re: reduction in effective rates paid.
- → "What services will they use?" Provider revenue varying by type; inpatient vs. medical vs. pharmacy.
- → Demographics, poverty, employment
 - ◆ Affects enrollment with different program designs.

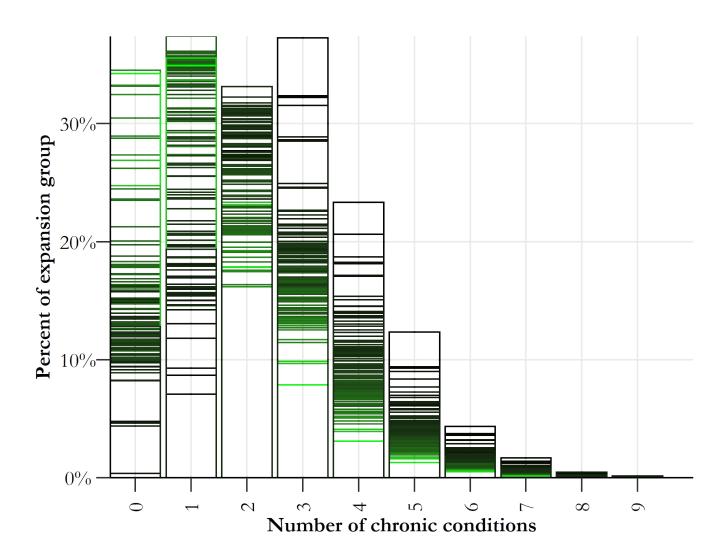
Why simulation-based projections?



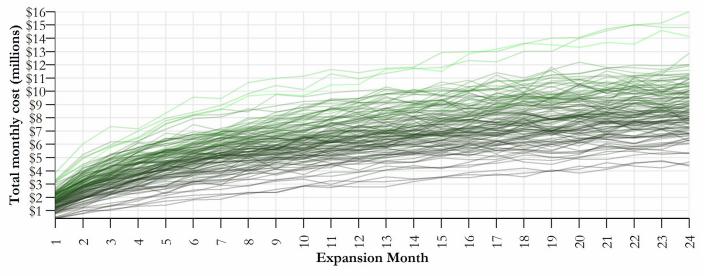
- → **Flexibility.** Simulation-based estimates allows us to set 'the rules of the game,' and see what happens.
 - ◆ Limit enrollment to 100% FPL?
 - ◆ Work requirements?
 - ◆ Cost sharing?
- → **Propagates the uncertainty** inherent in all component models to the final estimates.
 - Uncertainty is just as important as expected averages.

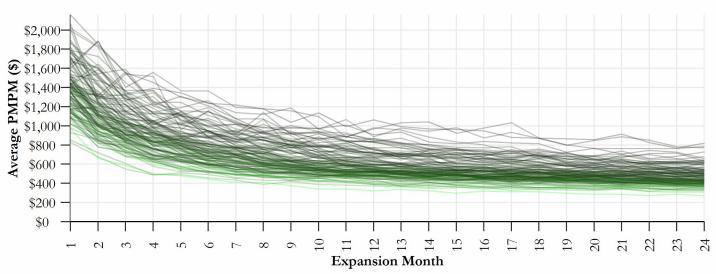


Since sicker people enroll first, higher enrollment (green) is associated with healthier pool

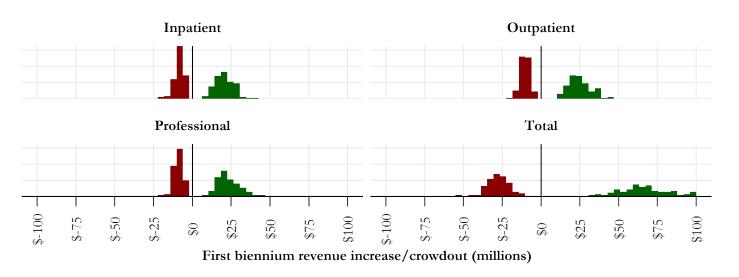


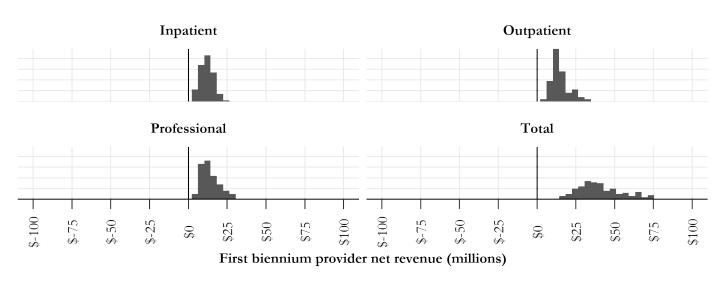
Higher total costs associated with more enrollment (green) mitigated by lower average PMPM



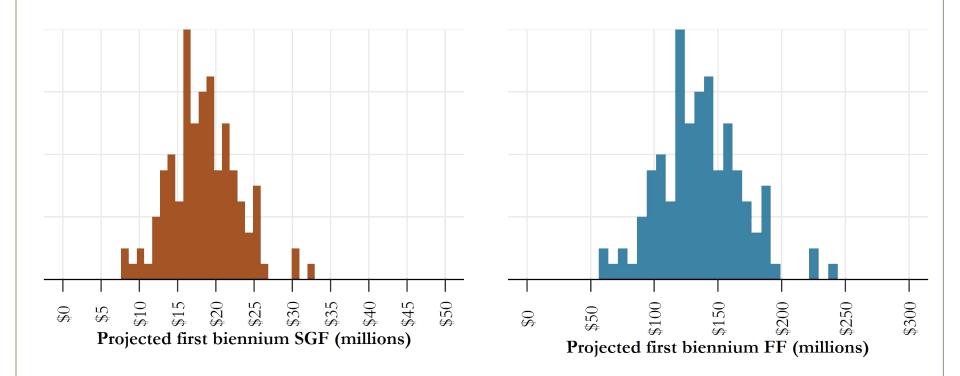


Crowd-out + lower Medicaid rates mean some revenue loss to providers, but net revenue expected to be positive

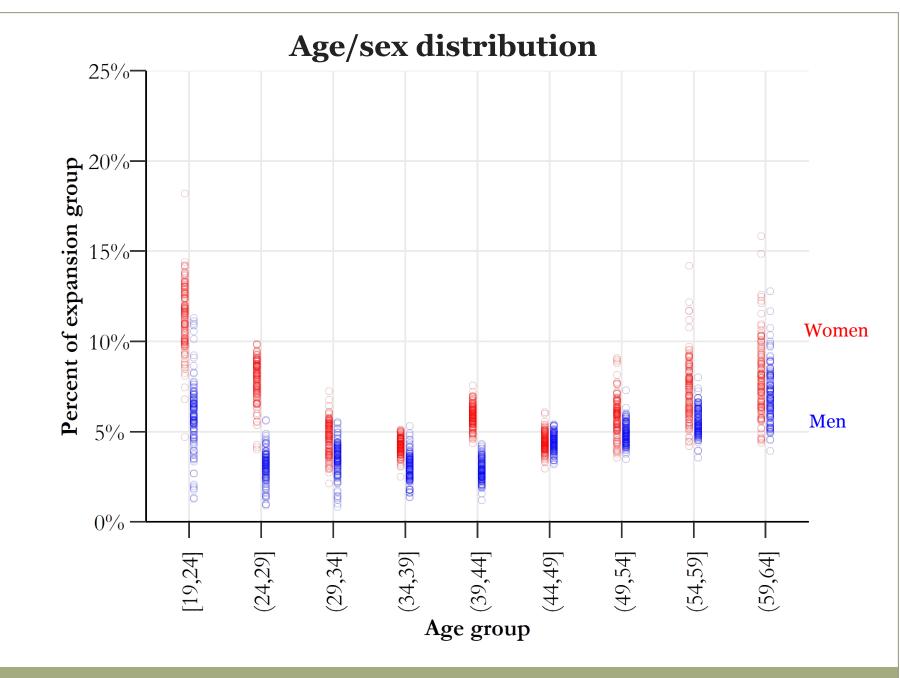


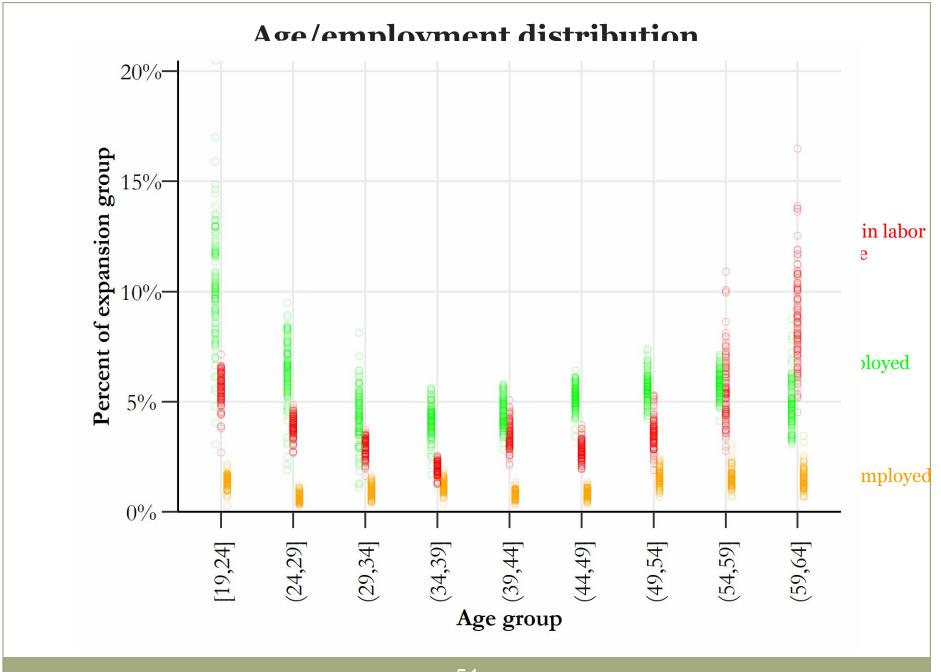


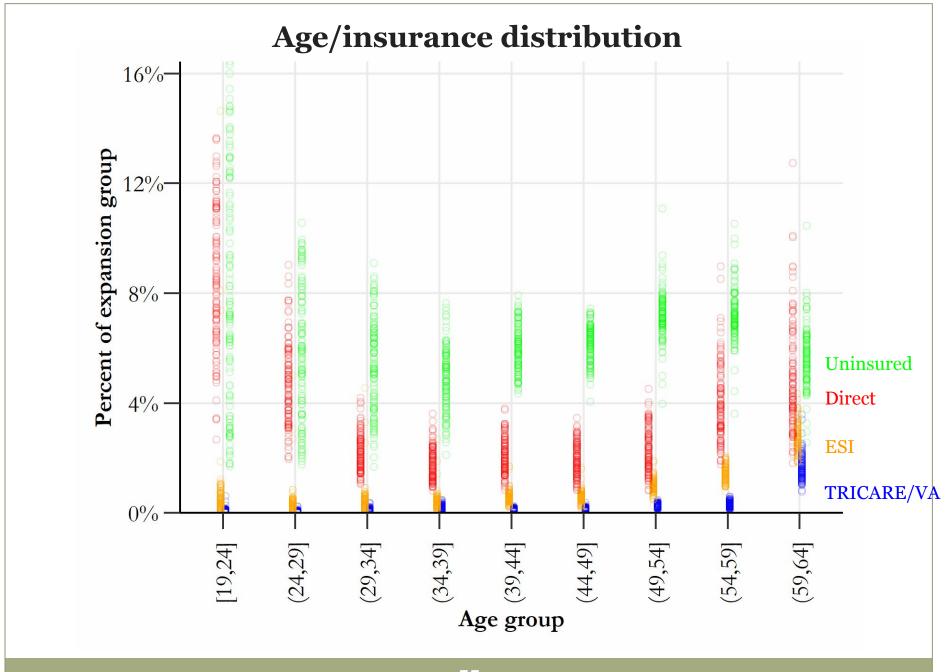
Required biennial SGF appropriation ~\$18M Additional FF appropriation ~ \$136M



Exception request to adjust +/- in General Session based on actual enrollment and cost trends





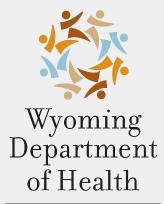


Medicaid School-Based Services and Clubhouse Services Update



Teri Green

State Medicaid Agent



Questions?

