

Workforce Challenges in Delivering Health Care to Elderly and Low-Income Populations in Wyoming: Medical Providers' Acceptance of Medicaid and Medicare Patients

This report examines the extent to which medical professionals in Wyoming provide care to enrollees in Medicaid and Medicare, and factors associated with provider acceptance of new patients.

- Medicaid, jointly funded and administered by states and the federal government, provides health care coverage to low-income, financially needy populations. EqualityCare, Wyoming's Medicaid program, insured 14.8% of the state's population in 2008.
- Medicare, federally funded and administered, provides insurance coverage to the population age 65 and older as well as certain eligible populations under 65, such as the disabled. Medicare insured 15.1% of Wyoming's population in 2004.
- For eligible individuals to receive services under Medicaid and Medicare, health care providers must be willing and able to accept these patients at the programs' payment rates.
- EqualityCare reimburses providers at relatively high rates compared with other states and compared with Medicare reimbursement rates, which are set by the federal government.

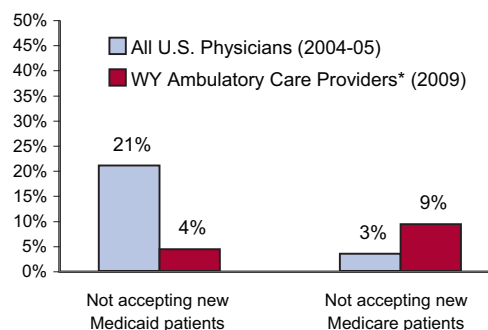
This report's findings can inform Wyoming health care policies for low-income and elderly populations, establish a baseline against which to track trends in health care access, and identify issues of concern for further investigation.

Key Findings

The Center for Health Workforce Studies at the University of Washington analyzed data from 2008-09 surveys of Wyoming medical clinics and health care providers—including physicians, physician assistants, and advanced practice nurses—for the Wyoming Healthcare Commission. Key findings include:

- New patients wait longer for an appointment at clinics that serve more rather than fewer Medicare patients.
- Wyoming ambulatory care practices accept new Medicaid patients more readily than new Medicare patients, whereas

Percentage of Providers Accepting No New Medicaid/Medicare Patients

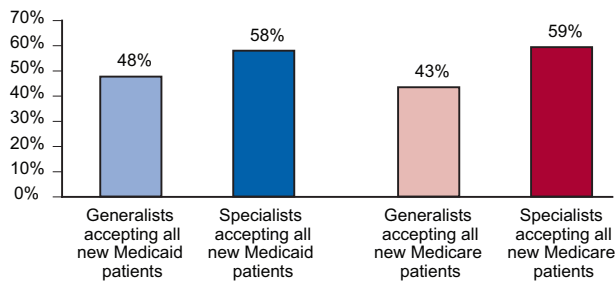


* Includes Physicians, Physician Assistants, and Advanced Practice Nurses

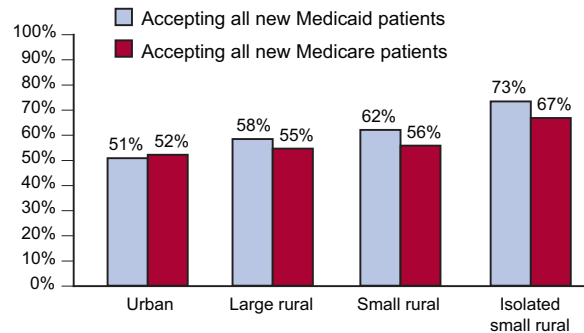
nationally, the pattern is reversed, with practices accepting new Medicare patients more readily than new Medicaid patients.

- Smaller clinics are less likely to accept new Medicaid patients.
- Specialists are more likely than primary care providers to accept all new Medicaid and Medicare patients.
- Rural physicians are more likely than urban physicians to accept new Medicaid and Medicare patients.

Accepting All New Medicaid/Medicare Patients: Generalists/Primary Care vs. Specialists (All Wyoming Ambulatory Care Providers)



Wyoming Ambulatory Care Physicians' Acceptance of All New Medicaid/Medicare Patients by Urban-Rural Continuum



Policy Considerations

Providers' overall high rates of accepting new Medicaid patients, relative to both national rates and Medicare acceptance rates in Wyoming, provide preliminary evidence that Wyoming's EqualityCare policies, including Pay for Participation program incentives, have had a positive effect.

- Smaller clinics, particularly those that are the sole health care providers in a community, may require additional incentives to ensure Medicaid patient access.
- If the Medicaid-eligible population grows in the current economic downturn, it may be challenging to maintain current levels of coverage.
- Further investigation is needed to determine whether clinics in particular communities or specific clinical settings are experiencing difficulties scheduling new appointments due to a heavy Medicare patient load.
- As Wyoming's elderly population grows, health care access may become increasingly limited without changes to Medicare reimbursement policies.

- Shortages of rural and primary care physicians are projected to increase across the United States. While Wyoming's rural physicians had greater acceptance rates than urban physicians for both Medicaid and Medicare patients, primary care providers statewide were less willing than specialists to accept new patients with these types of public insurance. Sole providers in isolated rural communities may feel socially or financially obligated to accept all patients, contributing to the higher rural acceptance rates found in this study. Further stress to reimbursement in rural areas due to an increasing proportion of Medicare patients or other factors ultimately could exacerbate predicted shortages of rural primary care providers.

These findings offer insight into the effectiveness of state and federal policies to insure low-income and elderly populations. Periodic examination of the attitudes and practices of providers who serve these populations is needed to monitor Wyoming citizens' access to appropriate and timely health care. This information can inform state-level policymaking and program implementation, as well as national reform efforts to increase the availability of affordable health care.