December 9, 2024

Current summary statistics

In November 2024, there were 68,773 people on Medicaid and CHIP. This compares with 81,691 people on Medicaid and CHIP in November 2023. From Jan 2024 to Jun 2024, service date expenditures averaged \$56.2 million per month. Over the same time period, the average per-member per-month (PMPM) cost was \$730.98.

Group	Enrollment
Children	32,975
Family-Care Adults	6,775
Medicare Savings Program	5,064
SSI/SSI Related	4,937
Kid Care CHIP	4,456
Pregnant Women	2,941
Foster Care	2,450
Community Choices Waiver	2,425
Newborn	2,132
Comprehensive Waiver	1,712
Supports Waiver	1,188
Nursing Home	1,148
EID	164
Former Foster Care	140
Non-citizens w/ emergencies	81
CMHW	76
Breast and Cervical	47
ICF-ID (WLRC)	32
Other	21
Hospice	9
Total	68,773

Notes on recent trends

One of the most significant events in Medicaid recently was the **declaration of the Public Health Emergency (PHE)** in March of 2020. This provided additional revenue to the State in the form of a temporary increase in Wyoming's Federal Medical Assistance Percentage (FMAP), but also prohibited Wyoming from dis-enrolling members for the duration of the PHE. On May 2023, the PHE ended and Wyoming Medicaid began to "unwind", or dis-enroll members who were no longer eligible. Both the PHE and "The Unwinding" drove significant changes in enrollment and cost over the past five years.

How to read the rest of this document

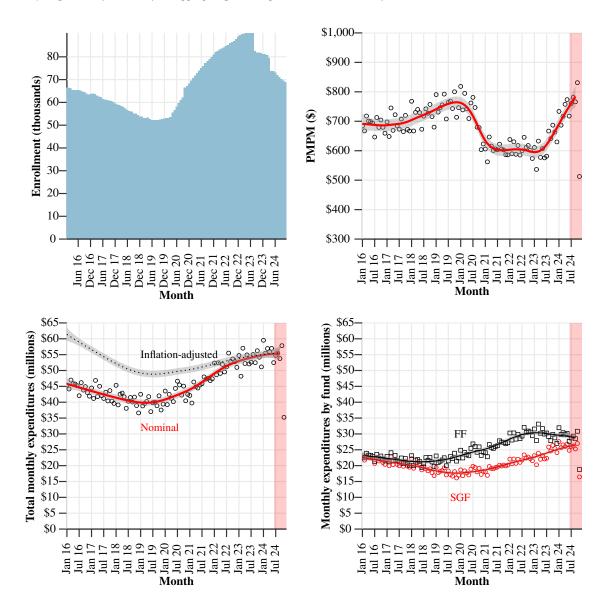
This snapshot is intended as a quick and current reference guide to trends in Wyoming's Medicaid and CHIP program. It is not a substitute for the Medicaid Annual Report and Medicaid PMPM Report.

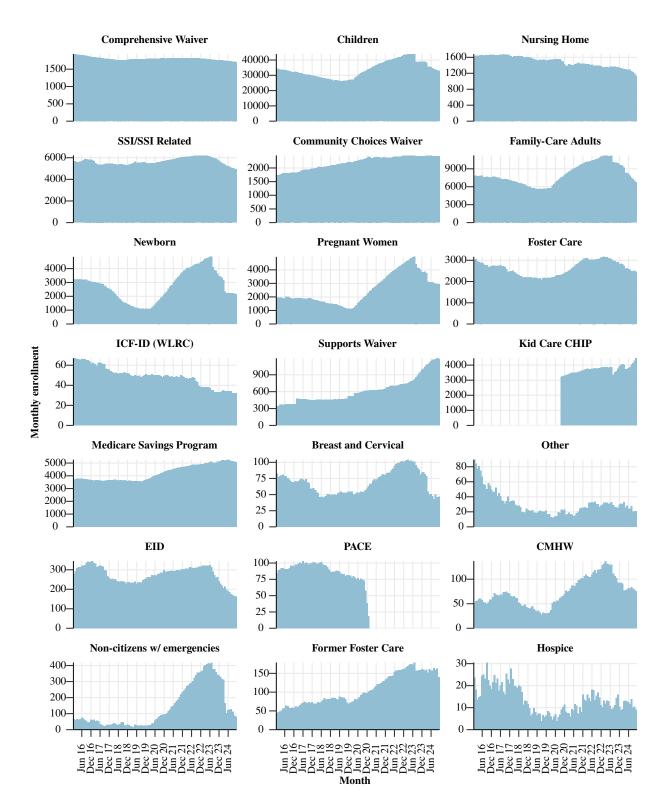
Overall enrollment, expenditures and per-member per-month (PMPM) cost trends

Figure 1, below, shows (clockwise) trends in total enrollment (top left), overall per-member per-month costs (top right), total monthly expenditures by service date (bottom left), and total expenditures broken into federal (FF) and state (SGF) funds.

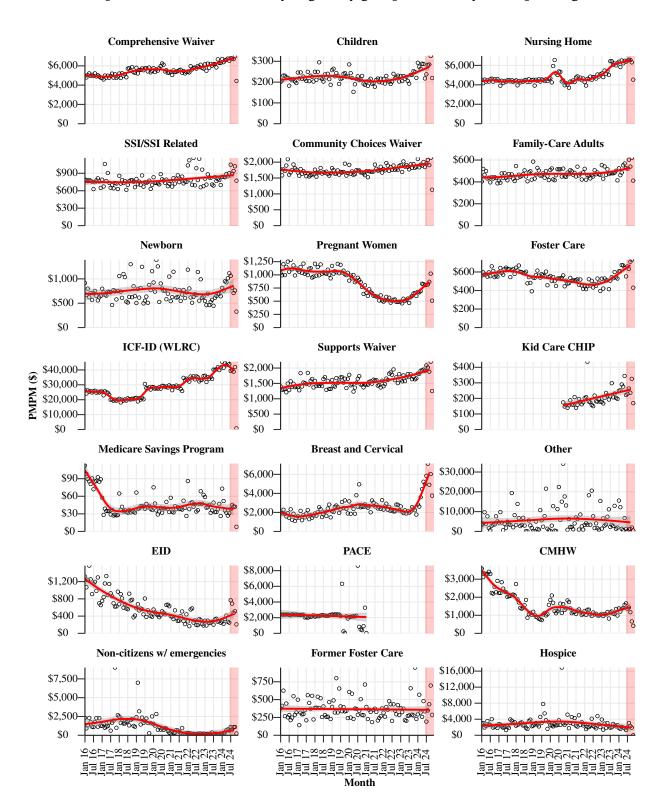
Note that we have adjusted the claims data in a few ways:

- Because expenditures are counted on the date of service, the most recent six months (shaded on red) are most affected by **incurred-but-not-reported (INBR)** claims. We have adjusted these expenditures for estimated IBNR, but they should still be treated as tentative estimates.
- Pharmacy claims have estimated **rebate** removed. Rebate (money back from pharmaceutical manufacturers) represents almost 1/2 of total pharmacy spending. Revenue comes in quarterly and is not tied to specific claims. We therefore adjust pharmacy claims by an aggregate percentage for the closest fiscal year.



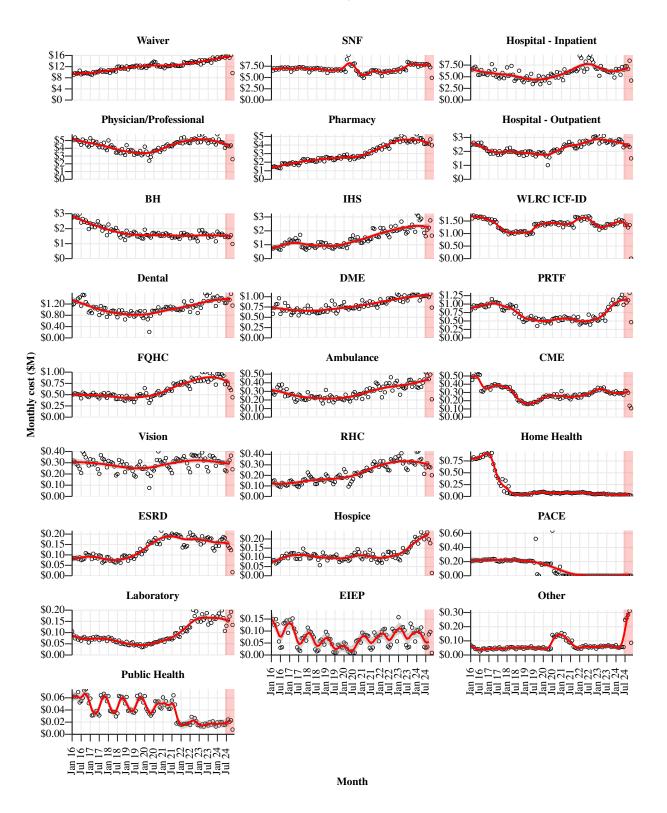


Enrollment by eligibility group, ordered by total spending



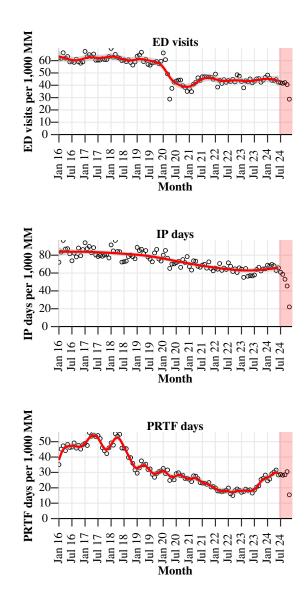
Per-member per-month (PMPM) cost by eligibility group, ordered by total spending

Expenditures by service, ordered by total spending



Institutional utilization trends

The figure below shows overall utilization trends for emergency department (ED) visits, inpatient (IP) hospital days, and psychiatric residential treatment facility (PRTF) days.



Summary tables

SFY	Avg. enrollment	Avg. expenditures	Avg. PMPM
2020	53,716	\$40,722,525	\$758.11
202 I	68,168	\$43,776,138	\$642.18
2022	80,882	\$48,896,147	\$604.54
2023	88,491	\$52,999,500	\$598.93
2024	80,133	\$54,913,726	\$685.28

Table 2: Entire program

 Table 3: Expenditures by service, by complete SFY

2024	2023	2022	202 I	2020	Service
\$4,720,347	\$4,352,126	\$4,030,844	\$3,235,971	\$2,583,212	Ambulance
\$18,337,474	\$18,694,479	\$18,220,082	\$19,300,461	\$18,639,134	BH
\$3,527,134	\$3,867,027	\$3,095,004	\$3,071,750	\$2,709,157	CME
\$995,540	\$1,076,834	\$878,835	\$704,922	\$332,566	EIEP
\$16,364,044	\$14,348,604	\$12,765,749	\$12,123,380	\$9,327,985	Dental
\$12,175,939	\$11,561,245	\$10,157,976	\$9,479,000	\$8,829,846	DME
\$1,949,128	\$2,142,676	\$2,112,467	\$2,160,993	\$1,542,795	ESRD
\$10,531,433	\$10,159,354	\$8,717,771	\$6,596,712	\$5,610,064	FQHC
\$458,394	\$663,026	\$944,070	\$909,991	\$976,855	Home Health
\$2,238,837	\$1,400,108	\$1,143,058	\$1,395,051	\$1,117,775	Hospice
\$73,756,662	\$88,096,878	\$84,746,713	\$65,616,121	\$53,574,442	Hospital - Inpatient
\$32,005,102	\$34,205,644	\$29,958,441	\$26,675,911	\$20,851,483	Hospital - Outpatient
\$17,080,545	\$16,284,806	\$18,503,537	\$16,792,117	\$16,479,584	WLRC ICF-ID
\$1,933,127	\$1,997,636	\$1,186,991	\$773,043	\$539,231	Laboratory
\$95,289,910	\$79,320,764	\$75,293,856	\$74,017,016	\$87,767,180	SNF
\$713,971	\$694,188	\$731,588	\$1,558,247	\$559,581	Other
\$58,178,054	\$61,782,652	\$57,460,105	\$47,881,344	\$39,794,491	Physician/Professional
\$54,830,794	\$54,032,667	\$43,671,299	\$33,211,767	\$30,727,603	Pharmacy
\$o	\$o	\$o	\$947,865	\$2,071,182	PACE
\$12,253,855	\$6,876,808	\$6,037,029	\$6,864,806	\$5,962,314	PRTF
\$206,319	\$217,681	\$323,979	\$579,801	\$579,255	Public Health
\$29,139,399	\$25,190,273	\$22,352,977	\$16,239,054	\$12,105,988	IHS
\$3,932,977	\$4,038,796	\$3,543,025	\$2,711,229	\$2,087,414	RHC
\$3,645,044	\$3,960,451	\$3,697,777	\$3,563,616	\$2,733,401	Vision
\$178,167,846	\$164,464,860	\$152,950,303	\$148,428,887	\$146,704,320	Waiver

 Table 4: PMPM by population and service, averaged from Dec 2021 to Jun 2024

		Population						
Service	Children	Foster/CMHW	I/DD	LTC - HCBS	LTC - SNF	Adults	MSP	
Ambulance	\$2.93	\$5.57	\$4.18	\$6.78	\$5.86	\$8.16	\$0.08	
BH	\$14.74	\$76.38	\$46.20	\$15.85	\$6.49	\$20.21	\$0.71	
CME	\$3.15	\$38.53	\$0.00	\$0.00	\$0.00	\$1.01	\$0.00	

Total	\$265.00	\$523.23	\$5,159.62	\$1,852.58	\$5,331.42	\$599.59	\$43.82
Waiver	\$0.05	\$0.24	\$4,086.32	\$1,274.77	\$0.98	\$0.18	\$0.61
Vision	\$5.26	\$7.07	\$3.18	\$1.01	\$0.72	\$1.23	\$0.33
SNF	\$0.00	\$0.00	\$7.01	\$36.66	\$4,979.99	\$0.19	\$1.71
RHC	\$3.94	\$4.70	\$2.14	\$2.05	\$1.96	\$4.99	\$0.36
Public Health	\$0.24	\$0.24	\$0.09	\$0.08	\$0.07	\$0.23	\$0.00
Physicians/providers	\$39.73	\$50.98	\$96.08	\$102.73	\$47.22	\$103.55	\$15.09
Pharmacy	\$28.61	\$42.77	\$111.78	\$100.00	\$24.38	\$109.02	\$0.07
PRTF	\$7.43	\$94.65	\$0.00	\$0.00	\$0.00	\$2.82	\$0.00
PACE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.61	\$1.12	\$1.88	\$1.69	\$0.08	\$0.71	\$0.18
Laboratory	\$0.81	\$1.30	\$0.72	\$0.97	\$0.51	\$4.96	\$0.07
IHS	\$25.27	\$39.07	\$5.00	\$6.44	\$4.52	\$38.97	\$0.05
ICF-ID	\$0.00	\$0.00	\$540.75	\$0.00	\$0.46	\$0.00	\$0.00
Hospital (OP)	\$19.59	\$27.77	\$28.90	\$50.35	\$20.43	\$66.31	\$5.89
Hospital (IP)	\$60.19	\$66.99	\$60.14	\$97.67	\$101.91	\$146.29	\$11.23
Hospice	\$0.02	\$0.04	\$3.05	\$3.08	\$76.40	\$0.80	\$0.07
Home Health	\$0.22	\$0.05	\$6.98	\$4.43	\$0.07	\$0.66	\$0.00
FQHC	\$8.82	\$12.02	\$5.10	\$7.96	\$5.13	\$15.71	\$0.72
ESRD	\$0.01	\$0.00	\$1.99	\$19.05	\$14.85	\$4.44	\$0.79
EIEP	\$1.45	\$2.43	\$0.31	\$0.00	\$0.00	\$0.31	\$0.00
Dental	\$20.59	\$22.19	\$12.84	\$4.73	\$5.40	\$5.68	\$0.02
DME	\$2.88	\$6.54	\$85.91	\$75.84	\$23.67	\$15.98	\$5.29

Table 5: Enrollment and cost trends for low-income populations

Group	SFY	Avg. enrollment	Avg. expenditures	Avg. PMPM
	2020	27,377	\$6,081,311	\$222.14
	202 I	33,732	\$6,883,520	\$204.06
CLUL	2022	39,211	\$8,035,664	\$204.93
Children	2023	42,978	\$9,402,909	\$218.79
	2024	38,507	\$9,614,628	\$249.69
	2020	5,867	\$2,733,732	\$465.96
	202 I	8,023	\$3,878,182	\$483.37
	2022	9,859	\$4,582,919	\$464.86
Family-Care Adults	2023	10,947	\$5,312,293	\$485.26
	2024	9,523	\$4,706,208	\$494.20
	202 I	2,529	\$ 419,063	\$165.71
	2022	3,652	\$ 723,143	\$198.03
Kid Care CHIP	2023	3,824	\$ 733,268	\$191.73
	2024	3,785	\$ 939,268	\$248.18
	2020	1,143	\$ 973,937	\$851.82
	202 I	2,215	\$1,653,936	\$746.76
	2022	3,724	\$2,647,595	\$711.04

Newborn				
	2023	4,517	\$2,938,921	\$650.64
	2024	3,370	\$2,484,033	\$737.00
	2020	1,230	\$1,218,609	\$991.14
	202 I	2,232	\$1,605,722	\$719.45
	2022	3,455	\$1,881,121	\$544.41
Pregnant Women	2023	4,489	\$2,285,436	\$509.17
	2024	3,853	\$2,526,730	\$655.76
	2020	5,525	\$4,121,832	\$746.04
	202 I	5,710	\$4,353,275	\$762.34
SSI/SSI Related	2022	6,042	\$5,098,419	\$843.89
	2023	6,174	\$5,133,051	\$831.36
	2024	5,665	\$4,577,094	\$808.02

Table 6: Enrollment and cost trends for aged, blind and disabled populations

Group	SFY	Avg. enrollment	Avg. expenditures	Avg. PMPM
	2020	2,206	\$ 3,761,098	\$1,705.18
	202 I	2,354	\$ 3,944,092	\$1,675.74
	2022	2,386	\$ 4,308,666	\$1,805.48
Community Choices Waiver	2023	2,440	\$ 4,489,439	\$1,839.71
	2024	2,44 I	\$ 4,621,783	\$1,893.72
	2020	1,801	\$10,129,798	\$5,623.61
	2021	1,817	\$10,000,616	\$5,504.24
	2022	1,821	\$10,070,491	\$5,530.76
Comprehensive Waiver	2023	1,808	\$10,715,990	\$5,926.70
	2024	1,760	\$11,300,286	\$6,420.08
	2020	1,542	\$ 7,538,378	\$4,888.92
	202 I	1,464	\$ 6,451,603	\$4,406.73
NT 1 TT	2022	1,436	\$ 6,563,571	\$4,570.50
Nursing Home	2023	1,373	\$ 6,884,235	\$5,013.96
	2024	1,334	\$ 8,352,145	\$6,258.63
	2020	513	\$ 782,731	\$1,525.78
	202 I	614	\$ 935,549	\$1,524.76
	2022	666	\$ 1,049,814	\$1,575.59
Supports Waiver	2023	744	\$ 1,262,615	\$1,697.51
	2024	992	\$ 1,786,221	\$1,800.10

General definitions

- **Enrollment**: The total count of people who are enrolled with Medicaid and CHIP in any given month. Enrollees, or members, may not actually use health care services in any given month.
- **Expenditures**: These include traditional medical services covered by other health insurers, but also long-term care services.
- **PMPM**: Per-member per-month (PMPM) costs are similar to insurance premiums: they represent average expenditures per enrollee. PMPM is calculated for any given group by summing the expenditures in any given month and dividing it by the total enrollment in that group.

Eligibility group definitions

- Breast and Cervical: Women between 18 and 65, with income below 250% of the Federal Poverty Level (FPL) who have no insurance coverage that pays for cancer screening and treatment.
- Children: For children under age 6, at or below 154% FPL. For children ages 6-18, the eligibility cutoff is 133% FPL.
- **CMHW**: The Children's Mental Health Waiver servces children with high behavioral needs, but who may not qualify for Medicaid based on income.
- **Community Choices Waiver**: This is Medicaid's primary Home- and Community-Based Services (HCBS) vehicle for individuals with long-term care needs and physical disabilities. Individuals must meet nursing home level of care needs and have income less than 300% of the SSI standard.
- **Comprehensive Waiver**: This is one of two HCBS programs for individuals with intellectual and developmental disabilities (I/DD) or acquired brain injuries (ABI). HCBS services are budgeted based on individually-assessed needs.
- **EID**: People who are disabled but also employed, between age 16 and 64, with unearned incomes less than 300% of the SSI standard there is no limit on earned income.
- Family-Care Adults: Adults with an eligible child under 19 years old in the household and countable income below 56% FPL.
- Former Foster Care: Adults who are between 21 and 26 and who aged out of foster care.
- Foster Care: These are children under 21 in custody of the Department of Family Services.
- Hospice: Elective group for Medicaid members certified by a physician to be terminally ill.
- ICF-ID (WLRC): Individuals with intellectual or developmental disabilities at the Wyoming Life Resource Center in Lander, the only Intermediate Care Facility for people with Intellectual Disabilities (ICF-ID) in Wyoming.
- Kid Care CHIP: Children with incomes above Medicaid thresholds but below 200% FPL.
- Medicare Savings Programs: Low-income Medicare members. Medicaid serves as supplemental ("MediGap") insurance, as well as paying some Part A, B and D premiums. Income standards range from < 100% FPL (Qualified Medicare Beneficiaries), 101 - 120% FPL (Specified Low-Income Medicare Beneficiaries) and 121 - 135% FPL (Qualified Individuals).
- Newborn : Newborn babies up to age one, with Medicaid-eligible mothers.
- Non-Citizens: These are non-US citizens who require emergency services. Benefits limited to services rendered for the emergency, and end after the condition is no longer considered an emergency.
- Nursing Home: Individuals requiring long-term care in a nursing home. Must meet nursing home level of care and income/asset limits.
- Other: Catch-all for smaller eligibility groups like Tuberculosis and Institutional.
- **PACE**: The Program for All-Inclusive Care of the Elderly was a community-based alternative to nursing home care. It only operated in Laramie County and was discontinued in 2021.
- Pregnant Women: Eligibility extends 12 months post-partum. Eligibility threshold is 154% FPL.
- **SSI/SSI Related**: Members who receive Supplemental Security Income or recently lost SSI but maintain Medicaid coverage due to receipt of another SSA program.
- **Supports Waiver**: This is the second of two HCBS programs for individuals with intellectual and developmental disabilities (I/DD) or acquired brain injuries (ABI). HCBS services capped at a flat rate. This is the waiver where individuals coming off the waitlist begin.

Service definitions

- Ambulance: This includes both ground and air ambulances.
- BH: Behavioral health —mental health and substance use disorder treatment —providers.
- **CME**: The Care Management Entity, which is an entity that coordinates wrap-around services for youth with significant behavioral health needs.
- **EIEP**: Early Intervention and Education programs, also known as developmental preschools. Under Part C of the Individuals with Disabilities Education Act (IDEA), providers treat children from birth to 2. Under Part B, providers treat children from 3-5.
- DME: Durable Medical Equipment (e.g., wheelchairs, crutches) and supplies (bandages, consumables).
- ESRD: End Stage Renal Disease providers who offer dialysis.
- FQHC: Federally-Qualified Health Centers are primary care clinics that largely treat lower-income patients.
- WLRC ICF-ID: The Wyoming Life Resource Center in Lander is licensed as an Intermediate Care Facility for people with Intellectual Disabilities. It is the only such provider in the State.
- SNF: Skilled Nursing Facilities are more commonly known as nursing homes.
- **Physician/Professional** includes doctors, but also a lot of other providers (e.g. nurse practitioners, physical therapists, etc.)
- PACE: "Program for All-Inclusive Care of the Elderly." See note on the eligibility group.
- **PRTF**: Psychiatric Residential Treatment Facilities provide inpatient/residential care to children with significant behavioral health needs.
- Public Health: This category represents expenditures for Public Health Nurses.
- IHS: Indian Health Services providers.
- RHC: Rural Health Clinics, another primary care clinic designation that serves lower-income patients.
- Waiver: All Home- and Community-Based Service (HCBS) providers. Long-term care, but provided in home-like settings instead of institutions.