

**State of Wyoming  
Department of Health**

**State Planning Grant  
Interim Report**

**July 29, 2003**

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## **Executive Summary**

Wyoming was one of ten states awarded a State Planning Grant in 2002 by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS). The goal of the Wyoming project is to develop a strategic plan to provide all Wyoming citizens with access to adequate and affordable health insurance coverage.

A Wyoming Health Reform Commission created in 1993 produced a report in 1995, which included a strategic plan for attaining universal health care for all of Wyoming's uninsured by the year 2002. The Commission was disbanded shortly after the report was published and although there have been some efforts to address coverage for the uninsured, there have been no major initiatives to increase access to insurance to the target populations identified in the 1995 report. The State Planning Grant Initiative was seen as an excellent opportunity to again focus on the issue of the uninsured and to use data driven research to propose solutions which will be viable in Wyoming.

The Wyoming Department of Health (WDH) was designated as the lead agency for the project. The Department partnered with the University of Wyoming Center for Rural Health Research and Education (UW CRHRE) to prepare the grant application and to conduct the required research.

This interim report describes the progress made during the first twelve months of the project and identifies the activities currently underway which are designed to complete the project during the next six months.

A seventeen member State Planning Grant Task Force appointed by the Department in September 2002 has provided enthusiastic direction to the project. The Task Force is chaired by the distinguished Thomas F. Stroock of Casper and is composed of a diverse membership from throughout the state including legislators, health care providers, an attorney, a tribal representative, educators, an insurance industry representative, and a small business owner. The Task Force has met four times and heard presentations from a number of speakers including AcademyHealth, Blue Cross Blue Shield, the National Federation of Independent Businesses, Community Health Center of Casper, insurance agents, and the Indian Health Service.

In March 2003, the Wyoming Legislature authorized a new Health Care Commission (HCC). Five members of the SPG Task Force serve on the Commission and related legislative committee. The HCC will be addressing a broad range of health care issues including access to adequate and affordable health insurance coverage and the SPG Task Force will support the work of the HCC on this topic.

The past legislative session in Wyoming was also remarkable for the extent of health care legislation passed which will directly impact the uninsured. The State Children's Health Insurance Program was expanded to cover children in families from 133% of the federal poverty level to 200% of the federal poverty level; the tobacco tax was raised to support

health programs; and the state will now contribute 85% of the premium cost for the employee and for dependent coverage for state employees which is a significant change from the previous minimal contribution for dependents.

The partnership formed with the University of Wyoming Center for Rural Health Research and Education (UW CRHRE) during preparation of the grant application resulted in a contract being initiated shortly after the project was funded to include: Data Collection and Data Analysis; Strategic Options Research; and Administrative and Technological Support. This partnership has been instrumental in increasing the capacity of the Center to conduct Wyoming based health policy research for the Department of Health and other agencies and organizations.

During the first twelve months of the project, the UW CRHRE has compiled and analyzed existing baseline data; partnered with the UW Survey Research Center (SRC) at the University to conduct a Wyoming Household Insurance Survey; and partnered with the School of Nursing to conduct focus groups and key informant interviews. The results of the quantitative and qualitative research will be used to create data drive models for health insurance coverage that are sensitive to the needs of the citizens of the state.

A change in the original research plan was made to allow the UW CRHRE to enter into a partnership with the Department of Employment (DOE) in 2003 to expand the DOE Employer Benefits Survey to include additional questions related to health insurance coverage. While the current DOE survey is a useful tool for determining insurance availability, it does not capture if employees actually chose to receive coverage for themselves or their dependents. It was determined that adding new questions to the DOE survey to explore why employers opt to provide health insurance coverage for their employees would be the most cost efficient and effective method to survey employers. Analysis of these survey results has not been completed at this time. The DOE survey with the expanded questions has been recommended as a model for other states.

In addition to these more traditional types of data collection and analysis, the UW CRHRE has contracted with Human Capital Management Services to provide additional analytic and strategic research capability. This firm will incorporate data from the Wyoming Household Survey into a large database of insurance and health care usage records to create a more complete picture of the risks and benefits associated with health insurance coverage. This research will address the question of how health care services are utilized among various populations to develop a model of Wyoming's uninsured that will be used to evaluate the risk associated with expanding health insurance to various target groups. This analysis should contribute to determining whether significant cost shifting or crowd-out phenomena are likely to occur if options under consideration are adopted and how funding for some options could be created from changes in existing insurance coverage.

Concurrent with the research into the characteristics of the uninsured, the Task Force has explored options to cover the uninsured and is currently focusing on six option categories, which include private and public options.

A key part of this project has been the use of a Data Collection and Analysis Workgroup and a Strategic Research Workgroup. These work groups comprised of UW faculty, Department, and other interested stakeholders have provided the expertise necessary to fully evaluate research options. Teleconferencing was established to link work group participants at the Department in Cheyenne with group participants at the UW CRHRE in Laramie.

A web site was established to report on the work of the task force and to be available for public comment. All Task Force meetings have been open to the public. News releases have been issued periodically and an electronic newsflash has been circulated to a wide range of interested parties to keep them informed about the project.

During the next six months, complete survey results will be available and options research will be completed. At that time a strategic plan will be produced and a final report will be submitted to HRSA.

## **Section One: Uninsured Individuals and Families in Wyoming**

A commitment was made early on in the project to initiate a comprehensive Wyoming based research project to determine if national estimates were correct for Wyoming, to provide detail at a county level, and to explore the attitudes of the citizens of the state relative to health insurance coverage.

At the time the SPG grant application was submitted based on the Current Population Survey, estimated 14.4% or 70,000 individuals were uninsured in Wyoming. This estimate increased to 15.9% or 78,000 individuals in 2001. Preliminary results from the Wyoming Household Insurance Survey are listed below. A final report that details the characteristics of the uninsured will be available to the Task Force in September.

Specific target populations have not been selected at this time. The Task Force has elected to stay firm with the goal of providing affordable and health insurance coverage to all Wyoming citizens. This issue may be revisited once final information is available from the research study.

Wyoming has taken a conservative approach to expanding eligibility coverage benefits through public programs. Although recent legislation has authorized an expansion to the State Children's Health Insurance program, coverage for adults is limited. A major simplification project initiated in 2001 has been instrumental in increasing the number of eligible children and pregnant women who are enrolled in Medicaid. The implementation of continuous twelve-month eligibility for Medicaid has stabilized enrollment for children in this program.

### **Approach to Data Collection and Analysis**

#### ***Data Collection and Analysis Workgroup***

A Data Collection and Analysis (DCA) workgroup composed of UW faculty, state agency staff, and other interested stakeholders was established to provide input and

expertise on the tools and methodologies for the quantitative and qualitative studies. This group has proven to be an invaluable resource.

### ***SPG Multi-State Integrated Database (MSID)***

The Wyoming SPG Project is participating in the SPG Multi-State Integrated Database (MSID) managed by the Arkansas Center for Health Improvement. The MSID provides access to software that enables enhanced utilization of state-specific national data including BRFSS, CPS, and the County Business Pattern Census. State-specific datasets from the Wyoming household surveys will be integrated into the database to allow quick and easy access to the data in the future.

### ***Quantitative Studies***

A Wyoming Household Insurance Survey was developed to determine if national estimates were accurate and to provide estimates at a county level in Wyoming. The survey was also designed to determine why Wyoming residents do not have coverage and their attitudes towards coverage options. The UW Survey Research Center (SRC), a unit of the Department of Statistics, designed the surveys with input from the DCA Workgroup and the Task Force. The SRC also administered the surveys. A multiple-element approach was used to both reduce potential sources of error or bias and provide a cost-effective means of getting demographic as well as attitudinal information. Extensive use was made of the State Health Access Data Assistance Center (SHADAC) for technical assistance to ensure the quality, consistency, and comparability of the data collected.

### ***Wyoming Household Insurance Survey***

The Wyoming Household Insurance survey was adapted from a version of the SHADAC Coordinated State Coverage Survey (CSCS) instrument.

A short form mail survey was distributed to 5,050 households in September 2002. A more extensive “long-form” survey, which included attitudinal questions and more complex demographics, was developed for telephone interviewing.

Finally, the short-form mail survey was reformatted for use in telephone interviews to follow up on (a) those non-responding households from the mail-out survey for which phone numbers were available and (b) non-responding households from the long-form telephone survey, including refusals, terminations, and households not reached.

This three-pronged approach allowed pooling of the three surveys. The total number of responses in the pooled dataset was 5,511, for an overall response rate of 85.45%. County-level data, based on about 200 completions for each of the 23 counties in Wyoming, will be available for all items included in the short-form survey.

### ***Preliminary analysis of Wyoming-specific data from the short-form household survey has been performed with the following results:***

- ? 14.2% of Wyoming residents are not covered by some form of health insurance (13.1% of children 18 and under and 14.5% of adults);
- ? The age group with the largest percentage of uninsured is 19- to 24-year-olds (31%);

- ? While 50% of those individuals earning less than \$5,000 annually are uninsured, the next largest percentages are found among those earning between \$15,000 and \$20,000 (30%) and between \$30,000 and \$40,000 (27%) annually;
- ? Of those currently uninsured, nearly 65% either have never had health insurance or had not had it in 1 year or more;
- ? 9.2% of all respondents reported that someone in their household was eligible for health insurance through their work or union, but did not enroll in the program, primarily for reasons of cost or value.

A comprehensive analysis of the household survey data is currently underway. A data report will be published and will be available to the SPG Task force and the public through the SPG web site.

All data collection instruments and related documents including a detailed description of the survey methodology are listed in Appendix II.

### ***Qualitative Studies***

Focus groups and in-depth interviews were designed to supplement the quantitative research. The purpose of these studies was to understand the reasons individuals are uninsured and explore feasible alternatives for enhancing access to care. The group interaction and diverse viewpoints raised during these discussions were intended to allow examination of complex attitudes, beliefs, knowledge and experiences with health insurance and access to care. Barriers to obtaining care and health insurance, along with opportunities for private or public programs and incentives were also ascertained.

Focus groups have been conducted with uninsured persons, small employers, and health care professionals in different locations around Wyoming. Local coordination and participant selection for the focus groups was managed through the UW Cooperative Extension Service's Initiative for Enhancing Wyoming Communities and Households.

Date	Location	Group
10/09/02	Laramie	Uninsured – Free Clinic
11/16/02	Cheyenne	Officials at Primary Care Visioning Conference
11/17/02	Cheyenne	Members of the Minority Health Committee
11/22/02	Sheridan	Temporary Workers Boom Industries
12/04/02	Cody	Retail / Service Workers
01/17/03	Douglas	Adults 50-60's Pre Medicare
02/12/03	Rawlins	Prisoner Families
03/13/02	Jackson	Latino Workers
04/14/03	Various locations	Nurse Practitioners
Various	Various locations	Physicians – OB/GYN, Pediatrician, and Family Practitioner were interviewed separately due to scheduling problems in setting up a focus group.

Semi-structured interview questions were used to stimulate the participants to talk about their attitudes and beliefs. Uninsured persons were asked about their experiences being uninsured, barriers to obtaining health insurance, and perceptions of possible solutions and incentives for enhancing access to health care and health insurance. Small employers were asked about their attitudes and beliefs about providing health insurance for employees, barriers to providing health insurance, and attitudes and beliefs about possible solutions and incentives for employers to provide health insurance. Health care professionals were asked about their experiences with uninsured patients and attitudes and beliefs about how the health care system deals with the uninsured.

***Preliminary analysis from focus groups includes:***

- ? The uninsured seek health care only when they really need it and will stop taking medication if they cannot afford it;
- ? Many people are worried about major expenses associated with health care;
- ? Some uninsured felt ignored by providers and cheated by the criteria for public assistance programs;
- ? Most participants do not have insurance because their employers do not offer it or they were unemployed;
- ? Costs of private insurance were seen as too high for most people to afford it;
- ? Participants felt very negative about the insurance industry and the health care system.

Focus group locations and dates, target groups, demographic sheets, and questions are referenced in Appendix II.

***Key informant interviews***

In addition to the focus groups, sixteen in-depth interviews were conducted in various locations throughout the state with “key informants” including insurance industry leaders, members of health care provider organizations, business community representatives, and Department staff in programs that provide services to the uninsured. The methods and the materials needed to interview these stakeholders and key informants were based on the information obtained in the surveys and focus groups.

These findings will be used to illustrate how the problem is perceived in Wyoming and how various approaches may be viewed.

Interview questions are referenced in Appendix II.

## **Section Two: Employer-Based Coverage**

An original objective of the Wyoming SPG Project was to develop a better understanding of the health insurance needs of small employers by conducting an in-depth employer survey utilizing models developed by other SPG states. This approach was modified when the DCA workgroup was directed to the work already being conducted by the Wyoming Department of Employment (DOE) Research and Planning Section. The DOE

conducts research on wages and benefits offered by Wyoming businesses to assist employers and employees in determining whether or not they are providing and receiving competitive compensation. The Wyoming Employee Benefits Survey, distributed quarterly to a random sample of Wyoming businesses since a pilot study was developed in 1999, was identified as a useful tool for determining insurance availability which could be modified to provide the additional information needed to understand issues regarding employer based health insurance.

Through a cooperative agreement, the Center partnered with DOE to utilize the existing DOE survey database to conduct additional trend analysis on common variables related to health insurance. The sample size for the fourth quarter 2002 was increased to provide county level estimates of employer information. The analysis of this data is currently under way. In addition to these efforts, expanded health insurance questions were designed by the Task Force and DCA workgroup for incorporation into the Wyoming Employee Benefits Survey for the first quarter of 2003. The new questions explore attitudes and perceptions about the cost and complexity of offering health insurance to employees. This expanded survey was distributed to 400 employers and the responses will be used to develop a statewide profile of business attitudes towards health insurance.

The Wyoming DOE is an active participant in the Employer Benefits Consortium (EBC) which is a group of labor market information economists representing 10 states working to develop a survey tool to measure employer benefits consistently across states. The EBC is pursuing funding through the U.S. Department of Labor for this survey which will incorporate the elements of the Wyoming Benefits Survey which have been expanded to include additional health insurance questions. SHADAC has supported this effort and has further suggested that SPG states considering an employer survey look at the expanded Wyoming survey as a model.

### ***Qualitative Studies***

Four focus groups with small employers were conducted in two locations. One group was conducted with small employers who offer health insurance and the other group was conducted with those who do not offer health insurance. These focus groups were designed to provide more subjective information on the problems of small employers with respect to insurance benefits. Additional qualitative information will be obtained through the comment section on the Wyoming Employee Benefits Survey and from the key informant interviews.

### ***Baseline Information***

Based on data from the Employee Benefit Survey for the past two years, the Department of Employment reports a drop in the availability of health insurance for employees and dependents. The percentage of companies providing health insurance for their full time employees dropped from 66.1 percent in 2000 to 63.2 percent in 2001. The drop occurred in smaller and larger companies. The percentage of full-time employees who were offered health insurance dropped 27.4 percentage points in 2001 for companies with 1 to 4 employees. Results will be used to support options that are relevant to small employers in Wyoming.

### **Section Three: Wyoming's Health Care Marketplace**

Wyoming is the ninth largest state in the union but has the smallest population. In 2000, Wyoming's resident population was approximately 480,000 spread across almost 98,000 square miles. Because of Wyoming's small population, managed care companies (MCO) have shown little interest in the state. The state's health care financing and delivery system is almost entirely fee-for-service.

Wyoming is unique in that it lacks any large metropolitan areas. Cheyenne and Casper are the largest cities, with populations hovering around 50,000 residents. Seventeen of Wyoming's twenty-three counties are designated as frontier and four are rural. More than 70% of the population lives in rural or frontier counties and almost half (48%) reside in frontier counties.

In Wyoming, there is practically no competition for patients among providers. There are only 2 HMOs in Wyoming, and they insure approximately 15,000 people (roughly 4% of the State's population) in 7 counties. The HMOs sell only employer-sponsored programs and have no Medicare or Medicaid contracts. One HMO was formed primarily as a way to encourage patients to seek primary care services in Wyoming rather than travel to larger organized MCOs in Colorado. Wyoming also has a broad "any willing provider" provision that is a barrier to out-of-state HMOs looking for another market. This type of provision limits an HMO's ability to establish a restrictive network through which costs can be closely managed. The state has been more concerned with having access to primary- and secondary-care services than with having tightly managed and limited provider networks.

At the end of 2000, Wyoming had 19 small employer insurers in the market. In 2002, that number is 14, a reduction of five carriers through consolidation and/or market exit. That equates to a 26% reduction in two years.

A total of 30 hospitals located throughout Wyoming serve the resident population of 480,000. The acute care hospitals accept all patients regardless of their ability to pay. Additionally, two Indian Health Service clinics are located on the Wind River Indian Reservation. Wyoming also has 8 Federally Qualified Health Centers (FQHC), 18 rural health clinics (RHC), and 2 free clinics.

In 2002 Wyoming had 890 licensed, practicing physicians, 40% of whom were primary-care physicians; and 130 licensed, practicing physician assistants. Because Wyoming borders six states, approximately 1,000 out-of-state doctors, licensed in Wyoming, provide coverage to Wyoming residents in border communities. The majority of Wyoming communities lack significant competition among providers because the ratio of providers to patients is inadequate. Consequently, 21 of the State's counties have been designated as Health Professional Shortage Areas (HPSA), 1 has been classified as a dental HPSA, and all 23 have been classified as a mental health HPSA.

The Strategic Research workgroup developed a document titled “Current Health Care Programs in Wyoming: Public, Safety Net and Targeted Stop Gap Programs” to identify the extensive assortment of health care programs available to the citizens in the state. This document was provided to the Task Force for use as a reference tool. The inventory of current health care program in Wyoming includes 33 public, safety net and targeted stop gap programs.

## **Section Four: Options for Expanding Coverage**

The SPG Task Force has been engaged in a structured process by which options for expanding insurance coverage in Wyoming have been selected and evaluated. This process enabled the Task Force to focus on evaluating options and identifying new strategies that would work best in Wyoming or alternatively, the best strategies to build on existing programs. Research on the selected options is ongoing to determine potential costs, benefits, and barriers prior to the Task Force making final recommendations.

### ***Approach to Option Selection***

The initial guidance for developing a framework to consider potential options to expand health insurance coverage was provided by a Strategic Research (SR) work group which was comprised of UW faculty, Department personnel, and other interested stakeholders.

The SR workgroup initially identified thirty-six potential coverage options based on research from other states and input from the Task Force. Options were then further delineated into four matrices by the following implementation sectors: employer based options; individual options; public/state options; and multi sector options. The four options matrices were disseminated to the Task Force at the third task force meeting. The Task Force then selected eight potential options for consideration. Twenty-eight options were eliminated from consideration based on cost, or legal and political barriers.

Six Task Force committees are currently reviewing the viability of each option and will report back to the full Task Force in October. The acting committees, which are exploring the eight remaining options, are:

Small Employer Purchasing Pools  
Bare Bones Medicaid Expansion  
Health Insurance Outreach and Education  
Public Options for Direct Care  
SCHIP Expansion  
Employer Buy-In to Existing State Programs

The SR workgroup is also overseeing the development of an econometric model to test the costs effectiveness and economic impact of implementing proposed options and a literature review on insurance studies.

Additional strategic research capability is being made available to the project through a contract with Human Capital Management Services (HCMS) Group, a private firm based

in Cheyenne, Wyoming. The president of HCMS is Dr. Harold Gardner, a physician and health economist. Through his former company, (also located in Cheyenne), Dr. Gardner has access to a large database of insurance and health care usage records from several major national firms. The data from the Wyoming Household Insurance Survey is being integrated with this data and extended with other data available from the Department, Medicare and Workers' Compensation to create a more complete picture of the risks and benefits associated with health insurance coverage. In particular, Dr. Gardner is addressing the question of how health care services are utilized among various populations and developing a model of Wyoming's uninsured that will be used to evaluate the risk associated with expanding health insurance to various target groups. A Pareto benefit analysis will also evaluate the existing status of the insured in the state to see how well benefits are being used and how costs could be reduced or redistributed to help offset the costs of covering the uninsured. From this analysis, the project should be able to determine whether significant cost shifting or crowd-out phenomena are likely to occur if the options under consideration are adopted, and how funding for some of the options could be created from changes in existing insurance coverage.

The committee work thus far, and the additional research planned for July and August, will enable the Task Force to develop their final policy recommendations and to draft a strategic plan.

## **Section Five: Consensus Building Strategy**

Consensus building began during the development of the SPG grant application. An effort was made to involve all potential stakeholders in the development of the application. The appointment of a Task Force with diverse views and interests from throughout the state including legislators has been instrumental in building consensus.

The SPG Project was an active partner in the national Cover the Uninsured Week activities in March, which was an excellent opportunity to publicize the project and to receive additional input from the public.

This section will be expanded in the final report.

## **Section Six: Lessons and Recommendations**

This section will be included in the final report.

## **Section Seven: Recommendations to the Federal Government**

This section will be included in the final report.

## APPENDIX I: BASELINE INFORMATION

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### POPULATION:

2001 494,423 (Source: US Census Bureau Quick Facts)

2000-2001 484,290 (Source: Kaiser Family Foundation State Health Facts Online based on pooled Current Population Survey estimates)

### NUMBER AND PERCENTAGE OF UNINSURED (CURRENT AND TREND):

2000 70,000 14.4% (Source: CPS Annual Demographic Supplement, March 2000)

2001 78,000 15.9% (Source: CPS Annual Demographic Supplement, March 2001)

### Comparative Source:

77,030 16% (Source: Kaiser Family Foundation State Health Facts Online based on pooled Current Population Survey estimates 2000-2001)

### AVERAGE AGE OF POPULATION:

*35.9 year old (entire population)*

### PERCENT OF POPULATION LIVING IN POVERTY (<100% FPL):

Under 100% FPL: 13% or 62,180

100-199% FPL: 20% or 98,060

Total <200% FPL: 33% or 160,250

(Source: Kaiser Family Foundation State Health Facts Online based on pooled Current Population Survey estimates 2000-2001)

### PRIMARY INDUSTRIES:

Retail Trade, Educational Services, Mining, Construction

(Source: Wyoming Department of Employment, Labor Market Information, Research and Planning, Employee Benefit Survey in Wyoming: 2001, <http://doe.state.wy.us/LMI>)

### NUMBER AND PERCENT OF EMPLOYERS OFFERING COVERAGE:

63.2% provide health insurance to full-time employees

10.5 % provide health insurance to part-time employees

(Source: Wyoming Department of Employment, Labor Market Information, Research and Planning, Employee Benefit Survey in Wyoming: 2001)

### NUMBER AND PERCENT OF SELF INSURED FIRMS:

40% of Wyoming's insurance market comes from self-funded arrangements.

(Source: Wyoming Department of Insurance)

### PAYER MIX:

58% Employer; 11% Medicare; 9% Medicaid; 7% Individual

(Source: CPS 1999-2000)

### PROVIDER COMPETITION:

Limited managed care: 2 HMO's in 7 counties, 4% market penetration

**INSURANCE MARKET REFORMS:**

Small group reform enacted in Wyoming in 1992:

1) Guaranteed availability to groups between 2 to 25 employees; changed to 2 to 50 employees with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, enacted July 1997; 2) Guaranteed issue (past and present physical condition of applicant are not considered) – Initially applied to state developed Basic and Standard plans only in 1992; expanded to all plans for which the employer qualifies under HIPAA in 1997; 3) Premium rate restrictions imposed upon health insurers (W.S.26-19-304).

**ELIGIBILITY FOR EXISTING COVERAGE PROGRAMS:****Wyoming Medicaid:**

Coverage is available for the following categorically needy mandatory eligibility groups:

1. Children 6-18 up to 100% of the Federal Poverty Level (FPL)
2. Low-income families with children who qualify for Temporary Assistance for Needy Families (TANF).
3. Pregnant women, newborns, and children under age 6 up to 133% of the FPL
4. Aged, blind and disabled individuals up to Supplemental Security Income (SSI) level
5. Certain aliens, foster care children and qualified Medicare beneficiaries

A small number of persons are also covered under optional eligibility groups.

The state does not have a medically needy program.

**State Children Health Insurance Program:**

Wyoming currently only covers children ages 6 to 18 whose family income falls between 100% and 133% of the FPL. An expansion to the program was mandated in March 2003 by the Wyoming Legislature, which recreates the current Medicaid Look Alike program as a private insurance program and will expand coverage to children in families with income to 185% of the FPL. This expansion will increase to 200% of the FPL in July 2005.

**USE OF FEDERAL WAIVERS:** No federal waivers have been applied for to expand health insurance coverage in Wyoming at this time.

## **APPENDIX II: LINKS TO RESEARCH FINDINGS AND METHODOLOGY**

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The following documentation is currently accessible or will be accessible in the final report at: <http://crhrespg.uwyo.edu/spg/appendix.htm>.

### **Wyoming Household Survey**

- Telephone Survey
- Mail Survey
- Survey Comments
- Group Quarters Survey Method
- Survey Methodology

### **Wyoming Focus Groups**

- Locations and Dates
- Target Groups
- Uninsured Demographic sheet
- Uninsured Script
- Uninsured Questions
- Health Care Provider Demographic Sheet
- Health Care Provider Questions

### **Wyoming Key Informant Interviews**

- Interview Questions

### **Wyoming Department of Employment Survey(s)**

- DOE Standard Survey
- DOE Expanded Survey
- DOE Expanded Survey Instructions
- DOE Employer Survey Matrix
- Focus Group Demographic Sheet
- Focus Group Questions

### **Wyoming Options Research**

- Options Literature Review
- Presentation Task Force Meeting
- Options Listing
- Options Matrix
- Individual Matrix
- Employer Options Matrix
- Public Options Matrix
- Multi-sector Options Matrix
- Tally Sheet