

Wyoming Medicaid Management Information System
Exhibit Definition
Exhibit ID: EX0201 - Plan List
Exhibit Description: This Plan List is in the State-defined hierarchy order.

Start Date	Plan	Plan Description	Program Codes	Hierarchy	Fee Sch	Covered Services	Co-pay	POS	Equality (Swipe) Card
010164	ABIW	Acquired Brain Injury	B01, B02, S60	O	W03	No NH Services	Co-pay applies	190	Yes
040103	ADAP	HIV and Aids Infected	P01		M01	Pharmacy services only	None	197	Yes
010164	ADSS	Aged/Disabled SSI Related	S12 S14-S21 S30-S31 S34-S40 S42 S48-S49 S90 S92 S98 S99	M	M01	No NH or Waiver Services	Adults have Co-pay	190	Yes
010164	ALEN	Alien	A81 & A84	M	M01	Emergency Services Only	None	N/A	Yes
120101	BCC	Breast and Cervical Cancer	B05		B01	Services to determine if client has cancer	None	N/A	No
020111	CASI	CASII – Evaluations	S97	O	M01	Procedure code H0002 is the only covered service	None	N/A	No
	CHPR	CHIPRA CME Program	P07	P	n/a	All-inclusive	None	N/A	No
010107	CMHW	Children Mental Health Waiver	S95, S96	O	M01	No NH Services	None	190	Yes
040114	COAW	Comprehensive Waiver	W03, W08, W10	O	C02	No NH Services	Co-pay applies	190	Yes

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		Adult	W14, W16, W22, W23, W24, W25, W26						
040114	COCW	Comprehensive Waiver Child	W04 W09 W15	O	C03	No NH Services	None	190	Yes
040112	COLR	Colorectal Program	C10	E	C01	Only specific procedure codes are covered	None	N/A	No
010164	CSH1	CHS Special Needs Children	C05	D	M01	No NH, Waiver or Dental Services	None	195	Yes
010164	CSH2	CSH Moms and Babies	C06 C07 C08	D	M01	No NH, Waiver or Dental Services	None	N/A	Yes
010164	DDAW	DD Adult Waiver	S22 S23 S44 S45 S59	O	M01	No NH Services	Co-pay applies	190	Yes
010164	DDCW	DD Child Waiver	S58, S93, S94	M	M01	No NH Services	None	190	Yes
070113	DDP	Disability Determination	N96	M	M01	O, M	None		No
070102	EDI	Employed Disabled Individual	S56 S57	M	M01	No NH or Waiver Services	Adults have Co-pay	190	Yes
010109	FPW	Pregnant By Choice	A20	J	M01	Medical, Outpatient and Inpatient	None	198	Yes
010164	HSPC	Hospice	S50 S51	J	M01	No NH Services Procedure Codes H0031, T2003, and T2023 not covered	None	190	Yes
010164	IP65	Inpatient Psych Aged 65+	S13	P	M01	No Waiver Services Procedure Codes H0031, T2003, and T2023 not covered	Adults have Co-pay	190	Yes

Start Date	Plan	Plan Description	Program Codes	Hierarchy	Fee Sch	Covered Services	Co-pay	POS	Equality (Swipe) Card
010164	KIDA	Kid Care A (Medicaid)	A02 A04 A50-A67 A71 A74 A85-A87 A88 A95-A99 B04 S09 S61-S65 K03 M02 M03 M05 M07 M09 M10 M12 M14 M16 M17	M	M01	No NH or Waiver Services	None	190	Yes
010164	KIDB	Kid Care B (CHIP)	K01	M	M01	No NH or Waiver Services	None	196	Yes
	KIDC	Kid Care C	K02	M	M01	LTC Screen and Grosses Only	None	N/A	Yes
010164	LTCS	LTC Screening & PASAR	N99	A	M01	LTC Screen Only	None	N/A	No
010164	MATR	Pregnant Women>21	A72 A73 M06	M	M01	No NH or Waiver Services	None	190	Yes
010164	MCAD	Medicaid Adult	A01 A03 A68 A69 A70 A75-A80 A82 A83 B03 M01 M04 M08 M11 M13 M15 M18	M	M01	No NH or Waiver Services	Co-pay applies	190	Yes
080102	MDCS	Maternal Dental Care Services	D05	N	D02	Dental	None	N/A	Yes
080101	MDP	Marginal Program	D01	E	D01	All Dental Codes - 85% of billed charge	None	N/A	Yes
010164	MMP	PDAP	A90 A91	E	M01	3 Rx, Oxygen Only	\$10G/\$25B Rx	192	Yes
010164	MMRX	IMMRX	A92	E	M01	Rx	\$2	194	Yes

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010164	MQIB	MQI Part B Premium	Q98-Q99	B	M01	Only Portion of Part B Premium Paid	None	N/A	No
010164	MQIP	MQI-PDAP	Q84 & Q85	E	M01	Only Partial of Part B Premium, 3 Rx, and Oxygen	\$10G/\$25B Rx	192	Yes
010164	NH	Nursing Home	N97 S01-S06 S10 S11 S32 S33	N	M01	No Waiver Services	None	191	Yes
010164	NONH	No NF/HCBS	S54 S55	L	M01	No NH or Waiver Services	Adults have Co-pay	190	Yes
010113	PACE	Program for All-Inclusive Care for the Elderly	P11, P12, P13, P14, P15, P16, P17, P18, P21, P22, P23, P24, P25, P26, P27, P28	M	n/a	All-inclusive	None	n/a	Yes
010164	PE	Presumptive Eligibles	A19	F	M01	No Inpatient, NH or Waiver Services	None	190	Yes
010108	POUT	Project Out	P05	M	M01	Project Out Services	None	N/A	No
010164	QMB	QMB	Q17 Q41	H	M01	Co, Ded, B Premium Only	None	N/A	Yes
010164	QMBP	QMB-PDAP	Q88 Q89	I	M01	Co, Ded, B Premium, 3 RX	\$10G/\$25B Rx	192	Yes
010164	QWDI	QWDI	S43	C	M01	A Premium Only	None	N/A	No
010106	SCM	State-only Case Management	D99	A	M01	TCM, mental health assessments and travel for ABI assessments.	None	N/A	No
010164	SHPS	SHP-SLSC	S26-S29	G	M01	NH Only	None	N/A	Yes
010164	SLMB	SLMB Part B Premium	Q94-Q97	B	M01	B Premium Only	None	N/A	No

Start Date	Plan	Plan Description	Program Codes	Hierarchy	Fee Sch	Covered Services	Co-pay	POS	Equality (Swipe) Card
010164	SLMP	SLIMB-PDAP	Q90 Q91 Q86 & Q87	E	M01	B Premium, 3 Rx, and Oxygen	\$10G/\$25B Rx	192	Yes
040114	SUAW	Supports Waiver Adult	W01 W05 W07 W11 W13 W17, W18, W19, W20, W21	O	S02	No NH Services	Co-pay applies	190	Yes
040114	SUCW	Supports Waiver Child	W02 W06 W12	O	S01	No NH Services	None	190	Yes
010164	TBI	TB Infected	S52 S53	K	M01	No Inpatient Services	Adults have Co-pay	190	Yes
020111	TBRX	Tuberculosis – State Only	P02	E	M01		None	199	Yes
010164	WLTC	Waiver LTC	N98 S24 S25 S46 S47 R01 - R04	O	M01	No NH Services	None	193	Yes
070116	T25	Title 25	T25 T26	R	T01	Title 25	None	N/A	No
04/01/17	DDPA	DD Psych Assessment	W99	Q	C05	T2024	None	N/A	No

Current Co-Pay Guidelines:		Current Co-pay does not apply to:
\$2	Office Visits 99201 - 99215	Recipients under 21
	Home Visits 99341 - 99350	NH Residents
	Eye Exam 92002, 92004, 92012, 92014	Pregnant Women
	RHC or FQHC Encounters	Family Planning Services
\$6	Non-emergent OP Hospital Visits 450-459, 519-519	Emergency Services
\$1, \$2, \$3	Prescriptions (generic, preferred, non-preferred)	Hospice Services
\$25 Brand	Prescriptions for PDAP recipients	Medicare Crossovers
\$10 Generic		
A19 and A81, A84 can be dual		

Plan	Covered Services	Plan Coverage in MMIS
ADSS	All Services	All provider taxonomies are covered, Claim types N and W not covered
ALEN	Emergency Services	All provider taxonomies are covered, emergency only (manual review), Claim types N and W not covered
BCC	Cancer screenings and exams	
CASI	CASII Evaluations	Procedure code H0002 only
CSH1	All Services	All provider taxonomies are covered
CSH2	All Services except pharmacy	All provider taxonomies are covered
COAW	All + Waiver	All provider taxonomies are covered, claim type N is not covered
COCW	All Services + Waiver	All provider taxonomies are covered, Claim type N is not covered
COLR	Colorectal Program	Only a set list of procedures are covered
DDAW	All + Waiver	All provider taxonomies are covered
DDCW	All Services + Waiver	All provider taxonomies are covered, Claim type N is not covered
DDP	Disability Determination Services Only	Claim types M and O only
DHS1	All Dental Codes	Claim type D is covered
HSPC	No NH services	All provider taxonomies are covered, Claim type N not covered, Procedure codes H0031, T2023, and T2003 are not covered
IP65	All	All provider taxonomies are covered, Claim type W is not covered, Procedure codes H0031, T2023, and T2003 are not covered
KIDA	All	All provider taxonomies are covered, Claim types N and W are not covered
KIDB	All	No coverage
KIDC	None	No coverage
LTCS	LTC Screen Only	Claim type L is covered
MATR	All	All provider taxonomies are covered
MCAD	All	All provider taxonomies are covered
MDCS	All dental codes for women > age 21	
PDAP	3 Rx, oxygen	Procedure codes E0400-E0606, E1350-E1406, X5015, X5500, Z0011, Z0015, Z0016, Z0024 are covered

Plan	Covered Services	Plan Coverage in MMIS
MMRX	Rx	No coverage
MQIB	Portion Part B Premium Only	No coverage
MQIP	3 Rx, Oxygen, Partial Part B Premium	Procedure codes E0400-E0606, E1350-E1406, X5015, X5500, Z0011, Z0015, Z0016, Z0024 are covered
NCOV	No Coverage	No coverage
NH	All + NH/ICF-MR	No coverage
NONH	No NH or HCBS Services	Claim types N and W not covered
PACE	Gross Adjustment only	These are lump sum payments in the form of gross adjustments. No other claim types are covered.
PE	All except Inpatient	Claim types I and X not covered
POUT	Project Out Services	Claim type M, Proc Codes S0250, and S9986 are covered
QMB	Co, Ded, B Premium	Claim types B, V, X, L are covered
QMBP	Co, Ded, B Premium, 3 RX	No coverage
QWDI	A Premium Only	No coverage
SCM	TCM, mental health assessments and travel for ABI assessments.	Claim type M, Proc Codes H0031, T2003, and T2023 are covered.
SHPS	NH Only	Claim type N is covered
SLMB	B Premium Only	No coverage
SLMP	3 Rx, B Premium, Oxygen	Procedure codes E0400-E0606, E1350-E1406, X5015, X5500, Z0011, Z0015, Z0016, Z0024 are covered
SUAW	All + Waiver	All provider taxonomies are covered, claim type N is not covered
	All Services + Waiver	All provider taxonomies are covered, Claim type N is not covered
TBI	All except IP Services	Claim types I and X not covered
TBRX	Tuberculosis – State Only	
WLTC	All + Waiver	All provider taxonomies are covered
T25	Title 25	Claim type M and I are covered.

Plan List		
MMIS Plan (Code)	Program Codes	Current Hierarchy
Inpatient Psych aged 65 and greater (IP65)	S13	P
Breast/Cervical Cancer (BCC)	B05	P
CASII Evaluations (CASI)	S97	O
Waiver LTC (WLTC)	R01 R02 R03 R04 S24 S25 S46 S47	O
Waiver DD (DDCW)	S58 S93 S94 S95 S96	O
Waiver DD (DDAW)	S22 S23 S44 S45 S59 S60	O
Disability Determination Program (DDP)	N96	M
Nursing Home (NH)	S01-S06 S10 S11 S32 S33	N
Maternal Dental Care Services (MDCS)	D05	N
PACE	P11-P18, P21-28	
Aged/Disabled SSI related (ADSS)	S12 S14-S21 S30-S31 S34-S40 S42 S48-S49 S90 S92 S98-S99	M
Waiver DD (DDAW)	B01 B02	M
Kid Care Voucher (KIDC)	K02	M
Kid Care (KIDB)	K01	M
Alien (ALEN)	A81 A84	M
Pregnant Women > 21 (MATR)	A72 A73	M
Medicaid Adult (MCAD)	A01 A03 A68 A69 A70 A75-A80 A82 A83 B03	M
Medicaid Child (KIDA)	A02 A04 A50-A67 A71 A74 A85-A87 A88 A95-A99 B04 S09 S61-S65 K03 M02 M03 M05 M07 M09 M10 M12 M14 M16 M17	M
Employed Disabled Individual (EDI)	S56 S57	M
Project Out	P05	M
No NF/HCBS (NONH)	S54 S55	L

Plan List		
MMIS Plan (Code)	Program Codes	Current Hierarchy
TB Infected (TBI)	S52 S53	K
Hospice (HSPC)	S50 S51	J
Pregnant By Choice (FPW)	A20	J
QMB-MMP (QMBP)	Q88 Q89	I
QMB (QMB)	Q17 Q41	H
SHP-SLSC (SHPS)	S26-S29	G
PE (PE)	A19	F
Colorectal Program (COLR)	C10	E
Tuberculosis – State Only (TBRX)	P02	E
MQI-MMP (MQIP)	Q84 Q85	E
SLIMB-MMP (SLMP)	Q90 Q91 Q86 Q87	E
IMMRX (MMRX)	A92	E
MMP (MMP)	A90 A91	E
DHS (DHS1)	D01	E
CSH (CSH2)	C06 C07 C08	D
CSH (CSH1)	C05	D
Aids Drug Assistance Program (ADAP)	P01	E
QWDI (QWDI)	S43	C
MQI Part B Premium (MQIB)	Q98 Q99	B
SLMB Part B Premium (SLMB)	Q94-Q97	B
LTC Screening & PASAR (LTCS)	N99	A
NCOV (No Coverage)	L01 L02	A
SCM	D99	A

Plan List		
MMIS Plan (Code)	Program Codes	Current Hierarchy
COAW	W03 W08 W10 W14 W16 W22 W23 W24 W25 W26	O
COCW	W04 W09 W15	O
SUAW	W01 W05 W07 W11 W13 W17 W18 W19 W20 W21	O
SUCW	W02 W06 W12	O
T25	T25, T26	R