

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

(N/A = Not applicable because the service is not covered, or the reimbursement methodology is not comparable)

Ambulance – All Procedures

Note: All procedure codes billed by providers with the 34160000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
A0430	FIXED WING AIR TRANSPORT (ONE WAY)	\$2,947.92	\$3,119.83	\$2,385.08	\$2,704.92	\$1,698.62	\$1,734.27	\$1,784.24	\$202.38*	N/A
A0435	FIXED WING AIR MILEAGE (PER MILE)	\$9.08	\$8.85	N/A	\$7.79	\$5.40	\$11.57	\$10.82	\$5.40	N/A
A0431	ROTARY WING AIR TRANSPORT (ONE WAY)	\$3,427.39	\$3,627.27	\$2,229.28	\$3,144.88	\$1,698.62	\$992.40*	\$2,077.09	\$202.38*	N/A
A0427	ADVANCED LIFE SUPPORT (ALS), EMERGENCY (LEVEL 1)	\$298.71	\$445.57	\$169.65	\$384.03	\$257.70	\$347.34	\$254.73	N/A	N/A
A0436	ROTARY WING AIR MILEAGE (PER MILE)	\$24.23	\$23.62	N/A	\$20.78	\$13.98	\$23.15	\$10.82	\$5.40*	N/A
A0429	BASIC LIFE SUPPORT (BLS), EMERGENCY	\$251.55	\$375.21	\$116.25	\$323.40	\$217.02	\$170.36	\$214.83	\$772.00*	N/A
A0425	GROUND MILEAGE (PER MILE)	\$5.63	\$7.55	\$2.07	\$6.63	\$3.83	\$5.69	\$3.91	\$4.77	\$794.42*
A0428	BLS, NON-EMERGENCY	\$157.22	\$234.51	\$126.16	\$202.12	\$135.62	\$138.93	\$139.10	N/A	N/A
A0426	ALS, NON-EMERGENCY (LEVEL 1)	\$188.66	\$281.41	\$126.25	\$242.55	\$162.74	\$347.34	\$171.56	N/A	N/A
A0380	BLS, GROUND MILEAGE (PER MILE)	\$5.63	N/A	N/A	\$1.47*	\$3.83	N/A	N/A	N/A	N/A
A0390	ALS MILEAGE (PER MILE)	\$5.63	N/A	N/A	\$1.47*	\$3.83	N/A	N/A	N/A	N/A
A0433	ALS (LEVEL 2)	\$432.35	\$644.90	\$203.59	\$555.84	\$372.98	\$347.34	N/A	N/A	N/A
A0422	OXYGEN SUPPLIES, LIFE SUSTAINING (ALS OR BLS)	\$25.00	N/A	\$14.09	N/A	\$12.96	N/A	\$20.11	\$22.16	N/A
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	\$10.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	\$12.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A0434	AMBULANCE	N/A	\$762.15	\$232.47	\$656.90	\$440.80	\$347.34	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Ambulance Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	80%	123%	N/A

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Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Ambulatory Surgery Centers (ASC) – By Expenditures

Note: All procedure codes billed by providers with the 261QA1903X taxonomy are included in this analysis.

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
66984	CATARACT SURG W/IOL 1 STAGE	\$902.66	\$977.33	\$782.70	\$923.80	\$977.33	\$913.00	\$452.00	\$711.41	\$902.66
66982	CATARACT SURGERY COMPLEX	\$902.66	\$977.33	\$782.70	\$923.80	\$977.33	\$913.00	\$452.00	\$711.41	\$902.66
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
76519	ECHO EXAM OF EYE	\$52.97	N/A	N/A	N/A	N/A	N/A	N/A	\$39.57	\$52.97
99204	OFFICE/OUTPATIENT VISIT NEW (COMP HISTORY AND EXAM)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11642	REMOVAL OF MALIGNANT GROWTH OF FACE	\$272.77	\$169.37	N/A	N/A	\$169.37	N/A	\$240.00	N/A	\$272.77
00731	ANESTHESIA FOR UPPER GI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92285	EXTERNAL OCULAR PHOTOGRAPHY	\$26.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$26.32

Average ASC Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	115%	120%	N/A

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Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Ambulatory Surgery Centers (ASC) – By Utilization

Note: All procedure codes billed by providers with the 261QA1903X taxonomy are included in this analysis.

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
66984	CATARACT SURG W/IOL 1 STAGE	\$902.66	\$977.33	\$782.70	\$923.80	\$977.33	\$913.00	\$452.00	\$711.41	\$902.66
00731	ANESTHESIA FOR UPPER GI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
66982	CATARACT SURGERY COMPLEX	\$902.66	\$977.33	\$782.70	\$923.80	\$977.33	\$913.00	\$452.00	\$711.41	\$902.66
92285	EXTERNAL OCULAR PHOTOGRAPHY	\$26.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$26.32
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99204	OFFICE/OUTPATIENT VISIT NEW (COMP HISTORY AND EXAM)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11642	REMOVAL OF MALIGNANT GROWTH OF FACE	\$272.77	\$169.37	N/A	N/A	\$169.37	N/A	\$240.00	N/A	\$272.77
76519	ECHO EXAM OF EYE	\$52.97	N/A	N/A	N/A	N/A	N/A	N/A	\$39.57	\$52.97

Average ASC Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	115%	120%	N/A

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Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Behavioral Health – By Expenditures

Note: Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and T codes that Wyoming uses; therefore, no rate comparisons were possible for those codes.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
H2019	THERAPEUTIC BEH SERV, 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G9012	CASE MANAGEMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90837	PSYCHOTHERAPY W PT (60 MIN)	\$111.68	\$136.47	\$103.23	\$115.97	\$142.13	N/A	\$105.86	\$132.87	N/A
H0004	BEHAVIOR HEALTH COUNSELING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
T1017	TARGETED CASE MANAGEMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$154.97
H2017	PSYCHOSOCIAL REHAB, 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99233	SUBSEQUENT HOSPITAL CARE	\$98.78	\$104.99	\$79.47	\$90.79	\$114.87	\$82.00	\$71.16	\$79.18	N/A
H0031	MENTAL HEALTH ASSESSMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90834	PSYTX W PT 45 MINUTES	\$89.56	\$90.88	\$70.54	\$77.36	\$94.68	N/A	\$72.40	\$106.77	N/A
96101	PSYCHO TESTING BY PSYCH/PHYS	\$83.67	N/A	N/A	N/A	N/A	N/A	\$96.54	N/A	N/A
90791	PSYCHICATRIC DIAG EVAL	\$158.86	\$139.72	\$108.62	\$118.90	\$145.91	N/A	\$109.11	\$36.48*	N/A
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$101.48
90833	PSYCHOTHERAPY W PT E/M (30 MIN)	\$29.48	\$70.69	\$36.29	\$59.99	\$74.26	N/A	\$42.49	\$59.82	N/A
90792	PSYCHIATRIC DIAGNOSTIC EVAL	\$169.18	\$156.80	\$132.03	\$128.66	\$163.91	N/A	\$99.14	\$36.48*	N/A
90847	FAMILY PSYTX W/PT 50 MIN	\$110.21	\$114.22	\$61.44	\$97.10	\$118.99	N/A	\$49.75	\$29.91*	N/A
96118	NEUROPSYCH TST BY PSYCH/PHYS	\$105.41	N/A	N/A	N/A	N/A	N/A	\$96.54	N/A	N/A
99231	SUBSEQUENT HOSPITAL CARE	\$38.33	\$39.74	\$30.99	\$34.09	\$43.41	\$30.75	\$37.77	\$29.85	N/A
96131	PSYCL TST EVAL PHYS/QHP EA	\$81.14	\$90.16	\$95.48	\$78.78	\$96.57	\$61.50	N/A	\$145.68	N/A
99215	OFFICE/OUTPATIENT VISIT EST	\$133.43	\$147.11	\$128.70	\$138.47	\$158.61	\$96.91	\$100.29	\$129.10	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Behavioral Health Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	90%	105%	N/A

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Behavioral Health – By Utilization

Note: Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and T codes that Wyoming uses; therefore, no rate comparisons were possible for those codes.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
H2019	THERAPEUTIC BEHAVIORAL SERVICE, 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G9012	CASE MANAGEMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H0004	BEHAVIOR HEALTH COUNSELING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H2017	PSYCHOSOCIAL REHAB, PER 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
T1017	TARGETED CASE MANAGEMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90837	PSYCHOTHERAPY W PT (60 MIN)	\$111.68	\$136.47	\$103.23	\$115.97	\$142.13	N/A	\$105.86	\$132.87	N/A
H0031	MENTAL HEALTH ASSESSMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H2014	SKILLS TRAINING & DEVELOPMENT, PER 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H0038	SELF-HELP/PEER SERVICES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$154.97
90834	PSYTX W PT 45 MINUTES	\$89.56	\$90.88	\$70.54	\$77.36	\$94.68	N/A	\$72.40	\$106.77	N/A
90833	PSYCHOTHERAPY W PT E/M (30 MIN)	\$29.48	\$70.69	\$36.29	\$59.99	\$74.26	N/A	\$42.49	\$59.82	N/A
99233	SUBSEQUENT HOSPITAL CARE	\$98.78	\$104.99	\$79.47	\$90.79	\$114.87	\$82.00	\$71.16	\$79.18	N/A
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$101.48
96101	PSYCHO TESTING BY PSYCH/PHYS	\$83.67	N/A	N/A	N/A	N/A	N/A	\$96.54	N/A	N/A
90785	INTERACTIVE COMPLEXITY	\$10.32	\$15.09	\$4.14	\$12.91	\$15.73	N/A	N/A	N/A	N/A
H2010	MEDICATION SERVICES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97150	GROUP THERAPEUTIC PROCEDURES	\$18.43	\$18.70	\$11.46	N/A	\$19.89	\$20.50	\$12.64	N/A	N/A
90853	GROUP MEDICAL PSYCHOTHERAPY	\$31.69	\$27.30	\$12.12	\$23.25	\$28.47	N/A	\$49.75	\$6.96*	N/A
90832	PSYTX W PT 30 MINUTES	\$57.13	\$68.26	\$54.80	\$57.91	\$70.78	N/A	\$53.08	\$59.82	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Behavioral Health Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	86%	98%	N/A

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Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>State Medicaid programs are required to cover certain behavioral health services, including medically necessary inpatient hospital services, outpatient hospital services, home health services, physician services and nursing facility services. Medicaid programs have the option of covering additional services to address mental health and substance use disorders. In addition to services included in the state plan, many states offer various waivers targeted at addressing behavioral health conditions.</p>						
<p>Wyoming Medicaid offers a variety of behavioral services including mental health assessments, individual group therapy, rehabilitation, peer specialist services, and targeted case management.</p> <p>Wyoming has one waiver targeted at behavioral health services, the Children’s Mental Health Waiver (CMH), a community-based program that uses an intensive care coordination model to provide mental health services in a community-based setting for youth with serious emotional disturbance.¹</p>	<p>Colorado Medicaid offers behavioral health services through an Accountable Care Collaborative, which established seven Regional Accountable Entities (RAEs) to coordinate Medicaid members’ primary care, mental health, and substance abuse disorder services, as part of whole-service strategy of care.²</p> <p>Colorado also operates a State Innovation Model (SIM) and received \$65 million from 2015 to 2019 to integrate physical and behavioral health services using a value-based payment structure.³</p>	<p>Idaho has reformed their behavioral health system for Medicaid members through waivers and private partnerships.</p> <p>Since September 1st, 2013, the state has implemented a statewide Idaho Behavioral Health Plan (IBHP) with Optum Idaho as part of a managed care approach to administer the program. The IBHP-Optum collaboration focuses on integrating different mental health services into a more unified behavioral health system with a focus on care management.⁴</p> <p>Idaho Medicaid also operates several waivers including an</p>	<p>In addition to the required behavioral health services offered through the state plan, Montana’s Medicaid program also offers expanded mental health services for adults 18 and older who do not qualify for Medicaid and who have a Severe Disabling Mental Illness (SDMI) under the Montana Additional Services and Populations 1115 Waiver.⁶</p> <p>Additionally, Montana operates the Behavioral Health SDMI Waiver, which allows members to receive long-term services and supports for SDMI individuals in a community setting rather than a nursing facility.⁷</p>	<p>Nebraska Medicaid program covers medically necessary psychiatric and substance use disorder services for primary psychiatric and/or substance use disorder diagnoses for individuals age 21 and older, including outpatient services, day treatment, substance use disorder treatment, and hospital services.⁸</p> <p>Nebraska Medicaid also provides coverage for children and adolescents for mental health and SUD services.</p> <p>On June 28, 2019, Nebraska was approved for a Substance Use</p>	<p>The Division of Behavioral Health, a division of the SD Department of Social Services, offers behavioral health services through 11 community mental health centers across the state to provide services to adults and youth. Services provided include screenings and assessments, specialized outpatient services, individual therapy, group therapy, and crisis intervention.¹¹</p> <p>Services available for people deemed to have serious mental illnesses (SMIs) include Comprehensive Assistance with Recovery and</p>	<p>Through coordination between the Division of Substance Abuse and Mental Health, and the Division of Medicaid and Health Financing, Utah’s county authorities, also known as Local Mental Health Authorities (LMHAs), oversee mental health and SUD services to Medicaid members and all other county residents. There are 13 LMHAs which serve all 29 of Utah’s counties. Services are primarily administered through Prepaid Mental Health Plans, which also include substance abuse disorder services.¹²</p> <p>The 1915(b) Prepaid Mental Health Plan waiver allows Medicaid to enroll all</p>

¹ <https://health.wyo.gov/healthcarefin/medicaid/childrens-mental-health-waiver/>

² <https://www.colorado.gov/hcpf/hcpf-2018-2019-annual-report>

³ <https://www.colorado.gov/pacific/healthinnovation/what-is-sim>

⁴ <https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidMentalHealthManagedCare/tabid/1861/Default.aspx>

⁶ <https://dphhs.mt.gov/montanahealthcareprograms/medicaid/medicaid1115waiver>

⁷ <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

⁸ <http://dhhs.ne.gov/Pages/Medicaid-Services.aspx>

¹¹ <https://dss.sd.gov/behavioralhealth/community/mentalhealth.aspx>

¹² <https://gardner.utah.edu/wp-content/uploads/MentalHealthReportAug2019.pdf>

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Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>In SFY2019, to increase access to services, Colorado began allowing short-term behavioral health services (STBHS) provided by a licensed behavioral health clinician working as part of a member’s Primary Care Medical Provider (PCMP).</p> <p>Colorado has two waivers pending approval, a 1115 Waiver Expanding the Substance Use Disorder Continuum of Care and a waiver for payment exclusion for substance use disorder treatment.</p>	<p>Idaho Behavioral Health Transformation 1115 Waiver allowing reimbursement for services for adults in IMDs and residential settings.</p> <p>Idaho has two pending waivers for IMD payment exclusion for substance use disorder treatment and mental health treatment.⁵</p>		<p>Disorder Demonstration Waiver, with the expectation that this will offer enhanced existing substance abuse services in more convenient locations, thereby allowing patients to receive more comprehensive required treatments.⁹</p> <p>The state also received approval for an IMD payment exclusion for substance use disorder treatment waiver.¹⁰</p>	<p>Empowerment Services (CARE) and Individualized and Mobile Program of Assertive Community Treatment (IMPACT).</p> <p>The State also offers specialized outpatient services available for youth deemed to be serious emotional disturbed (SED).</p> <p>South Dakota does not currently operate any behavioral health waiver programs.</p>	<p>members into behavioral health plans statewide.¹³</p> <p>Behavioral health services are provided under full risk capitated contracts and mental health services are funded through a state General Fund appropriation to DSAMH, which oversees the Utah State Hospital and LMHAs.</p> <p>Utah also has an approved waiver for IMD payment exclusion for substance use disorder treatment.</p>

⁵ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

⁹ <https://www.cms.gov/newsroom/press-releases/trump-administration-approves-two-new-state-medicare-demonstrations-treat-substance-use-disorders>

¹⁰ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

¹³ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

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Behavioral Health – Substance Use Disorder Services¹⁴

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Through various waivers and initiatives, Wyoming and surrounding states have taken a multi-layered approaches to addressing the opioid epidemic impacting communities nationwide. The states cover a variety of Medication-Assisted Treatment (MAT) and other related substance use disorder services as detailed below.							
Opioid Overdose Death Rate per 100,000 (2017)	8.7	10	6.2	3.6	3.1	4	15.5
Buprenorphine for MAT	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Naltrexone (oral and injectable) for MAT	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Methadone for MAT	No	Yes	No	Yes	No	Yes	Yes
Inpatient Detoxification	No	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Detoxification	No	Yes	No	Yes	No	No	No
Residential Rehabilitation	No	No	No	Yes	Yes	Yes	Yes
Intensive Outpatient Treatment for SUD	Yes	Yes	No	No	Yes	Yes	Yes

¹⁴ <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

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Dental – By Expenditures

Dental not covered under Medicare.

Procedure Code	Description	WY Rate	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$96.00	\$138.37	\$73.29	\$135.12	\$75.00	\$91.73	N/A
D0120	PERIODIC ORAL EVALUATION	\$32.00	\$21.66	\$20.25	\$23.65	\$22.00	\$28.02	\$19.90
D1206	TOPICAL FLUORIDE VARNISH	\$35.00	\$16.24	N/A	\$20.27	\$20.00	\$22.93	\$14.77
D2930	PREFABRICATED CROWN	\$136.00	\$121.23	\$93.22	\$135.12	\$116.00	N/A	\$92.02
D1120	PROPHYLAXIS, CHILD	\$35.00	\$29.76	\$30.70	\$33.78	\$26.00	N/A	\$32.07
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$78.00	\$106.28	\$57.13	\$67.56	\$59.00	\$73.89	N/A
D7140	EXTRACTION ERUPTED TOOTH	\$70.00	\$98.33	\$46.35	\$74.32	\$66.00	\$82.82	\$59.01
D1110	PROPHYLAXIS, ADULT	\$50.00	\$39.76	\$43.87	\$50.67	\$33.00	\$53.53	\$41.05
D1351	SEALANT	\$28.00	\$33.36	\$21.93	\$27.02	\$25.00	N/A	\$24.38
D7240	REMOVAL IMPACTED TOOTH	\$200.00	\$267.00	\$156.30	\$243.22	\$202.00	\$281.56	\$160.38
D7210	REM IMP TOOTH W MUCOPER FLP	\$132.00	\$157.37	\$79.77	\$135.12	\$93.00	\$149.07	\$78.27
D0150	ORAL EVALUATION	\$35.00	\$37.35	\$29.37	\$33.78	\$22.00	\$42.04	\$29.51
D0140	LIMITED ORAL EVALUATION	\$45.00	\$32.49	\$28.58	\$33.78	\$22.00	\$42.04	\$23.11
D0274	BITEWINGS FOUR IMAGES	\$35.00	\$28.14	\$25.07	\$33.78	\$19.00	\$35.67	\$29.51
D2150	AMALGAM	\$96.00	\$103.71	\$59.29	\$74.32	\$59.00	\$91.73	\$59.01
D0330	PANORAMIC IMAGE	\$60.00	\$49.78	\$41.78	\$54.05	\$36.00	\$68.80	\$52.28
D8670	PERIODIC ORTHODONTIC TX VISIT	\$300.00	\$122.56	\$87.74*	\$91.21*	N/A	N/A	N/A
D0272	DENTAL BITEWINGS TWO IMAGES	\$24.00	\$20.02	\$16.71	\$20.27	\$13.00	\$26.75	\$19.90
D2740	CROWN PORCELAIN/CERAMIC	\$600.00	\$443.79	N/A	\$675.60	\$340.00	\$488.39	N/A
D3220	THERAPEUTIC PULPOTOMY	\$86.00	\$83.90	\$52.22	\$101.34	\$70.00	N/A	\$30.80

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Dental Comparison (By Expenditures)	WY Rate as % of 6-State Average
	121%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Dental – By Utilization

Dental not covered under Medicare.

Procedure Code	Description	WY Rate	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
D0120	PERIODIC ORAL EVALUATION	\$32.00	\$21.66	\$20.25	\$23.65	\$22.00	\$28.02	\$19.90
D1206	TOPICAL FLUORIDE VARNISH	\$35.00	\$16.24	N/A	\$20.27	\$20.00	\$22.93	\$14.77
D1120	PROPHYLAXIS, CHILD	\$35.00	\$29.76	\$30.70	\$33.78	\$26.00	N/A	\$32.07
D1351	SEALANT	\$28.00	\$33.36	\$21.93	\$27.02	\$25.00	N/A	\$24.38
D1110	PROPHYLAXIS, ADULT	\$50.00	\$39.76	\$43.87	\$50.67	\$33.00	\$53.53	\$41.05
D0220	INTRAORAL PERIAPICAL FIRST	\$15.00	\$11.90	\$9.70	\$16.89	\$6.00	\$16.57	\$11.55
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$96.00	\$138.37	\$73.29	\$135.12	\$75.00	\$91.73	N/A
D0272	DENTAL BITEWINGS TWO IMAGES	\$24.00	\$20.02	\$16.71	\$20.27	\$13.00	\$26.75	\$19.90
D7140	EXTRACTION ERUPTED TOOTH	\$70.00	\$98.33	\$46.35	\$74.32	\$66.00	\$82.82	\$59.01
D0230	INTRAORAL PERIAPICAL EA ADD	\$14.00	\$11.90	\$8.62	\$8.45	\$5.00	\$11.47	\$8.97
D0150	ORAL EVALUATION	\$35.00	\$37.35	\$29.37	\$33.78	\$22.00	\$42.04	\$29.51
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$78.00	\$106.28	\$57.13	\$67.56	\$59.00	\$73.89	N/A
D0274	BITEWINGS FOUR IMAGES	\$35.00	\$28.14	\$25.07	\$33.78	\$19.00	\$35.67	\$29.51
D0140	LIMITED ORAL EVALUATION	\$45.00	\$32.49	\$28.58	\$33.78	\$22.00	N/A	\$23.11
D2930	PREFABRICATED CROWN	\$136.00	\$121.23	\$93.22	\$135.12	\$116.00	N/A	\$92.02
D0330	PANORAMIC IMAGE	\$60.00	\$49.78	\$41.78	\$54.05	\$36.00	\$68.80	\$52.28
D9230	ANALGESIA	\$25.00	\$30.31	\$17.76	\$30.40	\$28.00	\$36.95	N/A
D2150	AMALGAM	\$96.00	\$103.71	\$59.29	\$74.32	\$59.00	\$91.73	\$59.01
D7210	REM IMP TOOTH W MUCOPER FLP	\$132.00	\$157.37	\$79.77	\$135.12	\$93.00	\$149.07	\$78.27
D3220	THERAPEUTIC PULPOTOMY	\$86.00	\$83.90	\$52.22	\$101.34	\$70.00	N/A	\$30.80

Average Dental Comparison (By Utilization)	WY Rate as % of 6-State Average
	123%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Developmental Centers – By Expenditures and By Utilization

Note: All procedure codes billed by providers with the 261Q00000X taxonomy are included in this analysis. Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and G codes that Wyoming uses; therefore, no rate comparisons were possible for those codes. We excluded the following HCPCS codes from this analysis: H2019, H2021, and G9012.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92507	SPEECH/HEARING THERAPY	\$63.03	\$80.15	\$61.84	\$68.37	\$85.15	\$36.90	\$13.52*	\$58.82	\$118.69
97530	THERAPEUTIC ACTIVITIES	\$30.59	\$40.64	\$32.48	\$34.75	\$43.97	\$20.50	\$15.41	N/A	N/A
92508	SPEECH/HEARING THERAPY	\$23.59	\$24.10	\$10.31	\$19.83	\$24.80	\$18.45	\$8.85	\$17.09	N/A
97110	THERAPEUTIC EXERCISES	\$29.11	\$31.27	\$29.84	\$26.60	\$33.39	\$20.50	\$15.41	N/A	\$72.11
92523	SPEECH SOUND LANG COMPREHEN	\$168.22	\$199.18	\$158.70	\$169.52	\$214.34	\$183.47	\$137.74	\$147.72	N/A
H2019	THERAPEUTIC BEHAVIORAL, 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97150	GROUP THERAPEUTIC PROC	\$18.43	\$18.70	\$11.46	N/A	\$19.89	\$20.50	\$12.64	N/A	N/A
97112	NEUROMUSCULAR REEDUCATION	\$29.85	\$35.59	\$31.15	\$30.27	\$37.92	\$20.50	\$15.41	N/A	\$58.95
92526	ORAL FUNCTION THERAPY	\$79.24	\$87.72	\$25.21*	\$76.64	\$93.09	\$45.10	\$70.24	\$64.19	N/A
97165	OT EVAL LOW COMPLEX 30 MIN	\$71.50	\$92.76	\$46.49	\$78.28	\$98.38	\$65.60	\$34.89	\$67.44	\$136.00
97161	PT EVAL LOW COMPLEX 20 MIN	\$73.72	\$86.28	\$29.05	\$72.73	\$91.20	\$65.60	\$32.02	\$62.65	\$99.99
97116	GAIT TRAINING THERAPY	\$25.43	\$30.91	\$9.15	\$26.31	\$33.01	\$16.40	\$15.41	N/A	\$33.42
G9012	CASE MANAGEMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92522	EVALUATE SPEECH PRODUCTION	\$80.96	\$93.36	\$76.39	\$79.54	\$100.20	\$90.37	\$66.15	\$68.98	N/A
97162	PT EVAL MOD COMPLEX 30 MIN	\$73.72	\$86.28	\$40.91	\$72.73	\$91.20	\$65.60	\$48.03	\$62.65	\$114.26
97166	OT EVAL MOD COMPLEX 45 MIN	\$71.50	\$92.76	\$80.76	\$78.28	\$98.38	\$65.60	\$52.33	\$67.44	\$129.32
97163	PT EVAL HIGH COMPLEX 45 MIN	\$73.72	\$86.28	\$71.16	\$72.73	\$91.20	\$65.60	\$72.05	\$62.65	\$102.50
97164	PT RE-EVAL EST PLAN CARE	\$50.12	\$58.61	\$29.05	\$49.05	\$61.59	\$40.88	\$48.94	\$42.23	N/A
H2021	COM-BASED WRAP AROUND SERVICE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97168	OT RE-EVAL EST PLAN CARE	\$47.18	\$63.66	\$46.49	\$53.15	\$66.89	\$44.28	\$46.21	\$45.76	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Developmental Center Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	85%	111%	60%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

DMEPOS – Purchase Rate – By Expenditures

Note: All procedure codes billed by providers with the 332B00000X, 335E00000X and 332S00000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
E1390	OXYGEN CONCENTRATOR	N/A	N/A	N/A	\$1,324.15	N/A	N/A	N/A	N/A	\$132.00
V5140	BINAURAL, BEHIND THE EAR	N/A	N/A	\$1,048.66	\$1,088.72	N/A	N/A	\$1,153.16	\$1,200.00	N/A
E0466	HOME VENT NON-INVASIVE INTER	N/A	N/A	N/A	\$8,552.06	N/A	N/A	N/A	N/A	N/A
A9276	DISPOSABLE SENSOR, CGM SYS	\$15.77	N/A	N/A	\$15.18	N/A	N/A	N/A	N/A	N/A
E0784	EXTERNAL AMBULATORY INF. PUMP	\$4,370.50	N/A	\$4,370.50	\$4,288.83	\$4,370.50	\$4,646.82	\$4,129.83	\$4,275.02	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$11.24	N/A	\$9.15	\$5.01	\$5.57	\$13.71	\$12.23	\$8.24	N/A
B4189	PARENTERAL NUTRITION SOLUTION	\$166.11	N/A	N/A	\$186.98	\$212.53	\$202.62	N/A	\$70.40	N/A
A4353	INTERMITTENT URINARY CATHETER	\$7.00	\$8.06	\$6.99	\$6.97	\$8.06	\$7.68	\$7.44	N/A	N/A
T4535	DISP LINER/SHIELD/GUARD/PAD/ UNDERGARMENT	\$0.75	N/A	\$0.45	\$0.34	\$0.55	\$0.48	N/A	\$0.44	N/A
E1007	POWER SEATING SYSTEM FOR W/C	\$8,741.27	N/A	\$8,323.83	\$7,659.31	\$7,795.00	N/A	\$7,529.54	\$6,918.96	N/A
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$1.28	N/A	\$1.04	\$0.74	\$1.01	\$1.07	N/A	\$0.87	N/A
V5261	HEARING AID	N/A	N/A	\$1,366.67	\$1,049.92	N/A	N/A	\$1,153.16	\$1,200.00	\$4,781.05
E0431	PORTABLE GASEOUS OXY SYSTEM	N/A	N/A	N/A	\$243.56	N/A	N/A	N/A	N/A	N/A
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$1.40	N/A	\$1.03	\$0.82	\$1.11	\$1.07	N/A	\$0.87	N/A
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDE	\$261.33	N/A	\$61.20	\$294.14	\$334.34	\$318.77	N/A	\$123.78	N/A
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$1.82	N/A	\$2.87	\$1.93	N/A	\$2.21	N/A	\$1.51	N/A
A9277	EXTERNAL TRANSMITTER, CGM	N/A	N/A	N/A	\$594.00	N/A	N/A	N/A	N/A	N/A
K0861	PWR WHEELCHAIR, #3 STD, MULT PWR	\$5,673.93	N/A	\$5,637.93	\$7,917.10	\$8,456.90	N/A	\$5,074.14	\$5,157.12	N/A
T4526	DISP INCONTINENCE PRODUCT, ADULT	\$1.09	N/A	\$0.87	\$0.62	\$0.86	\$0.96	N/A	\$0.64	N/A
B4185	PN SOLN NOS 10 GRAMS LIPIDS	\$10.50	N/A	\$2.46*	\$11.82	\$13.43	\$12.81	N/A	N/A	N/A

* Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average DMEPOS Purchase Rate Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	N/A	114%	N/A

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

DMEPOS – Purchase Rate – By Utilization

Note: All procedure codes billed by providers with the 332B00000X, 335E00000X and 332S00000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
T4535	DISP LINER/SHIELD/GUARD/PAD/ UNDERGARMENT	\$0.75	N/A	\$0.45	\$0.34	\$0.55	\$0.48	N/A	\$0.44	N/A
J7613	ALBUTEROL, INHALATION SOLUTION	\$0.05	N/A	N/A	\$0.04	N/A	N/A	N/A	\$0.05	N/A
B4160	ENTERAL FORMULA, FOR PEDIATRICS	\$0.50	N/A	\$1.70*	\$0.70	N/A	\$0.77	\$0.91	\$0.60	N/A
J7620	ALBUTEROL, UP TO 2.5 MG	\$0.16	N/A	N/A	\$0.10	N/A	N/A	N/A	\$0.03*	N/A
T4527	DISP INCONTINENCE PRODUCT, ADULT	\$1.28	N/A	\$1.04	\$0.74	\$1.01	\$1.07	N/A	\$0.87	N/A
A4351	INTERMITTENT URINARY CATHETER	\$1.54	\$1.78	\$1.30	\$1.54	\$1.78	\$1.98	\$1.58	\$1.21	N/A
T4541	INCONTINENCE PRODUCT,LARGE	\$0.37	N/A	N/A	\$0.25	\$0.31	\$0.56	N/A	N/A	N/A
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$1.40	N/A	\$1.03	\$0.82	\$1.11	\$1.07	N/A	\$0.87	N/A
T4526	DISP INCONTINENCE PRODUCT, ADULT	\$1.09	N/A	\$0.87	\$0.62	\$0.86	\$0.96	N/A	\$0.64	N/A
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$1.82	N/A	\$2.87	\$1.93	N/A	\$2.21	N/A	\$1.51	N/A
B4149	ENTERAL FORMULA, BLENDERIZED NAT FOODS	\$1.51	N/A	\$1.28	\$0.92	\$1.02	\$1.84	\$1.58	\$1.24	N/A
B4152	ENTERAL FORMULAE; CATEGORY II	\$0.54	N/A	\$0.54	\$0.49	\$0.32	\$0.65	\$0.59	\$0.44	N/A
T4534	DISP INCONTINENCE PRODUCT, YOUTH	\$1.24	N/A	\$1.04	\$0.52	\$0.88	\$0.88	N/A	\$0.71	N/A
T4533	DISP INCONTINENCE PRODUCT, YOUTH	\$1.07	N/A	\$0.60	\$0.48	\$0.78	\$0.88	N/A	\$0.71	N/A
A4332	LUBRICANT	\$0.11	\$0.13	\$0.13	\$0.12	\$0.13	\$0.13	\$0.13	\$0.09	N/A
J7626	BUDESONIDE INHALATION SOLUTION	\$2.39	N/A	N/A	\$2.85	N/A	N/A	N/A	N/A	N/A
A4353	INTERMITTENT URINARY CATHETER	\$7.00	\$8.06	\$6.99	\$6.97	\$8.06	\$7.68	\$7.44	N/A	N/A
T4525	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$0.90	N/A	\$0.67	\$0.54	\$0.72	\$0.88	N/A	\$0.56	N/A
J7605	ARFORMOTEROL NON-COMP UNIT	\$8.84	N/A	N/A	\$8.51	N/A	N/A	N/A	N/A	N/A
A9276	DISPOSABLE SENSOR, CGM SYS	\$15.77	N/A	N/A	\$15.18	N/A	N/A	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average DMEPOS Purchase Rate Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	86%	117%	N/A

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

End-Stage Renal Disease (ESRD)

No benchmarks possible because Wyoming Medicaid reimbursement for free-standing ESRD clinics is based on charges.

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>The Department reimburses free-standing ESRD clinics on a percent of billed charges basis (9 percent of charges as of SFY 2019).</p>	<p>Routine dialysis services in free-standing ESRD facilities are reimbursed at the lesser of charges or the Medicaid rate.</p> <p>There is no reimbursement available for home dialysis. However, it is available for necessary home dialysis equipment and supplies.</p>	<p>Not available.</p>	<p>Hemodialysis and peritoneal dialysis are covered under a composite rate for the dialysis facility. EPO, a common medication used in ESRD treatments, is covered and included in the composite rate.</p> <p>Medicaid does not separately reimburse for any other ESRD-related services other than the dialysis composite rate (e.g. drugs, labs, etc.).</p>	<p>Not available.</p>	<p>Reimbursement is based on the State's fee schedule. Inpatient hospital, outpatient hospital, and physician services are reimbursed according to their Medicaid fee schedule.</p> <p>Freestanding ESRD dialysis facilities are reimbursed according to the Renal Dialysis fee schedule, which allots an amount of \$470 for a dialysis procedure.</p>	<p>Utah Medicaid covers hemodialysis and peritoneal dialysis treatments provided by an ESRD facility or performed at home under supervision. Payments are reimbursed through a composite rate, and payments for services that are part of the composite payment may not be billed separately. Composite payments are limited to one unit per person per day, including dialysis services that occur overnight such as continuous cycling peritoneal dialysis are also eligible for one composite payment.</p> <p>The dialysis composite payment rate for all covered dialysis clinic revenue codes is based on the Medicare composite rate methodology. Utah Medicaid pays a composite rate per dialysis session that includes payment for all training services, evaluations, laboratory tests, items, supplies, medications, and equipment necessary to perform dialysis. Clinic services are paid differently depending on the type of services rendered, and these payments are limited to the amount paid by Medicare.</p>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Federally Qualified Health Center (FQHC)

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>States are required by CMS to calculate annual PPS reimbursement rates for all FQHCs. They are not required to reimburse facilities using the PPS methodology. The federal government also allows states the option to use an alternative payment method (APM). States may reimburse under an APM if each individual FQHC agrees to the APM method and the APM reimbursement rate is equal to or greater than the facilities PPS reimbursement rate.</p> <p>PPS is the Prospective Payment System (PPS) for FQHCs, as defined by Sec. 702 of Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA). Payments are based on provider cost reports in accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The PPS per visit rate is the average of a FQHC’s reasonable costs for providing Medicaid services divided by the total number of visits by Medicaid patients during state fiscal year 1999 and 2000. Rates are updated annually for inflation based on the MEI.</p>						
<p>FQHCs are reimbursed according to the PPS. The PPS is calculated as required by the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The state established a baseline rate for each individual facility based on 100 percent of a facility’s average costs per encounter during state fiscal year 1999 and 2000. Facility rates are updated annually for inflation based on the MEI. New FQHC rates are determined using a submitted Medicare cost report until a settled costs report from the facility is available. FQHCs are paid the prospective rate, without a comparison of actual charges to the fee schedule amount.</p>	<p>For physical health services the state reimburses FQHC’s the higher of the PPS rate or the average of the PPS and APM rates. Dental and specialty behavioral health services rates are calculated separately. New FQHC facility PPS rates are determined using a facility cost report from the first year of the FQHC’s operation.</p> <p>The state also offers facilities the option of receiving the average of the PPS and APM rate. The APM rate is calculated as the lower of the FQHC’s service specific annual rate or service specific base rate. A facility’s annual rate is calculated using the FQHC’s current year’s audited and inflated cost report and the facility’s inflated rate after audit. The State calculates the facility base rates</p>	<p>FQHCs are reimbursed according to the PPS. New FQHC rates are determined based in reference to the rate of other local comparable facilities or in the absence of other FQHCs through the cost report process.</p> <p>For FQHCs that participate in Medicaid managed care, Idaho Medicaid pays a quarterly supplemental payment to facilities for the difference between payments paid by the Medicaid managed care entity that contracts with FQHCs and the payments the facilities are entitled to under PPS.</p> <p>Idaho Medicaid also calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses FQHCs for providing</p>	<p>FQHCs are reimbursed according to the PPS. New facilities receive the Medicare rate for the FQHC facility and are adjusted after the first two full years of the facilities cost reports.</p> <p>Montana Medicaid offers an enhanced PPS rate for facilities that participate in Promising Pregnancy Care and calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses separately for LARCs outside of the PPS rate.</p>	<p>FQHCs are reimbursed the higher of the PPS or the APM calculated rate. New FQHCs receive an interim rate which is the average PPS rate for all Nebraska FQHCs until they submit a cost report. A cost report is used to set a base PPS rate which is updated annually for inflation based on the MEI.</p> <p>For FQHCs that participate in Medicaid managed care, Nebraska Medicaid pays a quarterly supplemental payment to FQHCs for the difference between payments paid by the Medicaid managed care entity that contracts with FQHCs and the payments the FQHCs are entitled to under PPS.</p> <p>Nebraska also reimburses FQHCs under an APM</p>	<p>South Dakota Medicaid reimburses FQHC under PPS and does not offer an APM rate.</p> <p>Facilities must submit annual cost reports to the Department of Social Services that include the actual costs incurred during the reported period and the total number of visits for services furnished. New FQHC rates are based on a statewide average until a facility has submitted two full years of cost reports for the state to calculate a prospective rate.</p>	<p>FQHCs have the option of being reimbursed under PPS or APM as long as the APM rate is no less than what the FQHC would have received under PPS. Utah also pays supplemental payments to facilities for the difference between (1) payments paid by accountable care organizations that contract with FQHCs and (2) payments the facilities are entitled to under PPS.</p> <p>FQHCs may choose to receive reimbursement under the APM at the start of each FQHC fiscal year. For federal requirements, FQHCs calculate a ratio of covered beneficiary charges to total charges applied to allowable cost. As part of this process, FQHCs allocate allowable costs to Medicaid. Utah Medicaid uses that</p>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>annually using audited cost reports from the past three years for each provider. Each provider's rate is the inflated weighted average encounter rate for the past 3 years. Base rates are inflated annually using the MEI.</p>	<p>LARCs and non-surgical trans-cervical permanent contraceptive devices outside of the PPS rate.</p>		<p>methodology. The state calculates facility APM rates by multiplying a facility's Medicaid allowable costs by the blended average cost per visit for the past three years, projected using a three-year trend of the MEI.</p>		<p>data and multiplies the Medicaid allowable costs by the Medicaid charge percent (ratio of beneficiary charges to total charges) to calculate the APM rate. FQHCs that opt for reimbursement under the APM model must submit annual cost reports and other cost information to Utah Medicaid. If the FQHC receives less reimbursement than they would have been eligible for under the PPS rate, Utah Medicaid pays the difference to the FQHC.</p>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Rural Health Clinics (RHC)

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>States are required by CMS to calculate annual PPS reimbursement rates for all RHCs. They are not required to reimburse facilities using the PPS methodology. The federal government also allows states the option to use an alternative payment method (APM). States may reimburse under an APM if each individual RHC agrees to the APM method and the APM reimbursement rate is equal to or greater than the facilities PPS reimbursement rate.</p> <p>PPS is the Prospective Payment System (PPS) for RHCs, as defined by Sec. 702 of Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA). Payments are based on provider cost reports in accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The PPS per visit rate is the average of a RHC’s reasonable costs for providing Medicaid services divided by the total number of visits by Medicaid patients during state fiscal year 1999 and 2000. Rates are updated annually for inflation based on the MEI.</p>						
<p>Wyoming Medicaid reimburses RHCs according to the PPS. The PPS is calculated as required by the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The state established a baseline rate for each individual facility based on 100 percent of a facility’s average costs per encounter during state fiscal year 1999 and 2000. Facility rates are updated annually for inflation based on the MEI. New RHC rates are determined using a submitted Medicare cost report until a settled costs report from the facility is available. RHCs are paid the prospective rate, without a comparison of actual charges to the fee schedule amount.</p>	<p>For physical health services the state reimburses RHCs the higher of the PPS rate or the RHC Medicare rate.</p> <p>The State uses the Medicare upper payment limit for all RHC facilities unless an RHC has fewer than 50 beds, then the State uses the Medicare rate based on the facility’s actual costs.</p>	<p>Idaho Medicaid reimburses RHCs according to the PPS. New RHC rates are determined based in reference to the rate of other local comparable facilities or in the absence of other RHCs through the cost report process.</p> <p>For RHCs that participate in Medicaid managed care, Idaho Medicaid pays a quarterly supplemental payment to facilities for the difference between payments paid by the Medicaid managed care entity that contracts with RHCs and the payments the facilities are entitled to under PPS.</p>	<p>Montana Medicaid reimburses FQHCs according to the PPS. New facilities receive the Medicare rate for the FQHC facility and are adjusted after the first two full years of the facilities cost reports.</p> <p>Montana Medicaid offers an enhanced PPS rate for facilities that participate in Promising Pregnancy Care and calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses separately for LARCs outside of the PPS rate.</p>	<p>Independent RHCs and RHCs associated with hospitals that have 50 beds or more are reimbursed the PPS rate, while RHCs associated with hospitals that have fewer than 50 beds are reimbursed the lower Medicare rate for the RHC.</p>	<p>RHCs are reimbursed according to the PPS.</p> <p>Facilities must submit annual cost reports to the Department of Social Services that include the actual costs incurred during the reported period and the total number of visits for services furnished. New RHC rates are based on a statewide average until a facility has submitted two full years of cost reports for the state to calculate a prospective rate.</p>	<p>Utah Medicaid reimburses RHC according to the PPS. Behavioral and mental health claims are billed directly to Utah Medicaid.</p> <p>In cases when the payment amounts under the PPS are different than payment amounts made by managed care organizations, then the state will make supplemental payments to cover the difference.</p>

*BIPA PPS is the Prospective Payment System (PPS) for RHCs, as defined by Sec. 702 of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA).

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Home Health – All Procedures

Note: Maternity procedure codes and diagnosis codes are excluded in this service area analysis.

Revenue Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$60.00	\$146.50	\$110.97	\$102.92	N/A	\$89.94	N/A	N/A	N/A
0551	SKILLED NURSING - VISIT CHARGE	\$84.50	\$146.50	\$110.97	\$102.92	\$76.41	\$89.94	N/A	\$75.10	\$45.35
0570	HOME HEALTH AIDE (HOME HEALTH) - GENERAL CLASSIFICATION	\$35.00	\$66.34	\$37.74	\$40.00	N/A	\$22.72	\$27.80	N/A	N/A
0421	PHYSICAL THERAPY - VISIT CHARGE	\$84.50	\$160.14	\$121.35	\$123.22	\$76.41	\$104.44	\$62.56	\$80.66	\$62.52
0431	OCCUPATIONAL THERAPY - VISIT CHARGE	\$84.50	\$161.24	\$122.14	\$101.17	\$76.41	\$104.44	\$62.56	\$80.66	\$75.56
0571	HOME HEALTH AIDE (HOME HEALTH) - VISIT CHARGE	\$45.50	\$66.34	\$37.74	\$40.00	\$34.12	\$55.54	\$27.80	\$79.47	N/A
0441	SPEECH THERAPY - VISIT CHARGE	\$84.50	\$174.06	\$131.87	\$165.69	\$76.41	\$104.44	\$54.88	\$71.88	N/A
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$130.00	\$234.82	N/A	N/A	N/A	N/A	\$107.76	N/A	\$163.00

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Home Health Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	54%	89%	128%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Hospice

Note: WY, CO, ID, NE, and UT rates are based on average rates for all counties.

Procedure Code	Revenue Code	Description	WY Rate (Oct 2018)	Medicare Rate (Oct 2018 - Sept 2019)	CO Rate (Oct 2018)	ID Rate (Oct 2018)	MT Rate (Oct 2018)	NE Rate (Oct 2018)	SD Rate (Oct 2018)	UT Rate (Oct 2018)	Commercial Rate
T2042	0651	ROUTINE CARE (1-60 DAYS)	\$189.07	\$192.78	\$179.47	\$219.00	\$180.42	\$185.16	\$196.25	\$196.25	\$180.16
T2042	0651	ROUTINE CARE (61+ DAYS)	\$148.58	\$151.41	\$141.03	\$172.00	\$141.78	\$145.49	\$154.21	\$154.21	\$180.16
T2043	0652	CONTINUOUS CARE (HOURLY)	\$38.44	\$40.68	\$37.98	\$46.33	\$38.17	\$39.17	\$41.56	\$41.56	N/A
T2044	0655	RESPIRE CARE (TOTAL)	\$179.61	\$172.78	\$172.62	\$207.35	\$173.33	\$176.84	\$176.01	\$176.01	N/A
T2045	0656	GENERAL INPATIENT CARE (TOTAL)	\$731.18	\$743.55	\$696.87	\$846.01	\$700.29	\$717.31	\$758.07	\$758.07	\$839.50

Average Hospice Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	99%	98%	92%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Inpatient Hospital

Wyoming	Colorado ^{15, 16}	Idaho ¹⁷	Montana ^{18, 19}	Nebraska ^{20, 21}	South Dakota ²²	Utah ²³
<p>Inpatient hospital services are reimbursed by Wyoming Medicaid using a per discharge prospective payment system called Level of Care (LOC). The LOC payment methodology uses diagnosis, procedure, and revenue codes to assign an inpatient service to one of 11 different LOC payment categories. Each LOC category has its own payment rate, with claims eligible to receive a cost-based outlier payment if claim costs exceed the outlier threshold associated with the service. Providers receive a provider and service specific cost-to-charge ratio for the calculation of these outlier payments.</p>	<p>The Colorado inpatient payment system uses APR DRG version 33 and pays PPS hospitals, Critical Access Hospitals, Rehabilitation, and Specialty-Acute Hospitals provider specific base rates.</p> <p>PPS hospital base rates are calculated using the hospital specific Medicare base rate minus any DSH factors.</p> <p>Critical access hospitals with more than 21 stays a provider specific base rate will be calculated using Medicare cost reports and previous funding levels. For critical access hospitals with fewer than 21 stays the peer group base rate will be used.</p> <p>Psychiatric Hospitals receive per diem rates for inpatient services.</p> <ul style="list-style-type: none"> • Average In-State Rural DRG base rate \$6,987.34. • Average In-State Urban DRG base rate \$5,390.61. 	<p>Idaho reimburses providers at the lower of customary charges or reasonable costs.</p>	<p>Montana reimburses hospital providers using APR DRGs. Providers are reimbursed the lower of submitted charges and the APR DRG payment for each provider.</p> <p>Three specific APR DRG base rates are calculated for general hospitals, centers of excellence, and LTAC providers.</p> <p>Effective for all admissions on or after January 1, 2019 the DRG system has a cost outlier threshold of \$75,000 and a marginal cost percentage of 50 percent. Hospital specific CCRs are used to calculate claim costs with out-of-state provider's receiving a state specific CCR.</p> <p>Montana uses APR DRG version 35 HSRV weights and re-centers the weights to 1. Neonate and normal newborn APR DRGs had a policy adjustment factor of 1.4.</p> <p>DRG base rates are:</p> <ul style="list-style-type: none"> • General Hospital: \$5,425 • Center of Excellence: \$8,095 • LTAC \$6,335 	<p>Inpatient hospital services are reimbursed based on a prospective system using either a diagnosis related group (DRG) or per diem rate.</p> <p>Critical access hospitals (CAH) are reimbursed a per diem based on a reasonable cost of providing the services.</p> <p>In SFY 2019 Nebraska used APR DRG version 35 with DRG providers receive one of four different base rates for Metro Acute, Other Urban Acute, Rural Acute, and Children's Hospitals. SFY 2019 DRG base rates received a 0.62 percent increase.</p> <p>DRG base rates are:</p> <ul style="list-style-type: none"> • Metro Acute: \$7,674 • Other Urban Acute: \$7,450 • Rural Acute: \$7,059 • Children's Hospitals: \$9,212 	<p>South Dakota calculates provider specific MS-DRG base rates for all hospitals in the state. Each year South Dakota calculates state specific MS-DRG weights using the most recently available version of MS-DRGs.</p> <p>The South Dakota MS-DRG system uses charge-based outliers with hospital specific charge outlier thresholds.</p>	<p>Utah reimburses inpatient services using MS-DRG version 36 and updates the version of the MS-DRGs used for reimbursing inpatient hospitals annually.</p> <p>Utah only pays urban hospitals under its MS-DRG payment methodologies and considers hospitals in six counties as urban. Non-urban hospitals are reimbursed at 89 percent of net covered charges.²⁴</p> <p>The MS DRG base rate for urban Utah hospitals is \$4,965.98. Payments for hospital services are further adjusted by a budget adjustment factor and a provider specific DHS factor.</p> <p>Providers are assigned a provider specific outlier threshold based.</p>

¹⁵ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-16-0005.pdf>

¹⁶ <https://www.colorado.gov/pacific/sites/default/files/Inpatient%20Hospital%20Rate%20Posting%20%20FY2018-19.pdf>

¹⁷ IDAPA 16.03.09 <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

¹⁸ <https://medicaidprovider.mt.gov/Portals/68/docs/aprdrq/2016/APRDRGFAQFY17.pdf>

¹⁹ <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drq>

²⁰ <http://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/APR-DRG%20Hospital%20Rates%20SFY2019.pdf>

²¹ <http://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2018-10.pdf>

²² http://dss.sd.gov/docs/medicaid/medicaid/services/4_GeneralProgramAdministration/4.19/Attachment%204.19-A--Inpatient%20Hospital%20Payment%20Methodology.pdf

²³ https://health.utah.gov/stplan/spa/A_4-19-A.pdf

²⁴ https://health.utah.gov/stplan/spa/A_4-19-A.pdf

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID)

Note: Paid a per diem rate.

ICF-ID	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	Prospective per diem rate based on costs. The provider's per diem rate shall be determined utilizing either a desk review or audited cost report. Costs are not subject to any form of cap or maximum rate for the Wyoming Life Resource Center.	State-operated ICFs are paid a retrospective per diem rate calculated as total allowable costs determined by audit, divided by total resident days.	Annually Medicaid will conduct a poll of all Idaho nursing facilities and ICFs/ID and establish the weighted average hourly rates (WAHR) for nursing facility industry employees in comparable positions (i.e. RN, QMRP, certified and non-certified nurse's aides) in Idaho to be used in calculating the reimbursement rate to be effective on July 1st of that.	Per diem rate equal to the actual allowable cost incurred by the provider during the fiscal year, determined retrospectively, divided by the total patient days of service during the rate year, minus the amount of the Medicaid recipient's patient contribution.	Prospective per diem rate based on allowable costs incurred and documented during the fiscal year.	Prospective per diem rate established annually by calculating allowable costs, divided by the occupancy factor (audited). Add-on payments for extra services can be included by the determination by the State Office of Adult Services and Aging.	A per diem reimbursement rate is calculated for each facility based on facility cost profiles submitted by each facility. Rates are updated for appropriation.
Per Diem Rate Changes	Not available online	Not available online	Not available online	Not available online	Not available online	Not available online	\$186.56

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Laboratory – By Expenditures

Note: All procedure codes billed by providers with the 291U00000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
88305	TISSUE EXAM BY PATHOLOGIST	\$65.61	N/A	\$60.19	\$58.99	\$74.45	\$99.31	\$66.44	\$58.48	\$69.09
80307	DRUG TEST PRSMV CHEM ANALYZR	\$71.83	\$64.65	\$15.78*	\$64.65	\$64.65	N/A	N/A	N/A	\$53.88
87491	CHYLM D TRACH DNA AMP PROBE	\$44.14	\$38.99	\$45.43	\$39.00	\$38.98	\$38.99	\$47.24	\$42.82	\$37.09
87591	N.GONORRHOEAE DNA AMP PROB	\$44.14	\$38.99	\$45.43	\$39.00	\$38.98	\$38.99	\$47.24	\$42.82	\$36.38
88175	CYTOPATH C/V AUTO FLUID REDO	\$33.31	\$29.44	\$13.82	\$29.44	\$29.44	\$29.44	\$39.06	\$8.24*	\$45.04
87624	HPV HIGH-RISK TYPES	\$42.98	\$38.99	\$45.43	\$39.00	\$38.98	N/A	\$45.09	\$43.33	\$44.95
84443	ASSAY THYROID STIM HORMONE	\$20.64	\$18.67	\$22.17	\$18.68	\$18.67	\$18.67	\$24.51	\$22.91	\$24.50
80361	OPIATES 1 OR MORE	\$29.15	N/A	\$17.08	N/A	N/A	N/A	N/A	N/A	\$4.05*
80346	BENZODIAZEPINES1-12	\$24.08	N/A	\$17.08	N/A	N/A	N/A	N/A	N/A	\$3.47*
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.85	\$8.63	\$9.32	\$8.63	\$8.62	\$8.63	\$11.34	\$6.66	\$11.45
80053	COMPREHEN METABOLIC PANEL	\$13.29	\$11.74	\$13.97	\$11.74	\$11.74	\$11.74	\$15.42	\$8.99	\$14.10
80369	SKELETAL MUSCLE RELAXANT 1/2	\$22.17	N/A	\$17.08	N/A	N/A	N/A	N/A	N/A	N/A
80061	LIPID PANEL	\$14.00	\$14.88	\$17.69	\$14.88	\$14.88	\$14.88	\$19.54	\$18.97	\$16.99
84439	ASSAY OF FREE THYROXINE	\$11.34	\$10.02	\$10.78	\$10.02	\$10.02	\$10.02	\$9.77	\$9.91	\$11.83
87086	URINE CULTURE/COLONY COUNT	\$4.76	\$8.97	\$10.44	\$8.96	\$8.97	\$8.97	\$11.79	\$9.22	\$7.92
87081	CULTURE SCREEN ONLY	\$5.29	\$7.36	\$8.59	\$7.36	\$7.36	\$7.36	\$6.43	\$3.58	\$6.75
36415	ROUTINE VENIPUNCTURE	\$2.58	\$3.00	\$3.16	\$2.77	\$3.00	\$3.00	N/A	\$3.70	\$1.01
85027	COMPLETE CBC AUTOMATED	\$8.14	\$7.18	\$6.58	\$7.18	\$7.18	\$7.18	\$9.45	\$6.44	N/A
86003	ALLG SPEC IGE CRUDE XTRC EA	\$6.02	\$5.80	\$6.31	\$5.80	\$5.80	\$5.80	\$6.98	\$4.05	\$12.25
81001	URINALYSIS AUTO W/SCOPE	\$3.24	\$3.52	\$4.17	\$3.53	\$3.52	\$3.52	\$4.61	\$4.30	\$3.91

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Laboratory Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	102%	105%	100%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Laboratory – By Utilization

Note: All procedure codes billed by providers with the 291U00000X taxonomy are included in this analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
88175	CYTOPATH C/V AUTO FLUID REDO	\$33.31	\$29.44	\$13.82	\$29.44	\$29.44	\$29.44	\$39.06	\$8.24*	\$45.04
36415	ROUTINE VENIPUNCTURE	\$2.58	\$3.00	\$3.16	\$2.77	\$3.00	\$3.00	N/A	\$3.70	\$1.01
87491	CHYLMD TRACH DNA AMP PROBE	\$44.14	\$38.99	\$45.43	\$39.00	\$38.98	\$38.99	\$47.24	\$42.82	\$37.09
87591	N.GONORRHOEAE DNA AMP PROB	\$44.14	\$38.99	\$45.43	\$39.00	\$38.98	\$38.99	\$47.24	\$42.82	\$36.38
88305	TISSUE EXAM BY PATHOLOGIST	\$65.61	N/A	\$60.19	\$58.99	\$74.45	\$99.31	\$66.44	\$58.48	\$69.09
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.85	\$8.63	\$9.32	\$8.63	\$8.62	\$8.63	\$11.34	\$6.66	\$11.45
84443	ASSAY THYROID STIM HORMONE	\$20.64	\$18.67	\$22.17	\$18.68	\$18.67	\$18.67	\$24.51	\$22.91	\$24.50
87086	URINE CULTURE/COLONY COUNT	\$4.76	\$8.97	\$10.44	\$8.96	\$8.97	\$8.97	\$11.79	\$9.22	\$7.92
80307	DRUG TEST PRSMV CHEM ANLYZR	\$71.83	\$64.65	\$15.78*	\$64.65	\$64.65	N/A	N/A	N/A	\$53.88
87081	CULTURE SCREEN ONLY	\$5.29	\$7.36	\$8.59	\$7.36	\$7.36	\$7.36	\$6.43	\$3.58	\$6.75
87624	HPV HIGH-RISK TYPES	\$42.98	\$38.99	\$45.43	\$39.00	\$38.98	N/A	\$45.09	\$43.33	\$44.95
80053	COMPREHEN METABOLIC PANEL	\$13.29	\$11.74	\$13.97	\$11.74	\$11.74	\$11.74	\$15.42	\$8.99	\$14.10
80361	OPIATES 1 OR MORE	\$29.15	N/A	\$17.08	N/A	N/A	N/A	N/A	N/A	\$4.05*
86003	ALLG SPEC IGE CRUDE XTRC EA	\$6.02	\$5.80	\$6.31	\$5.80	\$5.80	\$5.80	\$6.98	\$4.05	\$12.25
80061	LIPID PANEL	\$14.00	\$14.88	\$17.69	\$14.88	\$14.88	\$14.88	\$19.54	\$18.97	\$16.99
80346	BENZODIAZEPINES1-12	\$24.08	N/A	\$17.08	N/A	N/A	N/A	N/A	N/A	\$3.47*
84439	ASSAY OF FREE THYROXINE	\$11.34	\$10.02	\$10.78	\$10.02	\$10.02	\$10.02	\$9.77	\$9.91	\$11.83
85027	COMPLETE CBC AUTOMATED	\$8.14	\$7.18	\$6.58	\$7.18	\$7.18	\$7.18	\$9.45	\$6.44	N/A
81001	URINALYSIS AUTO W/SCOPE	\$3.24	\$3.52	\$4.17	\$3.53	\$3.52	\$3.52	\$4.61	\$4.30	\$3.91
80369	SKELETAL MUSCLE RELAXANT 1/2	\$22.17	N/A	\$17.08	N/A	N/A	N/A	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Laboratory Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	102%	105%	100%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Maternity – By Expenditures

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
59400	OBSTETRIC CARE INCL ANTEPART CARE	\$2,329.18	\$2,144.67	\$1,214.86	\$1,756.96	\$2,741.05	\$1,662.20	\$1,443.61	\$2,029.33	N/A
59510	OBSTETRIC CARE INCL ANTEPART CARE	\$2,574.30	\$2,375.27	\$1,458.18	\$1,941.82	\$3,054.63	\$2,077.75	\$1,636.32	\$2,029.33	N/A
01967	NEURAXIAL LABOR ANALGSIA/ANES	NA	NA	NA	NA	NA	NA	NA	NA	N/A
59409	VAGINAL DEL ONLY	\$905.65	\$827.53	\$736.92	\$687.94	\$1,082.95	\$872.65	\$827.70	\$801.52	N/A
59410	VAGINAL DEL ONLY; INCLUDING POST CARE	\$1,154.45	\$1,060.54	\$804.34	\$877.83	\$1,382.76	\$1,038.87	\$924.77	\$1,022.79	N/A
59426	ANTEPARTUM CARE (>6 VISITS)	\$909.70	\$836.78	\$610.39	\$684.15	\$1,051.69	\$74.90*	\$669.10	\$780.92	\$1,611.96
59025	FETAL NON-STRESS TEST	\$53.44	\$48.81	\$35.46	\$40.37	\$61.91	\$66.45	\$45.17	\$23.49	\$163.07*
59514	CESAREAN DELIVERY ONLY	\$1,019.17	\$931.65	\$863.78	\$772.67	\$1,222.82	\$1,205.09	\$1,113.95	\$801.52	N/A
59515	OFFICE/OUTPATIENT VISIT EST	\$1,400.31	\$1,288.25	\$934.35	\$1,062.45	\$1,685.25	\$1,454.42	\$1,164.85	\$1,022.79	N/A
01961	ANES. FOR CESAREAN DELIVERY ONLY	NA	NA	NA	NA	NA	NA	NA	NA	N/A
59425	CESAREAN DEL, W POSTPART CARE	\$508.29	\$468.68	\$341.00	\$381.83	\$590.91	\$74.90*	\$393.06	\$437.85	\$1,049.45
59610	D & C AFTER DELIVERY	\$2,440.86	\$2,248.70	\$1,221.82	\$1,842.23	\$2,901.34	\$1,994.64	\$1,742.32	\$2,141.14	N/A
01968	ANES CESAREAN DLVRY FOLLOW NEURAXIAL ANALGSIS/ANES	NA	NA	NA	NA	NA	NA	NA	NA	N/A
59412	ANTEPARTUM MANIPULATION	\$115.00	\$104.46	\$91.42	\$86.96	\$137.96	\$290.88	\$133.72	N/A	N/A
59430	CARE AFTER DELIVERY	\$206.41	\$198.36	\$138.00	\$154.91	\$237.87	\$74.90	\$145.27	\$176.62	\$270.77
59612	VAGINAL DEL, AFTER CESAREAN DELIVERY	\$1,016.23	\$931.37	\$746.64	\$771.10	\$1,227.95	\$1,205.09	\$928.50	\$905.18	N/A
59614	VAGINAL DEL, AFTER PREV CESAREAN	\$1,264.66	\$1,155.41	\$877.00	\$958.82	\$1,525.09	\$1,371.31	\$775.96	\$1,124.33	N/A
01960	ANESTH FOR; VAGINAL DELIVERY ONLY	NA	NA	NA	NA	NA	NA	NA	NA	N/A
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$104.80
59618	DELIVERY PROC AFTER PREV CESAREAN	\$2,608.95	\$2,405.98	\$1,408.48	\$1,966.09	\$3,096.39	\$2,410.19	\$1,645.90	\$2,285.10	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming’s Medicaid payment rate.

Average Maternity Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	107%	115%	61%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Maternity – By Utilization

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
01961	ANESTHESIA FOR CESAREAN DELIVERY	NA	NA	NA	NA	NA	NA	NA	NA	N/A
01968	ANESTH CESAREAN NEURAXIAL ANALG	NA	NA	NA	NA	NA	NA	NA	NA	N/A
59025	FETAL NON-STRESS TEST	\$53.44	\$48.81	\$35.46	\$40.37	\$61.91	\$66.45	\$45.17	\$23.49	\$163.07
01960	ANESTH; VAGINAL DELIVERY ONLY	NA	NA	NA	NA	NA	NA	NA	NA	N/A
01967	NEURAXIAL LABOR ANALGSIA/ANES PLANNED VAGINAL DELV	NA	NA	NA	NA	NA	NA	NA	NA	N/A
59400	OBSTETRIC CARE,ANTEPART CARE, VAGINAL DEL AND POST CARE	\$2,329.18	\$2,144.67	\$1,214.86	\$1,756.96	\$2,741.05	\$1,662.20	\$1,443.61	\$2,029.33	N/A
59514	CESAREAN DELIVERY ONLY	\$1,019.17	\$931.65	\$863.78	\$772.67	\$1,222.82	\$1,205.09	\$1,113.95	\$801.52	N/A
59409	VAGINAL DEL ONLY	\$905.65	\$827.53	\$736.92	\$687.94	\$1,082.95	\$872.65	\$827.70	\$801.52	N/A
59510	OBSTETRIC CARE, ANTEPART CARE, CESAREAN DEL AND POST CARE	\$2,574.30	\$2,375.27	\$1,458.18	\$1,941.82	\$3,054.63	\$2,077.75	\$1,636.32	\$2,029.33	N/A
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$104.80
59426	ANTEPARTUM CARE (>6 VISITS)	\$909.70	\$836.78	\$610.39	\$684.15	\$1,051.69	\$74.90	\$669.10	\$780.92	\$1,611.96
59410	VAGINAL DEL ONLY; INC POST CARE	\$1,154.45	\$1,060.54	\$804.34	\$877.83	\$1,382.76	\$1,038.87	\$924.77	\$1,022.79	N/A
59425	ANTEPARTUM CARE ONLY (4-6 VISITS)	\$508.29	\$468.68	\$35.46*	\$40.37*	\$61.91*	\$66.45*	\$45.17*	\$23.49*	\$1,049.45
59430	CARE AFTER DELIVERY	\$206.41	\$198.36	\$138.00	\$154.91	\$237.87	\$74.90	\$145.27	\$176.62	\$270.77
59515	CESAREAN DEL, W POSTPART CARE	\$1,400.31	\$1,288.25	\$934.35	\$1,062.45	\$1,685.25	\$1,454.42	\$1,164.85	\$1,022.79	N/A
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$98.04	\$109.31	\$96.47	\$101.94	\$118.91	\$69.58	\$80.16	\$80.61	\$166.19
99214	OFFICE/OUTPATIENT VISIT EST (DET)	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$161.69
59412	ANTEPARTUM MANIPULATION	\$115.00	\$104.46	\$91.42	\$86.96	\$137.96	\$290.88	\$133.72	N/A	N/A
99212	OFFICE/OUTPATIENT VISIT EST	\$39.44	\$45.60	\$39.00	\$41.40	\$47.83	\$29.82	\$31.36	\$38.63	\$77.96
99202	OFFICE/OUTPATIENT VISIT NEW	\$68.19	\$77.14	\$66.47	\$71.00	\$82.05	\$47.21	\$53.93	\$55.76	\$134.15

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Maternity Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	102%	113%	55%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Nursing Facility

Note: The reimbursement descriptions for nursing facilities described below do not include supplemental payments made outside of the per diem rate payments.

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	<p>Provider-specific per diem rates are established for each nursing facility and rebased annually (using the facility's most recent Medicaid cost report for the period ending in the previous calendar year). Rates are comprised of three components for capital cost, operational cost, and direct care costs.</p> <p>Additional reimbursement on a monthly basis for extraordinary needs determined on a per case basis. Supplemental payments are made based on the Provider Assessment and Upper Payment Limit (UPL).</p>	<p>Provider-specific per diem rates are established for each nursing facility and rebased annually.</p> <p>Rates are comprised of three components: health care, administrative and general, and fair rental allowance for capital-related assets.</p> <p>The health care component is case-mix adjusted based on the resource utilization group-III (RUG III).</p>	Not available.	<p>Nursing facilities are reimbursed using a price-based reimbursement methodology. The rate for each facility is determined using the operating component and the direct resident care component.</p>	<p>Nursing facilities are reimbursed based on facility specific per diem rates. Each facility's base prospective rate is computed as the sum of the facility-specific direct nursing and support services components adjusted by the inflation factor and the Fixed Cost Component, subject to the rate limitations and component maximums.</p>	<p>Provider-specific per diem rates are established for each facility.</p> <p>Rates are comprised of two components: a direct care component based on the Multi-state Medicare/ Medicaid Payment Index (M3PI) index on a resident-specific basis, and 2) a non-direct care component established on a facility-specific basis using all other allowable costs.</p>	<p>Provider-specific case-mix adjusted per diem rates are established for each nursing facility.</p> <p>In addition, facilities are paid a flat basic operating expense payment equal to approximately 29% of the total payments.</p>
Per Diem Rates (SFY 2019)	<p>Range: \$166.27 - \$228.18</p> <p>Average: \$190.58</p>	Unknown	Unknown	<p>Range: \$196.29 - \$207.49</p> <p>Average: \$202.06</p>	<p>Range: \$111.09 - \$257.04</p> <p>Average: \$171.50</p>	<p>Range: \$117.84 - \$281.07</p> <p>Average: \$158.17</p>	<p>Range: \$162.21 - \$237.94</p> <p>Average: \$195.92</p>

Average WY Medicaid Rate as a % of Other States' Average Rates	105%
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WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Ophthalmology – By Expenditures

Note: All procedure codes billed by providers with the 207W0000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
J2778	RANIBIZUMAB INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,369.24
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$100.85	\$95.49	\$134.49
92004	EYE EXAM NEW PATIENT	\$150.75	\$165.95	\$124.13	\$156.48	\$181.07	\$104.21	\$123.82	\$123.37	\$174.62
J0178	AFLIBERCEPT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
66984	CATARACT SURG W/IOL 1 STAGE	\$646.52	\$651.88	\$567.63	\$552.23	\$703.61	\$1,550.64	\$164.36	\$479.96	N/A
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$72.66	\$35.67	\$4.00*	NA	NA	\$62.43	\$27.61	N/A
67028	INJECTION EYE DRUG	\$179.13	\$103.68	\$161.63	\$87.93	\$112.26	\$426.42	N/A	\$76.61	N/A
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.49	\$7.00*	\$10.00*	NA	NA	\$30.99	N/A	N/A
99204	OFFICE/OUTPATIENT VISIT NEW	\$150.75	\$165.95	\$148.11	\$156.48	\$181.07	\$104.21	\$115.53	\$123.37	\$218.67
66982	CATARACT SURGERY COMPLEX	\$902.70	\$809.63	\$676.43	\$687.13	\$875.23	\$1,949.37	\$228.79*	\$597.60	N/A
92134	CPTR OPHTH DX IMG POST SEGMENT	\$38.80	\$41.72	\$35.01	\$35.66	\$33.04	\$36.08	NA	\$19.60	\$68.78
92340	FIT SPECTACLES MONOFOCAL	\$32.80	NA	\$16.81	\$23.62	\$28.32	\$75.87	NA	\$26.30	N/A
92015	DETERMINE REFRACTIVE STATE	\$32.80	NA	\$16.81	\$23.62	\$28.32	\$75.87	\$11.42	\$26.30	\$25.71
V2103	SPHEROCYL, SINGLE VISION, PLANO .12 TO 2D CYL	\$32.66	\$41.64	\$23.27	\$12.00	NA	NA	NA	\$23.00	N/A
67311	REVISE EYE MUSCLE	\$504.61	\$608.80	\$486.64	\$515.29	\$657.25	\$996.84	\$168.80	\$447.99	N/A
67228	TREATMENT X10SV RETINOPATHY	\$1,040.55	\$349.28	\$521.40	\$294.96*	\$376.06	\$664.56	NA	\$256.30*	N/A
92012	EYE EXAM ESTABLISH PATIENT	\$68.55	\$89.56	\$71.69	\$74.89	\$69.36	\$37.93	\$69.22	\$64.55	\$103.80
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$69.75	\$95.49	\$135.91
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$44.51	\$64.61	\$91.58
92060	SPECIAL EYE EVALUATION	\$55.29	\$65.50	\$44.85	\$55.71	\$70.06	\$32.80	\$29.38	\$28.89	\$72.20

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Ophthalmology Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	108%	119%	77%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Ophthalmology – By Utilization

Note: All procedure codes billed by providers with the 207W0000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$100.85	\$95.49	\$134.49
92134	CPTR OPHTH DX IMG POST SEGMENT	\$38.80	\$41.72	\$35.01	\$35.66	\$33.04	\$36.08	N/A	\$19.60	\$68.78
J2778	RANIBIZUMAB INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.49	\$7.00*	\$10.00*	N/A	N/A	\$30.99	N/A	N/A
92015	DETERMINE REFRACTIVE STATE	\$32.80	NA	\$16.81	\$23.62	\$28.32	\$75.87	\$11.42	\$26.30	\$25.71
92004	EYE EXAM NEW PATIENT	\$150.75	\$165.95	\$124.13	\$156.48	\$181.07	\$104.21	\$123.82	\$123.37	\$174.62
67028	INJECTION EYE DRUG	\$179.13	\$103.68	\$161.63	\$87.93	\$112.26	\$426.42	N/A	\$76.61	N/A
00142	ANESTH LENS SURGERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$72.66	\$35.67	\$4.00*	N/A	NA	\$62.43	\$27.61	N/A
92340	FIT SPECTACLES MONOFOCAL	\$32.80	N/A	\$16.81	\$23.62	\$28.32	\$75.87	N/A	\$26.30	N/A
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$32.66	\$41.64	\$23.27	\$12.00	N/A	NA	N/A	\$23.00	N/A
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J0178	AFLIBERCEPT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$31.80	\$51.66	\$23.27	\$12.00	N/A	NA	N/A	\$19.00	N/A
66984	XCAPSL CTRC RMVL W/O ECP	\$646.52	\$651.88	\$567.63	\$552.23	\$703.61	\$1,550.64	\$164.36*	\$479.96	N/A
99204	OFFICE/OUTPATIENT VISIT NEW	\$150.75	\$165.95	\$148.11	\$156.48	\$181.07	\$104.21	\$115.53	\$123.37	\$218.67
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$69.75	\$95.49	\$135.91
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$44.51	\$64.61	\$91.58
J3300	TRIAMCINOLONE A INJ PRS-FREE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J9035	INJECTION, BEVACIZUMAB(AVASTIN)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Ophthalmology Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	95%	120%	79%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Optician/Optomety – By Expenditures

Note: All procedure codes billed by providers with the 152W0000X and 156FX1800X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$72.66	\$35.67	\$4.00*	\$10.00*	\$44.00	\$62.43	\$27.61
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.49	\$7.00*	\$10.00*	\$4.00*	\$11.13*	\$30.99	N/A
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$32.66	\$41.64	\$23.27	\$12.00	\$11.00	\$14.60	N/A	\$23.00
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$31.80	\$51.66	\$23.27	\$12.00	\$1.00*	\$12.93	N/A	\$19.00
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$35.59	\$47.46	\$29.30	\$5.00*	\$11.00*	\$15.88	N/A	\$24.50
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$40.50	\$46.17	\$29.30	\$5.00*	\$5.75*	\$16.88	N/A	\$29.00
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$92.72	\$118.25	\$72.97	\$15.00*	NA	NA	\$110.36	N/A
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$36.20	\$40.56	\$36.92	\$6.00*	\$5.75*	\$17.46	N/A	\$26.00
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$42.67	\$54.44	\$23.27	\$5.00*	\$1.00*	\$14.99	N/A	\$21.50
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$44.05	\$56.18	\$35.38	\$8.00*	\$5.75*	\$18.15	N/A	\$31.50
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$39.55	\$50.44	\$35.38	\$8.00*	\$5.75*	\$20.03	N/A	\$35.50
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS	\$42.16	\$54.34	\$29.44	\$11.00*	\$1.00*	\$24.76	N/A	\$23.19
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$42.53	\$54.24	\$29.44	\$11.00*	\$11.70*	\$26.60	N/A	\$27.90

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Optician/Optomety Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average
	81%	160%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Optician/Optomety – By Utilization

Note: All procedure codes billed by providers with the 152W0000X and 156FX1800X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.49	\$7.00*	\$10.00*	\$4.00*	\$11.13*	\$30.99	N/A
92015	DETERMINE REFRACTIVE STATE	\$19.53	N/A	\$9.80	\$17.80	\$15.86	\$16.40	\$11.42	N/A
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$32.66	\$41.64	\$23.27	\$12.00	\$11.00	\$14.60	N/A	\$23.00
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$72.66	\$35.67	\$4.00*	\$10.00*	\$44.00	\$62.43	\$27.61
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$105.41	\$128.40	\$103.49	\$108.08	\$99.91	\$51.06	\$100.85	\$93.13
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$31.80	\$51.66	\$23.27	\$12.00	\$1.00*	\$12.93	NA	\$19.00
92004	EYE EXAM NEW PATIENT	\$128.27	\$153.22	\$124.13	\$129.68	\$119.46	\$59.20	\$123.82	\$111.62
92340	FIT SPECTACLES MONOFOCAL	\$32.80	N/A	\$16.81	\$23.62	\$28.32	\$75.87	NA	\$26.30
92250	EYE EXAM WITH PHOTOS	\$64.50	\$51.45	\$61.21	\$48.36	\$45.22	\$67.65	\$69.23	\$16.47*
92065	ORTHOPTIC/PLEOPTIC TRAINING	\$46.07	\$54.33	\$60.61	NA	\$42.72	\$24.60	\$38.28	N/A
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$35.59	\$47.46	\$29.30	\$5.00*	\$11.00*	\$15.88	N/A	\$24.50
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$40.50	\$46.17	\$29.30	\$5.00*	\$5.75*	\$16.88	N/A	\$29.00
92012	EYE EXAM ESTABLISH PATIENT	\$68.55	\$89.56	\$71.69	\$74.89	\$69.36	\$37.93	\$69.22	\$64.55
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$92.72	\$118.25	\$72.97	\$15.00*	NA	NA	\$110.36	N/A
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49
99212	OFFICE/OUTPATIENT VISIT EST	\$39.44	\$45.60	\$39.00	\$41.40	\$47.83	\$29.82	\$31.36	\$38.63
92134	CPTR OPHTH DX IMG POST SEGMENT	\$38.80	\$41.72	\$35.01	\$35.66	\$33.04	\$36.08	NA	\$19.60
92083	VISUAL FIELD EXAMINATION(S)	\$74.82	\$65.14	\$41.66	\$54.52	\$50.76	\$51.25	\$70.57	\$20.96*
99203	OFFICE/OUTPATIENT VISIT NEW	\$98.04	\$109.31	\$96.47	\$101.94	\$118.91	\$69.58	\$80.16	\$80.61

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Optician/Optomety Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average
	88%	129%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Outpatient Hospital

Wyoming	Colorado ²⁵	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Outpatient hospital services are paid based on the Outpatient Prospective Payment System (OPPS), based on Medicare's Ambulatory Payment Classifications (APC) system. Three conversion factors based on hospital type:</p> <ul style="list-style-type: none"> • General Acute • Critical Access • Children's <p>Additional payments: Qualified Rate Adjustment (QRA) program provides supplemental payments to non-state governmental hospital.</p>	<p>Colorado uses an Enhanced Ambulatory Patient Group (EAPG) system to reimburse hospital outpatient services.</p> <p>Providers are assigned to one of three different hospital peer groups, each with its own conversion factor:</p> <ul style="list-style-type: none"> • Pediatric Hospitals • Urban Hospitals • Rural Hospitals 	<p>Outpatient hospitals are paid 90 percent of cost calculated using the Medicare cost report for services included in the outpatient fee schedule.</p> <p>For services not included in the fee schedule, Idaho reimburses based on reasonable costs based on previous year cost settlements.</p>	<p>Montana Medicaid uses an OPSS system with Medicare's relative weights and a state-specific conversion factor that applies to all hospitals.</p>	<p>Outpatient hospitals are paid 80 percent of the cost-to-charge ratio from the hospitals latest Medicare cost report, multiplied by the hospitals submitted charges.</p> <p>Outpatient services delivered at Critical Access Hospitals are reimbursed 100 percent of the reasonable cost of providing the services as deemed by Medicare reimbursement standards.</p> <p>Beginning January 1, 2020 Nebraska Medicaid will transition to pay providers via EAPGs.</p>	<p>Outpatient hospitals that receive Medicare OPPS payments are reimbursed for outpatient Medicaid services using the Medicaid Agency's OPPS which reimburses providers using APCs.</p> <p>The South Dakota Medicaid Agency establishes hospital specific conversion and discount factors for all providers paid via the OPPS.</p>	<p>Outpatient hospitals services are paid using the OPPS based on applicable Medicare APC system, Medicare fee schedule, or reasonable cost method (using the facility-specific cost-to-charge ratio (CCR) multiplied by the line-item billed charge).</p>

²⁵ <https://www.colorado.gov/pacific/sites/default/files/EAPG%20FAQ%20-%20v2.pdf>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Programs for All-Inclusive Care for the Elderly (PACE)

PACE is available in Laramie County to individuals ages 55 and older, who need nursing facility levels of care, as determined by the state of residence. Interdisciplinary teams of medical professionals work together to develop a care plan to improve a patient's overall health. Wyoming, Colorado, and Nebraska all operate PACE programs. Availability of services depends on location - Wyoming and Nebraska each operating one program in Cheyenne and Omaha respectively, while Colorado operates four programs spread across the state.

Federal regulations (*42 CFR 460.182*) require that states make a prospective monthly capitation payment to a PACE organization for a Medicaid participant enrolled in PACE that takes into account the comparative frailty of participants. Prospective monthly capitation payment for a Medicaid participant enrolled in PACE must:

- Be less than what would otherwise have been paid under the state plan if not enrolled in PACE;
- Take into account comparative frailty of participants; and
- Be a fixed amount regardless of changes in a participant's health status.

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Physician and Other – By Expenditures

Note: Codes included for services provided by physicians and other health professionals, including office visits, therapeutic and other services.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$101.67
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$150.38
99284	EMERGENCY DEPT VISIT	\$117.21	\$118.66	\$94.84	\$102.25	\$131.01	\$65.60	\$98.72	\$90.19	\$246.50
99285	EMERGENCY DEPT VISIT	\$173.61	\$174.72	\$141.39	\$150.68	\$193.02	\$106.60	\$148.30	\$132.91	\$385.21
99203	OFFICE/OUTPATIENT VISIT NEW	\$98.04	\$109.31	\$96.47	\$101.94	\$118.91	\$69.58	\$80.16	\$80.61	\$152.83
99391	PER PM REEVAL EST PAT INFANT	\$80.35	N/A	\$89.71	\$89.46	\$108.14	\$80.13	\$59.12	\$74.01	\$136.10
99283	EMERGENCY DEPT VISIT	\$61.92	\$62.55	\$51.29	\$53.88	\$69.04	\$55.35	\$65.35	\$47.51	\$158.81
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$16.90	\$19.27	\$19.29	\$21.32	N/A	\$14.54	\$13.81	\$23.08
99232	SUBSEQUENT HOSPITAL CARE	\$68.92	\$73.45	\$55.46	\$63.35	\$80.27	\$49.20	\$53.18	\$55.29	\$146.27
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99392	PREV VISIT EST AGE 1-4	\$89.56	N/A	\$95.82	\$102.99	\$115.59	\$85.14	\$59.12	\$79.12	\$147.74
99233	SUBSEQUENT HOSPITAL CARE	\$98.78	\$104.99	\$79.47	\$90.79	\$114.87	\$82.00	\$71.16	\$79.18	\$172.12
99212	OFFICE/OUTPATIENT VISIT EST	\$39.44	\$45.60	\$39.00	\$41.40	\$47.83	\$29.82	\$31.36	\$38.63	\$65.86
87880	STREP A ASSAY W/OPTIC	\$15.08		\$15.54	\$14.88	\$16.53	\$16.53	\$17.69	\$15.67	\$24.26
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$3.00		N/A	N/A	N/A	N/A	N/A	N/A	N/A
90471	IMMUNIZATION ADMIN	\$9.67	\$16.90	\$19.27	\$19.29	\$21.32	\$5.80	\$9.64	\$13.81	\$24.08
71046	X-RAY EXAM CHEST 2 VIEWS	\$27.76	\$31.99	\$32.38	\$25.58	\$33.01	\$46.75	\$33.85	\$22.17	\$96.17*
93010	ELECTROCARDIOGRAM REPORT	\$9.21	\$8.61	\$8.43	\$7.43	\$9.30	\$23.58	\$9.03	\$6.88	\$28.26*
71045	X-RAY EXAM CHEST 1 VIEW	\$17.82	\$25.14	\$24.63	\$16.69	\$21.67	\$35.06	\$26.23	\$14.55	\$86.56*
36415	ROUTINE VENIPUNCTURE	\$2.58		\$3.16	\$2.77	\$3.00	\$3.00	\$4.85	\$3.70	\$7.16

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Physician and Other Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	91%	100%	56%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Physician and Other – By Utilization

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
J0878	DAPTOMYCIN INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$930.00
00170	ANESTH PROCEDURE ON MOUTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$3.00		N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1050	MEDROXYPROGESTERONE ACETATE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$84.12
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$101.67
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$150.38
00790	ANESTH SURG UPPER ABDOMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00840	ANESTH SURG LOWER ABDOMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$16.90	\$19.27	\$19.29	\$21.32	N/A	\$14.54	\$13.81	\$23.08
01961	ANESTH CS DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1439	INJ FERRIC CARBOXYMALTOS 1MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Q9967	LOCM 300-399mg/ml iodine,1ml	\$0.12		N/A	\$0.12	\$0.12	N/A	N/A	N/A	\$85.78*
J1453	FOSAPREPITANT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95004	PERCUT ALLERGY SKIN TESTS	\$6.26	\$4.28	\$2.23	\$4.29	\$5.90	\$2.87	\$5.11	\$3.86	\$472.57*
01480	ANESTH LOWER LEG BONE SURG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J9306	INJECTION, PERTUZUMAB, 1 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00813	ANES UPR LWR GI NDSC PX	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00670	ANESTH SPINE CORD SURGERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00731	ANES UPR GI NDSC PX NOS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Physician and Other Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	111%	117%	73%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Physician Specialist – By Expenditures

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99285	EMERGENCY DEPT VISIT (COMP)	\$173.61	\$174.72	\$141.39	\$150.68	\$193.02	\$106.60	\$148.30	\$132.91	\$399.28
99284	EMERGENCY DEPT VISIT (DET)	\$117.21	\$118.66	\$94.84	\$102.25	\$131.01	\$65.60	\$98.72	\$90.19	\$278.73
99214	OFFICE/OUTPATIENT VISIT EST (DET)	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$150.53
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$103.47
99283	EMERGENCY DEPT VISIT (EXP MOD)	\$61.92	\$62.55	\$51.29	\$53.88	\$69.04	\$55.35	\$65.35	\$47.51	\$143.30
00170	ANESTH FOR INTRAORAL PROC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$98.04	\$109.31	\$96.47	\$101.94	\$118.91	\$69.58	\$80.16	\$80.61	\$154.56
J2505	PEGFILGRASTIM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99204	OFFICE/OUTPATIENT VISIT NEW (COMP)	\$150.75	\$165.95	\$148.11	\$156.48	\$181.07	\$104.21	\$113.83	\$123.37	\$232.99
G6015	INTENSITY MODULATED TREATMENT THERAPY	\$360.28	\$362.38	N/A	\$290.57	\$377.53	\$188.61	\$377.74	\$303.28	N/A
99291	CRITICAL CARE FIRST HOUR	\$256.17	\$280.14	\$219.74	\$236.27	\$302.48	\$172.20	\$206.06	\$206.84	\$432.83
88305	TISSUE EXAM BY PATHOLOGIST	\$65.61	\$70.15	\$60.19	\$58.99	\$74.45	\$99.31	\$66.44	\$58.48	\$165.90
78815	PET IMAGE W/CT SKULL-THIGH	\$2,290.93	N/A	\$1,538.79	\$884.28	\$630.95*	\$990.67	\$4,214.50	N/A	N/A
99202	OFFICE/OUTPATIENT VISIT NEW (EXP)	\$68.19	\$77.14	\$66.47	\$71.00	\$82.05	\$47.21	\$53.93	\$55.76	\$111.43
J9306	INJECTION, PERTUZUMAB, 1 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
74177	DIAGNOSTIC IMAGING, ABDOMEN	\$229.33		\$269.29	\$262.15	\$336.09	\$476.28	\$255.26	\$223.72	\$1,556.84*
99212	OFFICE/OUTPATIENT VISIT EST (SELF-LIMITED OR MINOR)	\$39.44	\$45.60	\$39.00	\$41.40	\$47.83	\$29.82	\$31.36	\$38.63	\$68.39
99232	SUBSEQUENT HOSPITAL CARE	\$68.92	N/A	\$55.46	\$63.35	\$80.27	\$49.20	\$53.18	\$55.29	\$151.45
J1300	INJECTION, ECULIZUMAB,10 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J9355	INJECTION, TRASTUZUMAB,10 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Physician Specialist Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	93%	108%	54%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Physician Specialist – By Utilization

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
00170	ANESTH FOR INTRAORAL PROC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00790	ANESTH SURG UPPER ABDOMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00840	ANESTH SURG LOWER ABDOMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Q9967	LOCM 300-399 MG/ML IODINE,1ML	\$0.12	N/A	N/A	\$0.12	\$0.12	N/A	N/A	N/A	\$184.86*
J1453	FOSAPREPITANT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1439	INJ FERRIC CARBOXYMALTOS 1MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J9306	INJECTION, PERTUZUMAB, 1 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95004	PERCUT ALLERGY SKIN TESTS	\$6.26	\$4.28	\$2.23	\$4.29	\$5.90	\$2.87	\$5.11	\$3.86	\$504.73*
00670	OP SPECIAL RESIDENCE CHARGE-GENERAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00731	ANESTH UPPER ABDOMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00813	ANESTH LOWER ABDOMEN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00320	ANESTH NECK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00400	ANESTH INTEGUMENTARY SYSTEM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$103.47
J0256	INJECTION, ALPHA 1 PROTEINASE INHIB, 10 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99284	EMERGENCY DEPT VISIT	\$117.21	\$118.66	\$94.84	\$102.25	\$131.01	\$65.60	\$98.72	\$90.19	\$278.73
J9263	ELOXATIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01402	ANESTH PROCEDURES KNEE & POPLITEAL AREA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Physician Specialist Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	111%	121%	53%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Primary Care – By Expenditures

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
T1015	CLINIC ENCOUNTER, PER VISIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$20.88	N/A
99213	OFFICE/OUTPATIENT VISIT EST	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$99.94
99214	OFFICE/OUTPATIENT VISIT EST	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$147.70
99391	PER PM REEVAL EST PAT INFANT	\$80.35	N/A	\$89.71	\$89.46	\$108.14	\$80.13	\$59.12	\$74.01	\$147.13
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$16.90	\$19.27	\$19.29	\$21.32	N/A	\$14.54	\$13.81	\$22.94
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99203	OFFICE/OUTPATIENT VISIT NEW	\$98.04	\$109.31	\$96.47	\$101.94	\$118.91	\$69.58	\$80.16	\$80.61	\$150.01
99392	PREV VISIT EST AGE 1-4	\$89.56	NA	\$95.82	\$102.99	\$115.59	\$85.14	\$59.12	\$79.12	N/A
99232	SUBSEQUENT HOSPITAL CARE	\$68.92	\$73.45	\$55.46	\$63.35	\$80.27	\$49.20	\$53.18	\$55.29	\$138.76
99233	SUBSEQUENT HOSPITAL CARE	\$98.78	\$104.99	\$79.47	\$90.79	\$114.87	\$82.00	\$71.16	\$79.18	\$140.32
99215	OFFICE/OUTPATIENT VISIT EST	\$133.43	\$147.11	\$128.70	\$138.47	\$158.61	\$96.91	\$100.29	\$129.10	\$211.04
99204	OFFICE/OUTPATIENT VISIT NEW	\$150.75	\$165.95	\$148.11	\$156.48	\$181.07	\$104.21	\$113.83	\$123.37	\$231.60
D9999	UNSPECIFIED PROCEDURE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99393	PREV VISIT EST AGE 5-11	\$89.20	N/A	\$95.50	\$102.60	\$115.21	\$90.15	\$59.12	\$78.87	\$151.16
99212	OFFICE/OUTPATIENT VISIT EST	\$39.44	\$45.60	\$39.00	\$41.40	\$47.83	\$29.82	\$31.36	\$38.63	\$66.40
99291	CRITICAL CARE FIRST HOUR	\$256.17	\$280.14	\$219.74	\$236.27	\$302.48	\$172.20	\$206.06	\$206.84	\$709.32
99223	INITIAL HOSPITAL CARE	\$185.03	\$204.21	\$150.44	\$176.34	\$223.95	\$116.85	\$133.10	\$154.11	N/A
99283	EMERGENCY DEPT VISIT	\$61.92	\$62.55	\$51.29	\$53.88	\$69.04	\$55.35	\$65.35	\$47.51	\$168.97
99284	EMERGENCY DEPT VISIT	\$117.21	\$118.66	\$94.84	\$102.25	\$131.01	\$65.60	\$98.72	\$90.19	\$247.21
99394	PREV VISIT EST AGE 12-17	\$98.04	N/A	\$104.50	\$116.24	\$126.40	\$95.16	\$62.33	\$86.64	N/A

Average Primary Care Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	94%	108%	59%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Primary Care – By Utilization

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
J0878	DAPTOMYCIN INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLAN	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1050	MEDROXYPROGESTERONE ACETATE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$33.40
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$65.97	\$75.02	\$65.16	\$69.33	\$79.55	\$45.07	\$43.85	\$64.61	\$99.94
T1015	CLINIC ENCOUNTER, PER VISIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$20.88	N/A
99214	OFFICE VISIT - 25 MIN.	\$93.62	\$109.85	\$96.15	\$102.60	\$117.32	\$67.78	\$68.72	\$95.49	\$147.70
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$16.90	\$19.27	\$19.29	\$21.32	N/A	\$14.54	\$13.81	\$22.94
J0585	INJECTION, ONABOTULINUMTOXINA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
S0280	MEDICAL HOME PROG, INITIAL PLAN	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99232	SUBSEQUENT HOSPITAL CARE	\$68.92	\$73.45	\$55.46	\$63.35	\$80.27	\$49.20	\$53.18	\$55.29	\$138.76
99391	PER PM REEVAL EST PAT INFANT	\$80.35	N/A	\$89.71	\$89.46	\$108.14	\$80.13	\$59.12	\$74.01	\$147.13
99212	OFFICE/OUTPATIENT VISIT EST (SELF-LIMITED OR MINOR)	\$39.44	\$45.60	\$39.00	\$41.40	\$47.83	\$29.82	\$31.36	\$38.63	\$66.40
36415	ROUTINE VENIPUNCTURE	\$2.58	N/A	\$3.16	\$2.77	\$3.00	\$3.00	\$4.85	\$3.70	\$6.70
87880	STREP A ASSAY W/OPTIC	\$15.08	N/A	\$15.54	\$14.88	\$16.53	\$16.53	\$17.69	\$15.67	\$25.03
90471	IMADM PRQ ID SUBQ/IM NJXS	\$9.67	\$16.90	\$19.27	\$19.29	\$21.32	\$5.80	\$9.64	\$13.81	\$23.92
00170	ANESTH FOR INTRAORAL PROCEDURES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01922	ANESTHESIA RADIOLOGICAL PROCEDURES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$98.04	\$109.31	\$96.47	\$101.94	\$118.91	\$69.58	\$80.16	\$80.61	\$150.01
J1071	INJ TESTOSTERONE CYPIONATE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99392	PREV VISIT EST AGE 1-4	\$89.56	N/A	\$95.82	\$102.99	\$115.59	\$85.14	\$59.12	\$79.12	N/A

Average Primary Care Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	89%	99%	59%

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Psychiatric Residential Treatment Facility (PRTF)

Per Diem	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Per Diem Rate Ranges (SFY 2019)	\$312.00 - \$359.00 (in-state)	\$402.21	Covered starting 10/1/18	\$327.48	\$316.93 - \$337.20	\$307.99	Not covered
Median Rate (in-state)	\$335.50	\$402.21	Rates not available	\$327.48	\$327.07	\$307.99	Not covered

WY Medicaid Rate as % of Other States	98%
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WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Supplemental Payments

Program Type	Wyoming	Colorado ^{26,27,28,29}	Idaho ³⁰	Montana ^{31,32}	Nebraska ^{33,34}	South Dakota ³⁵	Utah ^{36,37}
Inpatient	<p>Non-state government owned providers who have a Medicaid deficit, identified as having costs greater than Medicaid payments during a given year, qualify for a Qualified Rate Adjustment (QRA) payment.</p> <p>Private providers with a Medicaid deficit also qualify for a Private Hospital Assessment payment. Both the QRA and private hospital assessments are cost based and qualify for a federal match.</p>	<p>Colorado provides an “Uncompensated Care Supplemental Hospital Medicaid Payment” that is calculated prospectively on a yearly Federal Fiscal Year (FFY) basis. The payment is distributed based on number of beds and “Essential Access Hospital” qualification. Colorado also has a Hospital Quality Incentive Payment (HQIP) that is a payment per discharge based on a normalized score of four out of seven possible measures.</p> <p>Colorado makes an additional supplemental payment for teaching hospitals, including separate payments for state universities, rural family medicine residency programs, and pediatric teaching hospitals.</p> <p>There is also a payment for public providers that see a high volume of indigenous</p>	<p>Idaho pays a supplemental payment to non-state government owned hospitals with a Medicaid deficit, and Idaho uses a cost-based method to calculate its inpatient UPL. Idaho distributes a pool of supplemental payments based on each hospital's proportion of total inpatient days in the base year of the supplemental payment calculation. Supplemental payments for private hospitals are calculated and distributed the same way as non-state government owned providers.</p>	<p>In state, private hospitals receive a direct Graduate Medical Education (GME) lump sum based on GME information in the cost report.</p> <p>All in state hospitals may receive a Hospital Reimbursement Adjustor, which is calculated based on the proportion of Medicaid inpatient days for one provider out of total Medicaid inpatient days for all eligible hospitals. The result is adjusted for rural hospitals and</p>	<p>The only identified supplemental payment made by Nebraska are for supplemental GME reimbursements. There are three types of GME payments made, all of which are paid at the claim level:</p> <ul style="list-style-type: none"> • Direct medical education - calculated based on the number of intern and resident full-time equivalents from the cost report • Indirect medical education - calculated based on eligibility for the same type of payment for Medicare • Managed Care Medical Education - based on managed care discharge volume. 	<p>In state, private providers receive a direct GME lump sum based on relevant information included in each provider's Medicare Cost Report. A set amount of GME funding is distributed based on Medicaid inpatient days and weighted intern and resident full-time equivalency taken from provider's cost reports. One provider, the Center for Family Medicine, is also eligible for direct GME payments based on the South Dakota Rural Residency program.</p>	<p>Utah providers are eligible for direct GME payments. This predetermined amount of GME funding is distributed using allocation percentages that are directly listed in Utah's state plan.</p>

²⁶ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-17-0049.pdf>

²⁷ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-14-052.pdf>

²⁸ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-18-0034.pdf>

²⁹ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-18-0034.pdf>

³⁰ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0005.pdf>

³¹ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0057.pdf>

³² <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0027.pdf>

³³ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-14-02.pdf>

³⁴ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-03-Att.pdf>

³⁵ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SD/SD-18-005.pdf>

³⁶ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-13-018-Att.pdf>

³⁷ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-18-0003.pdf>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Supplemental Payments

Program Type	Wyoming	Colorado ^{26,27,28,29}	Idaho ³⁰	Montana ^{31,32}	Nebraska ^{33,34}	South Dakota ³⁵	Utah ^{36,37}
		<p>peoples and an “Urban Safety Net Provider” payment for reimbursement of uncompensated indigenous care. The state also provides supplemental payments based on metropolitan statistical areas and for large rural hospitals. Additionally, there is an inpatient hospital base rate supplement to bring providers up to the UPL after other supplements have been applied.</p>		<p>cannot exceed the UPL.</p>			
Outpatient	<p>Non-state government owned and private hospitals with a Medicaid deficit qualify for QRA payments. Both the QRA and private hospital assessments are cost based and qualify for a federal match.</p>	*None	*None	*None	*None	*None	<p>Utah pays in-state government owned, non-state government owned, and private providers a supplemental payment equal to each provider's Medicaid deficit.</p> <p>Private rural hospitals receive an increased proportion of the supplemental payment pool.</p>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Supplemental Payments

Program Type	Wyoming	Colorado^{26,27,28,29}	Idaho³⁰	Montana^{31,32}	Nebraska^{33,34}	South Dakota³⁵	Utah^{36,37}
Physician	*None	<p>The Colorado Medicaid physician supplemental payment program uses a calculated Medicare to commercial conversion factor to estimate the average commercial rate for eligible physician services provided by physicians, nurse anesthetists, physician assistants, clinical nurse specialists, nurse midwives, nurse practitioners, psychologists, clinical social workers, optometrists, and dentists that are employed by the University of Colorado School of Medicine, a state-owned provider.</p> <p>To calculate a provider's average commercial rate, Colorado Medicaid first estimates the Medicare payment made for each service and then inflates the Medicare payment using the Medicare to commercial conversion factor. Medicaid paid amounts are subtracted from the estimated commercial rate for each service to calculate the available supplemental payments. Calculations are performed on a quarterly basis.</p>	*None	*None	<p>Nebraska makes supplemental payments for services provided by University of Nebraska Medical Center and its affiliated practices, including physicians, nurse practitioners, midwives, nurse anesthetists, audiologists, optometrists, mental health practitioners, and psychologists. Nebraska Medicaid calculates an average commercial payment for physician services and paying the difference between the estimated commercial equivalent payments and Medicaid FFS and TPL payments.</p>	*None	*None

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Prescription Drugs

Note: Prescription drug reimbursement information for Colorado, Idaho, Montana, Nebraska, Utah, South Dakota, and Wyoming is as of March 2018.³⁸

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Ingredient Costs	Reimbursement is based on the lower of National Average Drug Acquisition Cost (NADAC), No NADAC Wholesale Acquisition Cost (WAC) plus 0%, Federal Upper Limit (FUL), State Maximum Allowed Cost (SMAC), Ingredient Cost submitted, Gross Amount Due (GAD), or Provider's Usual and Customary (U&C).	Reimbursement is based on the Average Acquisition Cost (AAC) or the WAC if the AAC is not available.	Reimbursement is based on the Average Acquisition Cost (AAC) or the WAC if the AAC is not available.	Reimbursement is based on the lower of ACC, Submitted Ingredient Cost, WAC or FUL.	Reimbursement is based on the lower of NADAC, FUL, MAC, or U&C.	Reimbursement is based on U&C, SMAC, NADAC, or WAC.	Reimbursement is based on the lower of Utah Estimated Acquisition Costs (UEAC), FUL, Utah Maximum Allowable Cost or Submitted Ingredient Cost.
Dispensing Fee	Dispensing fee: \$10.65	Range from \$9.31 to \$13.40, depending on the annual volume of prescriptions filled by a pharmacy. Rural pharmacies are paid a \$14.41 dispensing fee.	Dispensing fees: range from \$11.51 to \$15.11, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fees: range from \$11.00 to \$15.00, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fee: \$10.02	Dispensing fee: \$10.50	Dispensing fees: \$9.99 (urban in-state), \$10.15 (rural in-state) or \$9.99 (out-of-state).

³⁸ <https://www.medicare.gov/medicaid/prescription-drugs/state-prescription-drug-resources/index.html>

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Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Public Health, Federal

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Reimbursement to Indian Health and Tribal (IHS) clinics is based on a federally mandated encounter rate published by the U.S. Department of Health and Human Services (HHS); with the Federal Government reimbursing state Medicaid Agencies at 100% of costs. Reimbursement are all-inclusive and encounter based.</p>						
<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates.</p> <p>Reimbursement for multiple encounters on the same date of service is permitted only if the services are categorically different and/or are provided for distinct and separate diagnosis.</p> <p>Different allowable services include practitioner services, mental health services, optometry services, dental services, physical therapy, occupational therapy, speech therapy services, etc.</p> <p>Services provided outside of IHS/Tribal facilities are reimbursed according to the Medicaid fee schedule.</p>	<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates.</p> <p>Reimbursement for multiple encounters on the same date of service is permitted only if the services are categorically different and/or are provided for distinct and separate diagnoses.</p> <p>The following outpatient services are covered: physician services, mental health services, hospital outpatient services, podiatry services, optometry services, radiology services, and laboratory services.</p>	<p>IHS/Tribal facilities enter into care coordination agreements with non-IHS/Tribal providers to furnish services for patients who are Tribal Medicaid beneficiaries.</p> <p>Reimbursements paid by Idaho Medicaid for services requested by facility practitioners in accordance with care coordination agreements are eligible for federal matching funds at the enhanced federal matching rate (FMAP) of 100 percent.</p> <p>Care coordination agreements allow non-IHS/Tribal providers and IHS/Tribal facilities to seek reimbursement for services provided to Tribal Medicaid beneficiaries.</p> <p>Tribal facilities that bill for Medicaid beneficiaries'</p>	<p>IHS/Tribal inpatient and outpatient services are reimbursed based on HHS approved rates.</p> <p>Physician services provided by IHS physicians in non-IHS facilities are not eligible for 100% federal funds, but rather at the regular federal/state match (approximately 65% federal funds and 35% state funds).</p>	<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates for services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program</p> <p>Medicaid reimburses IHS facilities for inpatient and outpatient services at the Medicare/Medicaid rates established by HHS.</p>	<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates.</p> <p>All covered encounters except for inpatient hospital encounters are reimbursed at the outpatient encounter rate.</p> <p>Inpatient hospital encounters are reimbursed at the inpatient encounter rate. The inpatient encounter rate is considered reimbursement for both professional services and facility fees.</p>	<p>Medicaid reimburses for one encounter per day, per member, with the exception that more than one outpatient visit with a medical professional within a 24-hour period for distinctly different diagnoses may be reported as two encounters.</p>

WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

		<p>services outside of their “four walls” must change provider enrollment designation from “clinic” to a Federally Qualified Health Center (FQHC).</p> <p>Under section 1902(bb)(6) of the Social Security Act, IHS/Tribal facilities enrolled with Idaho Medicaid as a Tribal FQHC agree to be paid using an Alternative Payment Methodology that is the all-inclusive rate for services published annually by HHS.</p>				
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WYOMING MEDICAID – SFY 2019 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Telehealth/Telemedicine

	Wyoming ³⁹	Colorado ⁴⁰	Idaho ⁴¹	Montana ⁴²	Nebraska ⁴³	South Dakota ⁴⁴	Utah ⁴⁵
<p>CMS defines Telemedicine as a way to “improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site.”⁴⁶ While all state Medicaid programs reimburse for some type of telehealth, policies vary across states with differences in how telehealth is defined, regulated and reimbursed.</p>							
<p>Service and Reimbursement Coverage</p>	<p>Wyoming Medicaid reimburses for live video for eligible providers and services.</p> <p>Wyoming does not reimburse for remote patient monitoring.</p> <p>Wyoming reimburses telehealth providers for originating site facility fees, but not for transmission fees. Providers may not bill for both the originating (spoke) site and the distance (hub) site.</p>	<p>Colorado Medicaid reimburses for live video for both medical and mental health services.</p> <p>Colorado reimburses for remote patient monitoring for eligible individuals with certain chronic conditions.</p> <p>Reimbursement for live-video telemedicine must be at a minimum the same rate as in-person services.</p> <p>Home healthcare or home-based and community-based services delivered through telemedicine are reimbursed a flat</p>	<p>Idaho Medicaid reimburses for live video for eligible providers and services.</p> <p>Idaho does not reimburse for remote patient monitoring.</p> <p>Reimbursement for live video services is at the fee-for-service rate.</p> <p>All normal Place of Service Codes accepted by ID Medicaid are acceptable by telehealth.</p>	<p>Montana Medicaid reimburses for live video for medically necessary services.</p> <p>The State does not reimburse for remote patient monitoring.</p> <p>Montana reimburses for live video under some circumstances. Reimbursement for live-video telehealth services is the same rate as in-person services.</p>	<p>Nebraska Medicaid reimburses for live video and remote patient monitoring services for eligible Medicaid services.</p> <p>Reimbursement for live-video telehealth services is the same rate as in-person services, including for FQHC and RHC services.</p> <p>Telemonitoring services are reimbursed at a daily per diem rate set by Medicaid.</p>	<p>South Dakota Medicaid reimburses for live video for eligible providers and services.</p> <p>The State does not reimburse for remote patient monitoring.</p> <p>Reimbursement for live-video telehealth services is the same rate as in-person services.</p> <p>Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate.</p>	<p>Utah Medicaid reimburses for live video for eligible providers and services.</p> <p>Utah does not reimburse for remote patient monitoring.</p> <p>Reimbursement for live video services is the lesser of the amount billed or the rate on the fee schedule. Charges shall not exceed a provider's usual and customary charges for a provider's private pay patients.</p>

³⁹ Wyoming Medicaid Provider Manual. Available online at: https://wymedicaid.portal.conduent.com/manuals/Manual_CMS1500_1_1_18.pdf

⁴⁰ Colorado Department of Health Care Policy and Financing, Telemedicine. Available online at: <https://www.colorado.gov/pacific/hcpf/telemedicine>

⁴¹ Idaho Medicaid Policy, Telehealth Services. Available online at: <https://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>

⁴² Montana Medicaid Provider Manual. Available online at: <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026797-telemedicine>

⁴³ Nebraska Revised Statute 71-8503. Available online at: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8503>

⁴⁴ South Dakota Medicaid Billing and Policy Manual, Telemedicine Services. Available online at: <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Telemedicine.pdf>

⁴⁵ Utah Medicaid Provider Manual. Available online at:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf>

⁴⁶ Centers for Medicare and Medicaid Services, Telemedicine Benefits. Available online at: <https://www.medicare.gov/medicaid/benefits/telemedicine/index.html>

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Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

	Wyoming ³⁹	Colorado ⁴⁰	Idaho ⁴¹	Montana ⁴²	Nebraska ⁴³	South Dakota ⁴⁴	Utah ⁴⁵
		rate under the Colorado Medical Assistance program.					
Originating or Facility Reimbursement Fees	Reimbursement rate for the originating site fee of \$19.34.	Reimbursement for the current originating site fee is \$21.88. Certain codes with the GT modifier will be paid a \$5 flat fee for telemedicine transmission.	Reimbursement is not provided for use of equipment at an originating or remote site.	Reimbursement for facility fee of \$26.15. This fee is paid outside of the cost-to-charge ratio and the all-inclusive rate.	Reimbursement for originating site fee of \$20 to a Medicaid-enrolled facility that hosts the client. Transmission per minute fee of \$0.08.	Eligible providers originating sites are eligible for a facility fee reimbursement for each telemedicine transaction.	Reimbursement is not provided for use of equipment at an originating or remote site.
Licensure Agreements: Compacts that create a streamlined process for providers to be licensed in multiple states allowing them to practice telemedicine across state lines.	Interstate Medical Licensure Compact Nurses Licensure Compact	Interstate Medical Licensure Compact Nurses Licensure Compact Physical Therapy Compact Psychology Interjurisdictional Compact	Interstate Medical Licensure Compact Nurses Licensure Compact	Interstate Medical Licensure Compact Nurses Licensure Compact Physical Therapy Compact	Interstate Medical Licensure Compact Nurses Licensure Compact Physical Therapy Compact Psychology Interjurisdictional Compact	Interstate Medical Licensure Compact Nurses Licensure Compact	Interstate Medical Licensure Compact Nurses Licensure Compact Physical Therapy Compact Psychology Interjurisdictional Compact