

WYOMING MEDICAID – SFY 2020 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	AMBULANCE SERVICE	\$2,947.92	\$3,147.91	\$3,183.63	\$2,704.92	\$1,714.08	\$1,768.87	\$1,784.24	\$202.38*	N/A
A0435	AIR MILEAGE	\$9.08	\$8.93	N/A	\$7.79	\$5.45	\$11.80	\$10.82	\$5.40	N/A
A0431	AMBULANCE SERVICE	\$3,427.39	\$3,659.92	\$2,818.62	\$3,144.88	\$1,714.08	\$1,012.20	\$2,077.09	\$202.38*	N/A
A0427	AMBULANCE SERVICE	\$298.71	\$449.58	\$199.81	\$384.03	\$260.05	\$354.27	\$254.73	N/A	N/A
A0429	AMBULANCE SERVICE	\$251.55	\$378.59	\$136.68	\$323.40	\$218.99	\$173.76	\$214.83	\$795.00*	N/A
A0436	AIR MILEAGE	\$24.23	\$28.83	N/A	\$20.78	\$14.11	\$23.61	\$10.82	\$5.40*	N/A
A0425	AMBULANCE MILEAGE	\$5.63	\$7.62	\$2.09	\$6.63	3.86	\$5.81	\$3.91	\$4.77	\$631.41*
A0428	AMBULANCE SERVICE	\$157.22	\$236.62	\$132.29	\$202.12	\$136.85	\$141.70	\$139.10	N/A	N/A
A0380	AMBULANCE SERVICE, BLS, GROUND MILEAGE	\$5.63	N/A	N/A	N/A	\$3.86	N/A	N/A	N/A	N/A
A0390	ALS MILEAGE (PER MILE)	\$5.63	N/A	N/A	N/A	\$3.86	N/A	N/A	N/A	N/A
A0426	AMBULANCE SERVICE	\$188.66	\$283.94	\$148.32	\$242.55	\$164.22	\$354.27	\$171.56	N/A	N/A
A0433	AMBULANCE	\$432.35	\$657.08	\$219.16	\$555.84	\$376.37	\$354.27	N/A	N/A	N/A
A0382	AMBULANCE SERVICE, BLS DISPOSABLE SUPP	\$10.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A0422	AMBULANCE SERVICE, (ALS OR BLS)	\$25.00	N/A	\$14.23	N/A	\$13.08	N/A	\$20.11	\$22.16	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
A0998	AMBULANCE RESP, NO TRANSPORT	\$170.00	N/A	N/A	\$189.77	N/A	N/A	N/A	\$56.72*	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
	78%	122%	N/A

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Ambulatory Surgery Centers (ASC) – By Expenditures and 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	XCAPSL CTRC RMVL W/O ECP	\$971.60	\$1,012.72	\$790.53	\$923.80	\$1,012.72	\$928.00	\$452.00	\$677.03	\$2,026.07
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$971.60	\$1,012.72	\$790.53	\$923.80	\$1,012.72	\$928.00	\$452.00	\$677.03	N/A
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0191T	INSERT ANT SEGMENT DRAIN INT	\$2,607.31	\$2,717.65	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99205	OFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64483	INJECTION, ANESTHETIC AGENT	\$393.66	\$410.32	\$270.54	\$293.88	\$410.32	\$378.00	\$240.00	\$272.94	\$1,093.55
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH MEDICAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATA	\$245.74	\$256.14	\$362.32	\$393.49	\$256.14	\$378.00	\$240.00	\$177.06	N/A
64493	INJ PARAVERT F JNT L/S 1 LEV	\$393.66	\$410.32	\$270.54	\$293.88	\$410.32	\$378.00	\$240.00	\$272.94	N/A
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99152	NEWBORN RESUSCITATION: CARE OF THE HIGH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Average ASC Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	96%	116%	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	THR BX 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
90837	PSYTX W PT 60 MINUTES	\$111.68	\$140.92	\$104.26	\$119.32	\$148.80	N/A	\$110.09	\$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
97153	ADAPTIVE BX TX BY TECH	\$21.03	N/A	\$13.50	N/A	N/A	\$16.72	N/A	\$7.50	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	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$156.22
99233	SUB HOSPITAL CARE, PER DAY	\$98.78	\$105.45	\$80.26	\$90.79	\$116.07	\$83.60	\$72.23	\$78.81	N/A
H2017	PS REHAB SERVICE, PER 15 MIN	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	\$94.15	\$71.25	\$79.49	\$99.00	N/A	\$73.49	\$106.77	N/A
90791	PS DIAGNOSTIC EVALUATION	\$158.86	\$144.89	\$109.71	\$121.95	\$152.26	N/A	\$113.47	\$36.48*	N/A
H0031	MENTAL HEALTH ASSESSMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
96131	PSYCL TST EVAL PHYS/QHP EA	\$81.14	\$93.38	\$96.43	\$78.78	\$98.23	\$62.70	\$96.54	\$145.68	N/A
H2021	CB WRAP AROUND SERVICE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$84.40
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$121.53	\$121.77	\$103.42	\$129.34	\$113.69	\$96.54	\$145.68	N/A
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$19.34	N/A	\$22.10	N/A	\$26.65	\$20.39	\$26.24	N/A	N/A
90833	PSYTX W PT W E/M 30 MIN	\$29.48	\$72.60	\$36.65	\$59.99	\$77.46	N/A	\$43.13	\$59.82	N/A
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$39.82	\$43.93	\$45.84	\$37.20	\$47.81	\$29.26	\$48.27	\$72.84	N/A
96113	DEVEL TST PHYS/QHP EA ADDL	\$55.19	\$62.49	\$40.95	\$52.83	\$67.46	\$31.35	\$56.30	\$72.84	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
	86%	100%	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 BH 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
97153	ADAP BEHAVIOR TX BY TECH	\$21.03	N/A	\$13.50	N/A	N/A	\$16.72	N/A	\$7.50	N/A
H0004	BH COUNSELING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
H2017	PS REHAB SERVICE, 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	PSYTX W PT 60 MINUTES	\$111.68	\$140.92	\$104.26	\$119.32	\$148.80	N/A	\$110.09	\$132.87	N/A
H2014	SKILLS TRAINING & DEV, 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	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$156.22
H2021	CB WRAP AROUND SERVICE	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	\$94.15	\$71.25	\$79.49	\$99.00	N/A	\$73.49	\$106.77	\$112.50
Q3014	TH ORIGINATING SITE FAC FEE	\$19.34	N/A	\$22.10	N/A	\$26.65	\$20.39	\$26.24	N/A	N/A
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$21.03	N/A	\$21.06	N/A	N/A	\$16.72		\$20.00	N/A
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$84.40
90833	PSYTX W PT W E/M 30 MIN	\$29.48	\$72.60	\$36.65	\$59.99	\$77.46	N/A	\$43.13	\$59.82	N/A
99233	SUB HOSPITAL CARE, PER DAY	\$98.78	\$105.45	\$80.26	\$90.79	\$116.07	\$83.60	\$72.23	\$78.81	N/A
H0031	MENTAL HEALTH ASSESSMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
96131	PSYCL TST EVAL PHYS/QHP EA	\$81.14	\$93.38	\$96.43	\$78.78	\$98.23	\$62.70	\$96.54	\$145.68	N/A
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$39.82	\$43.93	\$45.84	\$37.20	\$47.81	\$29.26	\$48.27	\$72.84	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
	82%	100%	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 health services including mental health assessments, individual group therapy, rehabilitation, peer specialist services, and targeted case management.</p> <p>Wyoming’s combined 1915(b) & (c) waivers, the Care Management Entity (CME) and the Children’s Mental Health Waiver (CMH) respectively, is a home and community-based program that uses an evidence-based model for intensive care coordination to provide community-based alternatives to youth with serious emotional disturbance (SED) or serious and persistent mental illness as an</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.³</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.⁴</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.⁵</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.⁷</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</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.⁹</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</p>	<p>The Division of Behavioral Health, a division of the SD Department of Social Services, offers behavioral health services through contracts with 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.”¹²</p> <p>Services available for people deemed to have serious mental illnesses (SMIs) include Comprehensive</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.¹³</p> <p>The 1915(b) Prepaid Mental Health Plan</p>

³ <https://www.colorado.gov/hcpf/hcpf-2018-2019-annual-report>

⁴ <https://www.colorado.gov/pacific/healthinnovation/what-is-sim>

⁵ <https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidMentalHealthManagedCare/tabid/1861/Default.aspx>

⁷ <https://dphhs.mt.gov/montanahealthcareprograms/medicaid/medicaid1115waiver>

⁹ <http://dhhs.ne.gov/Pages/Medicaid-Services.aspx>

¹² <https://dss.sd.gov/behavioralhealth/community/mentalhealth.aspx>

¹³ <https://gardner.utah.edu/wp-content/uploads/MentalHealthReportAug2019.pdf>

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Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>alternative to institutional care.^{1, 2}</p>	<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 Medicaid also operates several waivers including an 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.⁶</p>	<p>setting rather than a nursing facility.⁸</p>	<p>approved for a Substance Use 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.¹⁰</p> <p>The state also received approval for an IMD payment exclusion for substance use disorder treatment waiver.¹¹</p>	<p>Assistance with Recovery and 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 seriously emotionally disturbed (SED).</p> <p>South Dakota does not currently operate any behavioral health waiver programs.</p>	<p>waiver allows Medicaid to enroll all members into behavioral health plans statewide.¹⁴</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>

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

² <https://health.wyo.gov/healthcarefin/medicaid/wy-1915b-waiver-renewal-july-1-2019/>

⁶ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

⁸ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

¹⁰ <https://www.cms.gov/newsroom/press-releases/trump-administration-approves-two-new-state-medicaid-demonstrations-treat-substance-use-disorders>

¹¹ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

¹⁴ <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

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Behavioral Health – Substance Use Disorder Services¹⁵

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Through various waivers and initiatives, Wyoming and surrounding states have taken a multi-layered approach 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

¹⁵ <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

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

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	\$93.60	\$139.74	\$73.29	\$136.36	\$76.50	\$93.10	N/A
D2930	PREFABRICATED CROWN	\$136.00	\$122.41	\$93.22	\$136.36	\$118.32	N/A	\$111.34
D1206	TOPICAL FLUORIDE VARNISH	\$35.00	\$16.39	N/A	\$20.45	\$20.40	\$23.28	\$17.87
D0120	PERIODIC ORAL EVALUATION	\$32.00	\$21.88	\$20.25	\$23.86	\$22.44	\$28.44	\$24.08
D1120	PROPHYLAXIS, CHILD	\$35.00	\$30.06	\$30.70	\$34.09	\$26.52	N/A	\$38.80
D7140	EXTRACTION ERUPTED TOOTH	\$70.00	\$99.30	\$46.35	\$75.00	\$67.32	\$84.06	\$71.40
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$78.00	\$107.33	\$57.13	\$68.18	\$60.18	\$75.00	N/A
D1110	PROPHYLAXIS, ADULT	\$50.00	\$40.15	\$43.87	\$51.14	\$33.66	\$54.33	\$49.67
D1351	SEALANT	\$28.00	\$33.69	\$21.93	\$27.27	\$25.50	N/A	\$29.50
D7240	REMOVAL IMPACTED TOOTH	\$200.00	\$269.64	\$156.30	\$245.45	\$206.04	\$285.79	\$194.06
D7210	REM IMP TOOTH W MUCOPER FLP	\$132.00	\$158.91	\$79.77	\$136.36	\$94.86	\$151.30	\$94.71
D0140	LIMITED ORAL EVALUATION	\$45.00	\$32.81	\$28.58	\$34.09	\$22.44	\$42.67	\$27.96
D0150	ORAL EVALUATION	\$35.00	\$37.72	\$29.37	\$34.09	\$22.44	\$42.67	\$35.71
D0330	PANORAMIC IMAGE	\$60.00	\$50.27	\$41.78	\$54.54	\$36.72	\$69.84	\$63.26
D0274	BITEWINGS FOUR IMAGES	\$35.00	\$28.41	\$25.07	\$34.09	\$19.38	\$36.21	\$35.71
D0272	DENTAL BITEWINGS TWO IMAGES	\$24.00	\$20.22	\$16.71	\$20.45	\$13.26	\$27.16	\$24.08
D2150	AMALGAM	\$96.00	\$104.74	\$59.29	\$75.00	\$60.18	\$93.10	\$71.40
D2740	CROWN PORCELAIN/CERAMIC	\$600.00	\$448.17	N/A	\$545.44	\$346.80	\$495.71	N/A
D3220	THERAPEUTIC PULPOTOMY	\$86.00	\$84.73	\$52.22	\$102.27	\$71.40	N/A	\$37.27
D2393	RESIN BASED COMPOSITE 3 SURFACE	\$114.00	\$168.43	N/A	\$184.09	\$88.74	\$112.51	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 Dental Comparison (By Expenditures)	WY Rate as % of 6-State Average
	115%

WYOMING MEDICAID – SFY 2020 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	\$21.88	\$20.25	\$23.86	\$22.44	\$28.44	\$24.08
D1206	TOPICAL FLUORIDE VARNISH	\$35.00	\$16.39	N/A	\$20.45	\$20.40	\$23.28	\$17.87
D1120	PROPHYLAXIS, CHILD	\$35.00	\$30.06	\$30.70	\$34.09	\$26.52	N/A	\$38.80
D1351	SEALANT	\$28.00	\$33.69	\$21.93	\$27.27	\$25.50	N/A	\$29.50
D0220	INTRAORAL PERIAPICAL FIRST	\$15.00	\$12.02	\$9.70	\$17.05	\$6.12	\$16.81	\$13.98
D1110	PROPHYLAXIS, ADULT	\$50.00	\$40.15	\$43.87	\$51.14	\$33.66	\$54.33	\$49.67
D0272	DENTAL BITEWINGS TWO IMAGES	\$24.00	\$20.22	\$16.71	\$20.45	\$13.26	\$27.16	\$24.08
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$93.60	\$139.74	\$73.29	\$136.36	\$76.50	\$93.10	N/A
D0230	INTRAORAL PERIAPICAL EA ADD	\$14.00	\$12.02	\$8.62	\$8.52	\$5.10	\$11.64	\$10.85
D7140	EXTRACTION ERUPTED TOOTH	\$70.00	\$99.30	\$46.35	\$75.00	\$67.32	\$84.06	\$71.40
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$78.00	\$107.33	\$57.13	\$68.18	\$60.18	\$75.00	N/A
D0150	ORAL EVALUATION	\$35.00	\$37.72	\$29.37	\$34.09	\$22.44	\$42.67	\$35.71
D0274	BITEWINGS FOUR IMAGES	\$35.00	\$28.41	\$25.07	\$34.09	\$19.38	\$36.21	\$35.71
D0140	LIMITED ORAL EVALUATION	\$45.00	\$32.81	\$28.58	\$34.09	\$22.44	\$42.67	\$27.96
D2930	PREFABRICATED CROWN	\$136.00	\$122.41	\$93.22	\$136.36	\$118.32	N/A	\$111.34
D9230	ANALGESIA	\$25.00	\$30.61	\$17.76	\$30.68	\$28.56	\$37.51	N/A
D0330	PANORAMIC IMAGE	\$60.00	\$50.27	\$41.78	\$54.54	\$36.72	\$69.84	\$63.26
D7210	REM IMP TOOTH W MUCOPER FLP	\$132.00	\$158.91	\$79.77	\$136.36	\$94.86	\$151.30	\$94.71
D1330	ORAL HYGIENE INSTRUCTIONS	\$10.00	N/A	N/A	\$23.86	N/A	N/A	N/A
D2150	AMALGAM	\$96.00	\$104.74	\$59.29	\$75.00	\$60.18	\$93.10	\$71.40

Average Dental Comparison (By Utilization)	WY Rate as % of 6-State Average
	113%

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Adult Dental (Age 21 and Over) - Benefits Provided

	Wyoming¹⁶	Colorado¹⁷	Idaho¹⁸	Montana¹⁹	Nebraska²⁰	South Dakota²¹	Utah²²
Benefits Covered	Members are eligible for preventative and emergency services only. Restorative services not allowed.	Expanded adult dental services July 1, 2019. Benefits include annual dental exams, cleanings, diagnostic and restorative services, etc..	Expanded adult dental services July 1, 2018. Benefits include preventative and diagnostic benefits and therapeutic benefits.	Members are eligible for most medically necessary dental services. Benefits include preventative, diagnostic and therapeutic services.	Members are eligible for most medically necessary dental services. Benefits include preventative, diagnostic, restorative and therapeutic services.	Within service limits, members are eligible for two exams and cleanings per year, fillings, x-rays, removal of teeth, some crowns and root canals and dentures.	Adult dental services are covered for members that are pregnant, disabled, blind, age 65 or older, or eligible for targeted adult Medicaid programs.
Service Limits	Members receive preventative and emergency services only.	\$1,500 per member, per calendar year cap on adult dental procedures, excluding emergency services and dentures.	Benefits are capped by service type. Members may access 1 routine dental exam and x-rays per year, 1 cleaning per 6 months, 1 filling per tooth per 24 months, etc...	\$1,125 per member, per benefit year cap on adult dental procedures, excluding diagnostic, preventative and anesthesia services. Aged, Blind, and Adult Disabled Medicaid Members are not subject to the annual cap.	\$750 per member, per fiscal year cap on adult dental procedures, excluding emergency services and certain pre-approved treatments.	\$1,000 per member, per fiscal year cap on adult dental procedures, excluding emergency, preventative services, and dentures.	Traditional and non-pregnant adult Medicaid members receive emergency dental services only.

¹⁶ https://wymedicaid.portal.conduent.com/bulletins/FAQs_Dental_10.8.18.pdf

¹⁷ <https://www.colorado.gov/pacific/sites/default/files/Adult%20Health%20First%20Colorado%20Dental%20Benefit%20Fact%20Sheet.pdf>

¹⁸ <https://www.mcnid.net/en/members-faq#c1-q2>

¹⁹ <https://dphhs.mt.gov/MontanaHealthcarePrograms/Dental>

²⁰ <https://www.mcnane.net/#resources>

²¹ <https://dss.sd.gov/medicaid/recipients/dental.aspx>

²² <https://medicaid.utah.gov/dental-coverage-and-plans/>

WYOMING MEDICAID – SFY 2020 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 Wyoming uses; 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	SP, LANG OR HEARING THERAPY, WI	\$63.03	\$80.95	\$62.46	\$68.74	\$87.00	\$37.62	\$13.72*	\$59.17	\$100.43
97530	THERAPEUTIC ACT, DIRECT (1 ON 1)	\$30.59	\$40.32	\$32.80	\$34.21	\$43.96	\$20.90	\$15.64	\$34.93	\$62.91
92508	SP, LANG OR HEARING THERAPY, WI	\$23.59	\$24.49	\$10.41	N/A	\$26.00	\$18.81	\$8.98	\$17.63	N/A
97110	THR PROC. 1/MORE EA. 15MIN	\$29.11	\$31.30	\$30.14	\$26.63	\$33.96	\$20.90	\$15.64	\$27.19	\$66.91
92523	SPEECH SOUND LANG COMPREHEN	\$168.22	\$197.94	\$160.29	\$170.23	\$215.72	\$187.05	\$139.81	\$146.46	N/A
97150	THERAPEUTIC PROCEDURES	\$18.43	\$18.72	\$11.57	N/A	\$20.23	\$20.90	\$12.83	\$16.29	N/A
H2019	THR BEHAVIORAL SERVICE, 15 MIN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92526	TREATMENT OF SWALLOWING	\$79.24	\$89.25	\$25.46*	\$74.64	\$95.07	\$45.98	\$71.29	\$64.55	N/A
97165	OT EVAL LOW COMPLEX 30 MIN	\$71.50	\$92.86	\$46.95	\$78.66	\$100.46	\$66.88	\$35.41	\$80.25	\$130.56
97112	THR PROC. 1/MORE, EA.15MIN	\$29.85	\$35.99	\$31.46	\$30.27	\$38.58	\$20.90	\$15.64	\$30.89	\$63.83
97161	PT EVAL LOW COMPLEX 20 MIN	\$73.72	\$87.45	\$29.34	\$73.40	\$93.53	\$66.88	\$32.50	\$74.88	\$98.39
97116	THR PROC. 1/MORE, EA.15MIN	\$25.43	\$30.94	\$9.24	\$26.31	\$33.58	\$16.72	\$15.64	\$26.89	\$37.09
97162	PT EVAL MOD COMPLEX 30 MIN	\$73.72	\$87.45	\$41.32	\$73.40	\$93.53	\$66.88	\$48.75	\$74.88	\$112.13
92522	EVALUATE SPEECH PRODUCTION	\$80.96	\$94.15	\$77.15	\$79.82	\$101.92	\$92.13	\$67.14	\$69.10	N/A
97163	PT EVAL HIGH COMPLEX 45 MIN	\$73.72	\$87.45	\$71.87	\$73.40	\$93.53	\$66.88	\$73.13	\$74.88	N/A
92610	EVAL PHARYNGEAL FUNCTION	\$63.03	\$88.84	\$29.61	\$74.08	N/A	\$73.15	\$107.33	\$64.79	N/A
G9012	CASE MANAGEMENT	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	\$64.09	\$46.95	\$53.79	\$68.80	\$45.14	\$46.90	\$54.85	N/A
97167	OT EVAL HIGH COMPLEX 60 MIN	\$71.50	\$92.50	\$84.46	\$78.66	\$100.46	\$66.88	\$70.83	\$80.25	N/A
97535	SELF CARE MNGMENT TRAINING	\$30.96	\$34.91	\$17.38	\$29.82	\$23.56	N/A	N/A	\$25.50	\$102.27*

*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
	84%	108%	58%

WYOMING MEDICAID – SFY 2020 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	\$704.80	N/A	N/A	N/A	N/A	N/A
E0466	HOME VENT NON-INVASIVE INTER	N/A	N/A	N/A	\$8,552.06	N/A	\$1,619.64	N/A	N/A	N/A
V5140	BINAURAL, BEHIND THE EAR	N/A	N/A	N/A	\$1,088.72	N/A	N/A	\$1,153.16	\$1,200.00	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
B4035	ENTERAL FEED SUPP PUMP PER D	\$11.24	N/A	N/A	\$5.01	\$5.66	\$13.98	N/A	\$8.24	N/A
T4535	DISP LINER/SHIELD/GUARD/PAD/ UNDERGARMENT	\$0.75	N/A	N/A	\$0.34	\$0.56	\$0.98	N/A	\$0.44	N/A
V5261	HEARING AID	N/A	N/A	N/A	\$1,049.92	N/A	N/A	\$1,153.16	\$1,200.00	\$5,236.29
E0784	EXTERNAL AMBULATORY INF. PUMP	\$4,441.60	N/A	\$4,451.60	\$4,249.20	\$4,441.60	\$4,739.46	\$4,181.31	N/A	N/A
E1007	POWER SEATING SYSTEM FOR W/C	\$8,741.27	N/A	N/A	\$7,659.31	\$7,919.80	\$9,787.59	\$7,529.54	N/A	N/A
A4353	INTERMITTENT URINARY CATHETER	\$7.00	\$8.13	N/A	\$6.97	\$8.13	\$7.83	\$7.44	N/A	N/A
T4527	DISP INCONTINENCE PRODUCT, ADULT	\$1.28	N/A	N/A	\$0.74	\$1.02	\$1.09	N/A	\$0.87	N/A
E0431	PORTABLE GAS OXYGEN SYSTEM	N/A	N/A	N/A	\$167.30	N/A	N/A	N/A	N/A	N/A
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDE	\$261.33	N/A	N/A	\$294.14	\$337.35	\$325.12	N/A	\$123.78	N/A
T4528	DISP INCONTINENCE PRODUCT, ADULT	\$1.40	N/A	N/A	\$0.82	\$1.12	\$1.09	N/A	\$0.87	N/A
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDE	\$166.11	N/A	N/A	\$186.98	\$214.44	\$206.66	N/A	\$70.40	N/A
T4526	DISP INCONTINENCE PRODUCT, ADULT	\$1.09	N/A	N/A	\$0.62	\$0.87	\$0.98	N/A	\$0.64	N/A
E0465	HOME VENT INVASIVE INTERFACE	N/A	N/A	N/A	\$8,552.06	N/A	\$1,619.64	N/A	N/A	N/A
B4185	PN SOLN NOS 10 GRAMS LIPIDS	\$10.50	N/A	N/A	\$11.82	\$13.55	\$13.06	N/A	N/A	N/A
K0861	POWER WHEELCHAIR, #3 STANDARD, MULT PWR	\$5,688.67	N/A	\$5,688.67	\$5,511.20	\$8,533.00	\$5,621.08	\$5,119.80	\$5,091.20	N/A
E1161	MANUAL W/C	N/A	N/A	\$2,748.70	\$2,550.31	\$2,748.70	\$2,716.09	\$2,473.83	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	106%	N/A

WYOMING MEDICAID – SFY 2020 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	N/A	\$0.34	\$0.56	\$0.98	N/A	\$0.44	N/A
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$1.28	N/A	N/A	\$0.74	\$1.02	\$1.09	N/A	\$0.87	N/A
T4541	INCONTINENCE PRODUCT, LARGE	\$0.37	N/A	N/A	\$0.25	\$0.31	\$0.57	N/A	N/A	N/A
J7677	REVEFENACIN INH NON-COM 1MCG	\$0.20	N/A	N/A	N/A	N/A	N/A	N/A	\$0.22	N/A
J7620	ALBUTEROL, UP TO 2.5 MG	\$0.16	N/A	N/A	\$0.10	N/A	N/A	N/A	\$0.13	N/A
J7613	ALBUTEROL, INHALATION SOLUTION	\$0.05	N/A	N/A	\$0.04	N/A	N/A	N/A	\$0.04	N/A
T4526	DISP INCONTINENCE PRODUCT, ADULT	\$1.09	N/A	N/A	\$0.62	\$0.87	\$0.98	N/A	\$0.64	N/A
T4528	DISP INCONTINENCE PRODUCT, ADULT	\$1.40	N/A	N/A	\$0.82	\$1.12	\$1.09	N/A	\$0.87	N/A
A4351	INTERMITTENT URINARY CATHETER	\$1.54	\$1.79	N/A	\$1.54	\$1.79	\$2.02	\$1.58	\$1.61	N/A
T4534	DISP INCONTINENCE PRODUCT, YOUTH	\$1.21	N/A	N/A	\$0.52	\$0.89	\$0.90	N/A	\$0.71	N/A
B4160	ENTERAL FORMULA, FOR PEDIATRICS	\$0.49	N/A	N/A	\$0.70	N/A	\$0.79	N/A	\$0.60	N/A
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$1.77	N/A	N/A	\$1.93	N/A	\$2.25	N/A	\$1.51	N/A
A4332	LUBRICANT	\$0.11	\$0.13	N/A	\$0.12	\$0.13	\$0.13	\$0.13	\$0.12	N/A
J7626	BUDESONIDE INHALATION SOLUTION	\$2.39	N/A	N/A	\$2.85	N/A	N/A	N/A	N/A	N/A
T4525	DISP INCONTINENCE PRODUCT, ADULT	\$0.90	N/A	N/A	\$0.54	\$0.73	\$0.90	N/A	\$0.56	N/A
T4533	DISP INCONTINENCE PRODUCT, YOUTH	\$1.07	N/A	N/A	\$0.48	\$0.79	\$0.90	N/A	\$0.71	N/A
A4353	INTERMITTENT URINARY CATHETER	\$7.00	\$8.13	N/A	\$6.97	\$8.13	\$7.83	\$7.44	\$7.28	N/A
T4544	ADLT DISP UND/PULL ON ABV XL	N/A	N/A	N/A	\$2.41	N/A	\$1.09	N/A	N/A	N/A
B4150	ENTERAL FORMULAE; CATEGORY I	\$0.65	N/A	N/A	\$0.50	\$0.38	\$0.80	N/A	\$0.53	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$11.24	N/A	N/A	\$5.01	\$5.66	\$13.98	N/A	\$8.24	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%	119%	N/A

WYOMING MEDICAID – SFY 2020 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 2020).</p>	<p>Routine dialysis services in free-standing ESRD facilities are reimbursed at the lesser of charges or the Medicaid rate as posted on the Health First Colorado fee schedule.²³</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, peritoneal dialysis, continuous ambulatory peritoneal dialysis (CAPD) composite or other rate, and continuous cycling peritoneal dialysis (CCPD) composite or other rate are bundled into a composite rate for the dialysis facility. Medicaid fee schedule rates are periodically reviewed and adjusted.²⁴ 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 approximately \$470 for a dialysis procedure. Freestanding dialysis clinics may only bill one CPT code for all dialysis procedures^{25, 26}</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.²⁷</p>

²³ Colorado Dialysis Billing Manual. Available online at: <https://www.colorado.gov/pacific/hcpf/dialysis-manual#reimb>

²⁴ Montana Dialysis Clinic Services Manual. Available online at: <https://medicaidprovider.mt.gov/manuals/dialysisclinicservicesmanual>

²⁵ South Dakota Renal Dialysis Services Billing and Policy Manual. Available online at: <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/RenalDialysis.pdf>

²⁶ South Dakota Renal Dialysis Fee Schedule. Available online at: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Renal_Dialysis_FY20.pdf

²⁷ Utah Administrative Code: Coverage of Dialysis by an End-Stage Renal Disease Facility. Available online at: <https://rules.utah.gov/publicat/code/r414/r414-19a.htm>

WYOMING MEDICAID – SFY 2020 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>Medicaid members have a copayment of</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</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</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>Medicaid members with an income at or below 100 percent Federal Poverty Level (FPL) have a copayment of \$4.00 per visit. Medicaid members with an income above 100 percent FPL have a copayment of 10</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>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>Medicaid members have a copayment of \$3.00 per visit.</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</p>

WYOMING MEDICAID – SFY 2020 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>\$2.45 for non-emergent services. Prior authorization is required after the first 12 FQHC visits to confirm ongoing medical necessity.</p>	<p>rate after audit. The State calculates the facility base rates 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>Medicaid members have a copayment of \$2.00 per visit.</p>	<p>rate. For example, the State reimburses FQHCs for providing LARCs and non-surgical trans-cervical permanent contraceptive devices outside of the PPS rate.</p>	<p>percent of the payment amount.</p>	<p>Nebraska also reimburses FQHCs under an APM 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>Medicaid. Utah Medicaid uses that 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> <p>Medicaid members have a copayment of \$4.00 per visit.</p>

WYOMING MEDICAID – SFY 2020 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>Medicaid members have a copayment of \$2.45 for non-emergent services. Prior authorization is required after the first 12 FQHC visits to confirm ongoing medical necessity.</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>Medicaid members have a copayment of \$2.00 per visit.</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>Medicaid members with an income at or below 100 percent Federal Poverty Level (FPL) have a copayment of \$4.00 per visit. Medicaid members with an income above 100 percent FPL have a copayment of 10 percent of the payment amount.</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>Medicaid members have a copayment of \$3.00 per visit.</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> <p>Medicaid members have a copayment of \$4.00 per visit.</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 2020 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
0270	MED/SUR SUPPLIES & DEVICES - GEN CLASS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0421	PHYSICAL THERAPY - VISIT CHARGE	\$84.50	\$163.61	\$122.56	\$123.22	\$77.11	\$106.55	\$62.56	\$80.66	\$98.69
0441	SPEECH THERAPY - VISIT CHARGE	\$84.50	\$177.84	\$133.19	\$165.69	\$77.11	\$106.55	\$54.88	\$71.88	N/A
0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$60.00	\$149.68	\$112.08	N/A	N/A	\$91.75	N/A	N/A	N/A
0551	SKILLED NURSING-VISIT CHARGE	\$84.50	\$149.68	\$112.08	\$102.92	\$77.11	\$106.55	N/A	\$75.10	\$96.95
0561	VISIT CHARGE, HOME HLTH	\$130.00	\$239.92	N/A	N/A	N/A	N/A	\$107.76	N/A	N/A
0570	HOME HEALTH AIDE - GENERAL CLASS	\$35.00	\$67.78	\$38.12	N/A	N/A	\$23.18	\$27.80	N/A	N/A
0571	HOME HEALTH AIDE - VISIT CHARGE	\$45.50	\$67.78	\$38.12	\$40.00	\$34.43	\$56.66	\$27.80	\$79.47	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 Home Health Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	53%	89%	N/A

WYOMING MEDICAID – SFY 2020 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 2019)	Medicare Rate (Oct 2019 - Sept 2020)	CO Rate (Oct 2019)	ID Rate (Oct 2019)	MT Rate (Oct 2019)	NE Rate (Oct 2019)	SD Rate (Oct 2019)	UT Rate (Oct 2019)	Commercial Rate
T2042	0651	ROUTINE CARE (1-60 DAYS)	\$187.79	\$194.50	\$178.26	\$220.55	\$194.75	\$184.02	\$194.75	\$194.75	\$179.48
T2042	0651	ROUTINE CARE (61+ DAYS)	\$149.03	\$153.72	\$140.89	\$174.31	\$153.92	\$184.02	\$153.92	\$153.92	\$179.48
T2043	0652	CONTINUOUS CARE (HOURLY)	\$56.36	\$58.15	\$53.24	\$65.88	\$58.17	\$54.96	\$58.17	\$58.17	N/A
T2044	0655	RESPIRE CARE (TOTAL)	\$460.25	\$450.10	\$442.19	\$540.07	\$473.79	\$453.24	\$473.79	\$473.79	N/A
T2045	0656	GENERAL INPATIENT CARE (TOTAL)	\$987.52	\$1,021.25	\$940.70	\$1,159.00	\$1,021.25	\$968.87	\$1,021.25	\$1,021.25	N/A

Average Hospice Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	98%	96%	94%

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Inpatient Hospital

Wyoming	Colorado ^{28, 29}	Idaho ³⁰	Montana ^{31, 32}	Nebraska ^{33, 34}	South Dakota ³⁵	Utah ³⁶
<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.³⁷</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>

²⁸ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-16-0005.pdf>

²⁹ <https://www.colorado.gov/pacific/sites/default/files/Inpatient%20Hospital%20Rate%20Posting%20%20FY2018-19.pdf>

³⁰ IDAPA 16.03.09 <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

³¹ <https://medicaidprovider.mt.gov/Portals/68/docs/aprdrq/2016/APRDRGFAQFY17.pdf>

³² <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drq>

³³ <http://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/APR-DRG%20Hospital%20Rates%20SFY2019.pdf>

³⁴ <http://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2018-10.pdf>

³⁵ http://dss.sd.gov/docs/medicaid/medicalservices/4_GeneralProgramAdministration/4.19/Attachment%204.19-A--Inpatient%20Hospital%20Payment%20Methodology.pdf

³⁶ https://health.utah.gov/stplan/spa/A_4-19-A.pdf

³⁷ https://health.utah.gov/stplan/spa/A_4-19-A.pdf

WYOMING MEDICAID – SFY 2020 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.	Providers of ICF/ID facilities will be paid per diem rates based on audited historical cost reports, adjusted for inflation. Total payments include / account for property reimbursement, capped costs, exempt costs, and excluded costs. Capped costs include all allowable costs and are divided by total participant days to arrive the final per diem rate.	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 cost reports from two years prior to the end of the rate period. Routine services, injections, and transportation are included in per diem rates however costs for meeting licensure standards and ancillary services are also considered allowable (as defined in SPA 4.19-D). The State defines several limitations in SA 4.19-D Section 31-008.05 that may impact rate determination for non-state-operated facilities.	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 consisting of a property component (computed using the Fair Rental Value methodology) and a flat rate component for all other services. In some cases, add-on payments may be made to facilities. Utah also reserves additional funds for quality and capital improvement incentives, distributed to providers who meet the criteria in SPA 4.19-D Section 1195 based on their proportion of Medicaid ICF/ID patient days.
Hospital Provider Tax in Place for ICF-ID Facilities	No	Yes	Yes	Yes	Yes	Yes	N/A
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 2020 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
87491	INFECTIOUS AGENT DETECTION	\$44.14	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$42.29
87591	INFECTIOUS AGENT DETECTION	\$44.14	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$42.02
88305	LEVEL IV - SURGICAL PATHOLOGY	\$65.61	\$71.36	\$60.79	\$34.57	\$75.73	\$101.31	\$68.79	\$34.76	\$79.50
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$33.31	\$26.61	\$23.55	\$29.44	\$26.61	\$26.61	\$26.61	\$8.24*	\$48.87
80081	OBSTETRIC PANEL	\$91.77	\$74.86	\$66.54	\$83.18	\$74.86	\$74.86	\$74.86	\$82.29	\$76.44
87624	HPV HIGH-RISK TYPES	\$42.98	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$43.33	\$44.37
80307	DRUG TEST PRSMV CHEM ANALYZR	\$71.83	\$62.14	\$15.94*	\$64.65	\$62.14	\$62.14	\$62.14	\$63.95	\$55.16
84443	THYROID STIMULATING HORMONE (TSH)	\$20.64	\$16.80	\$16.80	\$18.68	\$16.80	\$16.80	\$16.80	\$22.91	\$23.99
80361	OPIATES 1 OR MORE	\$29.15	N/A	\$17.25	N/A	N/A	N/A	N/A	N/A	N/A
87661	TRICHOMONAS VAGINALIS AMPLIF	\$43.08	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$47.96	\$66.64
87801	INFECTIOUS AGENT DETECTION	\$88.26	\$70.20	\$62.39	\$77.99	\$70.20	\$70.20	\$70.20	\$37.65	\$55.60
87798	INFECTIOUS AGENT DETECTION	\$44.14	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$37.65	\$22.25
80050	GENERAL HEALTH PANEL	\$55.00	N/A	\$46.02	N/A	\$57.29	\$43.62	\$58.75	\$44.84	\$42.90
85025	BLOOD COUNT;	\$9.85	\$7.77	\$7.77	\$8.63	\$7.77	\$7.77	\$7.77	\$6.66	\$12.51
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	\$37.22	\$29.60	\$29.60	\$32.90	\$29.59	\$29.60	\$29.60	\$40.37	\$36.06
80346	BENZODIAZEPINES1-12	\$24.08	N/A	\$17.25	N/A	N/A	N/A	N/A	N/A	N/A
88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IM	\$104.68	\$101.74	\$55.82	\$32.36*	\$76.38	\$95.57	\$50.12	\$28.08*	\$113.62
80053	COMPREHENSIVE METABOLIC PANEL	\$13.29	\$10.56	\$10.56	\$11.74	\$10.56	\$10.56	\$10.56	\$8.99	\$17.52
88307	LEVEL V - SURGICAL PATHOLOGY	\$222.63	\$281.20	\$84.10	\$75.85	\$293.37	\$200.17	\$111.75	\$61.44*	N/A
87512	INFECTIOUS AGENT DETECTION	\$52.50	\$41.76	\$41.76	\$46.40	\$41.76	\$41.76	\$41.76	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 Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	118%	122%	106%

WYOMING MEDICAID – SFY 2020 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
87491	INFECTIOUS AGENT DETECTION	\$44.14	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$42.29
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE	\$6.02	\$5.22	\$5.22	\$5.80	\$5.22	\$5.22	\$5.22	\$4.05	\$22.17*
87591	INFECTIOUS AGENT DETECTION	\$44.14	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$42.02
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$33.31	\$26.61	\$23.55	\$29.44	\$26.61	\$26.61	\$26.61	\$8.24*	\$48.87
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR	\$2.58	\$3.00	\$3.00	\$2.77	\$3.00	\$3.00	\$3.00	N/A	\$1.46
88305	LEVEL IV - SURGICAL PATHOLOGY	\$65.61	\$71.36	\$60.79	\$34.57	\$75.73	\$101.31	\$68.79	\$34.76	\$79.50
85025	BLOOD COUNT;	\$9.85	\$7.77	\$7.77	\$8.63	\$7.77	\$7.77	\$7.77	\$6.66	\$12.51
84443	THYROID STIMULATING HORMONE	\$20.64	\$16.80	\$16.80	\$18.68	\$16.80	\$16.80	\$16.80	\$22.91	\$23.99
87086	CULTURE, BACTERIAL	\$4.76	\$8.07	\$8.07	\$8.96	\$8.07	\$8.07	\$8.07	\$9.22	\$8.18
87081	CULTURE, BACT, SCREENING ONLY	\$5.29	\$6.63	\$6.63	\$7.36	\$6.63	\$6.63	\$6.63	\$3.58	\$9.45
80053	COMP METABOLIC PANEL	\$13.29	\$10.56	\$10.56	\$11.74	\$10.56	\$10.56	\$10.56	\$8.99	\$17.52
80361	OPIATES 1 OR MORE	\$29.15	N/A	\$17.25	N/A	N/A	N/A	N/A	N/A	N/A
87624	HPV HIGH-RISK TYPES	\$42.98	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$43.33	\$44.37
84439	THYROXINE;	\$11.34	\$9.02	\$9.02	\$10.02	\$9.01	\$9.02	\$9.02	\$9.91	\$13.39
85027	BLOOD COUNT;	\$8.14	\$6.47	\$6.47	\$7.18	\$6.46	\$6.47	\$6.47	\$6.44	\$7.81
80061	LIPID PANEL	\$14.00	\$13.39	\$13.39	\$14.88	\$13.39	\$13.39	\$13.39	\$18.97	\$17.61
80346	BENZODIAZEPINES1-12	\$24.08	N/A	\$17.25	N/A	N/A	N/A	N/A	N/A	N/A
87661	TRICHOMONAS VAGINALIS AMPLIF	\$43.08	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$47.96	\$66.64
82950	GLUCOSE;	\$5.26	\$4.75	\$4.75	\$5.27	\$4.75	\$4.75	\$4.75	\$6.48	\$7.90
80358	DRUG SCREENING METHADONE	\$20.53	N/A	\$17.25	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
	112%	109%	87%

WYOMING MEDICAID – SFY 2020 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	ROUTINE OB CARE INCLUDING ANTEPAR	\$2,329.18	\$2,179.52	\$1,579.66	\$1,756.96	\$2,811.51	\$1,695.40	\$1,465.26	\$2,034.89	N/A
01967	ANESTH/ANALG VAG DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59510	ROUTINE OB CARE INCLUDING ANTEPAR	\$2,574.30	\$2,413.54	\$1,787.84	\$1,941.82	\$3,133.38	\$2,119.25	\$1,660.86	\$2,034.89	N/A
59409	VAGINAL DELIVERY ONLY	\$905.65	\$831.05	\$744.29	\$686.39	\$1,099.07	\$890.08	\$840.12	\$795.21	N/A
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$909.70	\$854.47	\$654.70	\$684.15	\$1,081.36	\$76.40*	\$679.14	\$784.83	\$919.98
59410	VAGINAL DELIVERY ONLY	\$1,154.45	\$1,070.37	\$853.90	\$879.17	\$1,405.71	\$1,059.62	\$938.64	\$1,017.09	N/A
59514	CAESAREAN DELIVERY ONLY	\$1,019.17	\$937.90	N/A	\$772.67	\$1,242.63	\$1,229.16	\$1,130.66	\$795.21	\$981.58
01961	ANESTH CS DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPAR	\$1,400.31	\$1,301.84	\$1,067.39	\$1,062.45	\$1,716.08	\$1,483.47	\$1,182.32	\$1,017.09	N/A
59025	FETAL NON-STRESS TEST	\$53.44	\$48.84	\$38.18	\$40.37	\$39.88	\$67.78	\$45.85	\$23.28	\$114.35
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$508.29	\$479.90	\$365.74	\$381.83	\$607.40	\$76.70*	\$398.96	\$440.37	\$787.53
01968	ANES/ANALG CS DELIVER ADD-ON	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01960	ANESTH VAGINAL DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59610	ROUTINE OBSTETRIC CARE	\$2,440.86	\$2,289.15	\$1,698.96	\$1,842.23	\$2,961.08	\$274.63*	\$1,768.45	\$2,138.78	N/A
59430	POSTPARTUM CARE ONLY (SEP)	\$206.41	\$211.96	\$148.43	\$154.91	\$254.88	\$76.40	\$147.45	\$185.08	N/A
59612	VAGINAL DELIVERY ONLY	\$1,016.23	\$937.24	\$799.60	\$771.10	\$1,247.11	\$1,229.16	\$942.43	\$898.49	N/A
59618	ROUTINE OBSTETRIC CARE	\$2,608.95	\$2,443.94	\$1,860.48	\$1,966.09	\$3,177.53	\$2,458.33	\$1,670.59	\$2,291.60	N/A
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$113.89
59614	VAGINAL DELIVERY ONLY	\$1,264.26	\$1,165.22	\$794.06	\$958.82	\$1,542.73	\$1,398.70	\$1,061.93	\$1,112.45	N/A
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$170.06

*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
	104%	114%	71%

WYOMING MEDICAID – SFY 2020 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	ANESTH CS DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01960	ANESTH VAGINAL DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
01968	ANES/ANALG CS DELIVER ADD-ON	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59025	FETAL NON-STRESS TEST	\$53.44	\$48.84	\$38.18	\$40.37	\$39.88	\$67.78	\$45.85	\$23.28	\$114.35
01967	ANESTH/ANALG VAG DELIVERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
59400	ROUTINE OB CARE INCLU ANTEPAR	\$2,329.18	\$2,179.52	\$1,579.66	\$1,756.96	\$2,811.51	\$1,695.40	\$1,465.26	\$2,034.89	N/A
59514	CAESAREAN DELIVERY ONLY	\$1,019.17	\$937.90	N/A	\$772.67	\$1,242.63	\$1,229.16	\$1,130.66	\$795.21	N/A
59409	VAGINAL DELIVERY ONLY	\$905.65	\$831.05	\$744.29	\$686.39	\$1,099.07	\$890.08	\$840.12	\$795.21	N/A
59510	ROUTINE OB CARE INCLU ANTEPAR	\$2,574.30	\$2,413.54	\$1,787.84	\$1,941.82	\$3,133.38	\$2,119.25	\$1,660.86	\$2,034.89	N/A
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$909.70	\$854.47	\$654.70	\$684.15	\$1,081.36	\$76.40*	\$679.14	\$784.83	\$919.98
59410	VAGINAL DLV ONLY	\$1,154.45	\$1,070.37	\$853.90	\$879.17	\$1,405.71	\$1,059.62	\$938.64	\$1,017.09	N/A
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$508.29	\$479.90	\$365.74	\$381.83	\$607.40	\$76.70*	\$398.96	\$440.37	\$787.53
59515	CESAREAN DLV ONLY INCLU POSTPAR	\$1,400.31	\$1,301.84	\$1,067.39	\$1,062.45	\$1,716.08	\$1,483.47	\$1,182.32	\$1,017.09	N/A
59430	POSTPARTUM CARE ONLY (SEP)	\$206.41	\$211.96	\$148.43	\$154.91	\$254.88	\$76.40	\$147.45	\$185.08	N/A
99213	OFC/OTR OP VST-EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	#N/A	\$113.89
99214	OFC/OTR OP VST-EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	#N/A	\$170.06
59000	AMNIOCENTESIS, ANY METHOD	\$140.80	\$123.46	\$93.39	\$105.59	\$161.31	\$35.70*	\$131.38	\$93.85	N/A
99203	OFC/OTR OP VST- EVAL & MGMT-NEW PT	\$98.04	\$108.69	\$97.43	\$101.94	\$120.69	\$52.91	\$81.36	\$80.68	\$180.49
99212	OFC/OTR OP VST FOR EVAL & MGMT-ESTAB	\$39.44	\$45.94	\$29.39	\$41.40	\$49.81	\$30.42	\$31.83	\$39.17	\$66.91
59412	EXT CEPHALIC VER, WITH OR WITHOUT	\$115.00	\$105.84	\$113.34	\$86.96	\$138.75	\$296.69	\$135.73	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 Maternity Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	102%	112%	62%

WYOMING MEDICAID – SFY 2020 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. These rates reflect pre-COVID 19 rates. In response to the public health crisis, Wyoming and comparison states implemented temporary rate reimbursements changes for the last few months of SFY 2020 (March - June 2020) including temporary rate increases for nursing facilities.

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 2020)	<p>Range: \$171.94 - \$213.84</p> <p>Average: \$188.38</p>	<p>Range: \$179.23 - \$295.60</p> <p>Average: \$234.31</p>	Unknown	<p>Range: \$201.26 - \$218.06</p> <p>Average: \$207.53</p>	<p>Range: \$111.09 - \$257.04</p> <p>Average: \$171.50</p>	<p>Range: \$117.84 - \$281.07</p> <p>Average: \$159.41</p>	<p>Range: \$166.07 - \$223.40</p> <p>Average: \$202.21</p>

Average WY Medicaid Rate as a % of Other States' Average Rates	97%
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WYOMING MEDICAID – SFY 2020 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
J0178	AFLIBERCEPT INJECTION	\$980.38	N/A	N/A	\$874.75	\$945.03	N/A	\$1,044.14	\$945.03	\$2,033.50
J2778	RANIBIZUMAB INJECTION	\$380.22	N/A	\$335.81	\$347.90	\$347.28	N/A	\$422.16	\$347.28	N/A
92014	OPHTHALMOL SERVICES: MED EXAM	\$105.41	\$127.87	\$104.52	\$108.08	\$138.76	\$60.61	\$100.85	\$93.29	\$146.94
92004	OPHTHALMOL SERVICES: MED EXAM	\$128.27	\$152.14	\$125.37	\$129.68	\$165.53	\$73.15	\$123.82	\$111.56	\$169.69
66984	XCAPSL CTRC RMVL W/O ECP	\$646.52	\$554.91	\$573.31	\$552.23	\$713.01	\$1,581.72	\$657.44	\$479.02	N/A
67028	IVT INJ OF A PHARMACOLOG	\$179.13	\$102.68	\$163.25	\$87.93	\$113.80	\$434.97	\$201.30	\$76.49	N/A
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$73.31	\$36.03	\$4.00*	\$10.00*	\$45.79	\$62.43	\$65.61	N/A
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE	\$1,040.55	\$347.37	\$526.61	\$294.96*	\$381.98	\$677.88	\$946.68	\$256.30*	N/A
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.92	\$7.07*	\$10.00*	\$4.00*	\$11.58*	\$30.99	N/A	N/A
92134	CPTR OPHTH DX IMG POST SEGMENT	\$37.83	\$41.40	\$35.36	\$22.93	\$45.11	\$36.78	\$49.07	\$19.38	\$66.18
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$902.70	\$761.26	\$683.19	\$687.13	\$886.81	\$1,988.44	\$915.17	\$596.36	N/A
92012	OPHTHALMOL SERVICES: MED EXAM	\$68.55	\$89.71	\$72.41	\$74.89	\$96.73	\$33.44	\$69.22	\$64.91	\$98.20
99213	OFC/OTR OP VST- EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$87.10
92015	DETERM OF REFRACTIVE STATE	\$19.53	N/A	\$9.90	\$17.80	\$22.04	\$16.72	\$11.43	N/A	\$24.96
99204	OFC/OTR OP VST-EVAL & MGMT-NEW PT	\$150.75	\$165.98	\$149.59	\$156.48	\$183.18	\$101.40	\$115.54	\$123.01	\$204.96
V2103	SPHEROCYLINDER, SINGLE VISION	\$32.66	\$42.01	\$23.50	\$12.00	\$11.00	\$15.19	N/A	\$37.60	N/A
67311	STRABISMUS SURGERY, RECESSON OR RESECTI	\$504.61	\$606.67	\$491.51	\$515.29	\$665.86	\$1,016.82	\$675.21	\$446.99	N/A
92340	FITTING OF SPECTACLES, EXP APHAK	\$32.80	N/A	\$16.98	\$23.62	\$38.58	\$77.35	N/A	\$25.84	N/A
92060	SENSORIMOTOR EXAM WITH MULT M	\$55.29	\$64.50	\$55.27	\$33.92	\$70.50	\$45.56	\$29.37	\$28.69	\$73.24
99233	SUB HOSPITAL CARE, PER DAY, FOR T	\$98.78	\$105.45	\$80.26	\$90.79	\$116.07	\$83.60	\$72.23	\$78.81	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 Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	110%	112%	71%

WYOMING MEDICAID – SFY 2020 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	OPHTHALMOL SERV: MED EXAM	\$105.41	\$127.87	\$104.52	\$108.08	\$138.76	\$60.61	\$100.85	\$93.29	\$146.94
J2778	RANIBIZUMAB INJ	\$380.22	N/A	\$335.81	\$347.90	\$347.28	N/A	\$422.16	\$347.28	N/A
92134	CPTR OPHTH DX IMG POST SEGMENT	\$37.83	\$41.40	\$35.36	\$22.93	\$45.11	\$36.78	\$49.07	\$19.38	\$66.18
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.92	\$7.07*	\$10.00*	\$4.00*	\$11.58*	\$30.99	N/A	N/A
67028	IVT INJ OF A PHARMACOLOG	\$179.13	\$102.68	\$163.25	\$8,793.00	\$113.80	\$434.97	\$201.30	\$76.49	N/A
92015	DETERMIN OF REFRACTIVE STATE	\$19.53	N/A	\$9.90	\$17.80	\$22.04	\$16.72	\$11.43	N/A	\$24.96
92004	OPHTHALMOL SERV: MED EXAM	\$128.27	\$152.14	\$125.37	\$129.68	\$165.53	\$73.15	\$123.82	\$111.56	\$169.69
J0178	AFLIBERCEPT INJECTION	\$980.38	N/A	N/A	\$874.75	\$945.03	N/A	\$1,044.14	\$945.03	\$2,033.50
V2103	SPHEROCYLINDER, SINGLE VISION	\$32.66	\$42.01	\$23.50	\$12.00	\$11.00	\$15.19	N/A	\$37.60	N/A
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$73.31	\$36.03	\$4.00*	\$10.00*	\$45.79	\$62.43	\$65.61	N/A
92340	FITTING OF SPEC, EXP APHAK	\$32.80	N/A	\$16.98	\$23.62	\$38.58	\$77.35	N/A	\$25.84	N/A
J0585	BONT TOXIN TYPE A, PER UNIT	\$5.61	N/A	\$5.92	\$6.01	\$6.12	N/A	\$6.18	\$6.12	N/A
99213	OFC/OTR OP VST- EVAL&MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$87.10
66984	XCAPSL CTRC RMVL W/O ECP	\$646.52	\$554.91	\$573.31	\$552.23	\$713.01	\$1,581.72	\$657.44	\$479.02	N/A
92083	VIS FIELD EXAM, UNILATERAL OR	\$74.82	\$64.14	\$42.08	\$24.55*	\$70.11	\$91.12	\$70.57	\$20.99*	\$105.53
92012	OPHTHALM SERVICES: MED EXAM	\$68.55	\$89.71	\$72.41	\$74.89	\$96.73	\$33.44	\$69.22	\$64.91	\$98.20
99214	OFC/OTR OP VST - EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$144.38
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$150.75	\$165.98	\$149.59	\$156.48	\$183.18	\$101.40	\$115.54	\$123.01	\$204.96
92060	SENSORIMOTOR EXAM WITH MUL M	\$55.29	\$64.50	\$55.27	\$33.92	\$70.50	\$45.56	\$29.37	\$28.69	\$73.24
92133	CMPTR OPHTH IMG OPTIC NERVE	\$37.83	\$37.79	\$35.36	\$19.85	\$40.88	\$36.78	\$47.98	\$16.76	\$61.15

*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 Ophthalmology Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	97%	105%	69%

WYOMING MEDICAID – SFY 2020 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	\$73.31	\$36.03	\$4.00*	\$10.00*	\$45.79	\$62.43	\$65.61
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.92	\$7.07*	\$10.00*	\$4.00*	\$11.58*	\$30.99	N/A
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$31.80	\$52.13	\$23.50	\$12.00	\$1.00*	\$13.46	N/A	\$46.65
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$32.66	\$42.01	\$23.50	\$12.00	\$11.00	\$15.19	N/A	\$37.60
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$35.59	\$47.89	\$29.59	\$5.00*	\$11.00	\$16.53	N/A	\$42.86
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$40.50	\$46.59	\$29.59	\$5.00*	\$5.75*	\$17.56	N/A	\$41.69
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$36.20	\$40.93	\$37.29	\$6.00*	\$5.75*	\$18.16	N/A	\$36.63
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$42.67	\$54.92	\$23.50	\$5.00*	\$1.00*	\$15.59	N/A	\$49.16
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$39.55	\$50.90	\$35.73	\$8.00*	\$5.75*	\$20.84	N/A	\$45.55
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$44.05	\$56.69	\$35.73	\$8.00*	\$5.75*	\$18.88	N/A	\$50.73
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$92.72	\$119.32	\$73.70	\$15.00*	N/A	N/A	\$110.36	N/A
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS	\$42.16	\$54.83	\$29.73	\$11.00*	\$1.00*	\$25.76	N/A	\$49.07
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$42.53	\$54.73	\$29.73	\$11.00*	\$11.70*	\$27.67	N/A	\$48.98
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$44.19	\$56.88	\$33.84	\$11.00*	\$11.70*	\$29.07	N/A	\$50.90
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$43.18	\$55.57	\$41.43	\$8.00*	\$5.75*	\$35.77	N/A	\$49.73
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$38.45	\$49.48	\$41.46	\$8.00*	\$5.75*	\$20.60	N/A	\$44.28
V2715	PRISM, PER LENS	\$9.01	\$11.60	\$9.48	\$3.00*	\$5.00	\$30.52	\$9.67	\$10.38
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4	\$49.64	\$63.88	\$33.84	\$11.00*	\$8.50*	\$31.12	N/A	\$57.17

*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
	80%	122%

WYOMING MEDICAID – SFY 2020 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	\$47.92	\$7.07*	\$10.00*	\$4.00*	\$11.58*	\$30.99	N/A
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$73.31	\$36.03	\$4.00*	\$10.00*	\$45.79	\$62.43	\$65.61
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$32.66	\$42.01	\$23.50	\$12.00	\$11.00	\$15.19	N/A	\$37.60
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$31.80	\$52.13	\$23.50	\$12.00	\$1.00*	\$13.46	N/A	\$46.65
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$35.59	\$47.89	\$29.59	\$5.00*	\$11.00*	\$16.53	N/A	\$42.86
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$40.50	\$46.59	\$29.59	\$5.00*	\$5.75*	\$17.56	N/A	\$41.69
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$36.20	\$40.93	\$37.29	\$6.00*	\$5.75*	\$18.16	N/A	\$36.63
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$42.67	\$54.92	\$23.50	\$5.00*	\$1.00*	\$15.59	N/A	\$49.16
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$44.05	\$56.69	\$35.73	\$8.00*	\$5.75*	\$18.88	N/A	\$50.73
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$39.55	\$50.90	\$35.73	\$8.00*	\$5.75*	\$20.84	N/A	\$45.55
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$38.45	\$49.48	\$41.46	\$8.00*	\$5.75*	\$20.60	N/A	\$44.28
V2715	PRISM, PER LENS	\$9.01	\$11.60	\$9.48	\$3.00*	\$5.00	\$30.52	\$9.67	\$10.38
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$92.72	\$119.32	\$73.70	\$15.00*	N/A	N/A	\$110.36	N/A
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS	\$42.16	\$54.83	\$29.73	\$11.00*	\$1.00*	\$25.76	N/A	\$49.07
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$42.53	\$54.73	\$29.73	\$11.00*	\$11.70*	\$27.67	N/A	\$48.98
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$44.19	\$56.88	\$33.84	\$11.00*	\$11.70*	\$29.07	N/A	\$50.90
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$43.18	\$55.57	\$41.43	\$8.00*	\$5.75*	\$35.77	N/A	\$49.73
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4	\$49.64	\$63.88	\$33.84	\$11.00*	\$8.50*	\$31.12	N/A	\$57.17

*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
	80%	121%

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Outpatient Hospital

Wyoming	Colorado ³⁸	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 OPPS 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>

³⁸ <https://www.colorado.gov/pacific/sites/default/files/EAPG%20FAQ%20-%20v2.pdf>

WYOMING MEDICAID – SFY 2020 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 operate 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.

Due to State budget cuts, the Wyoming PACE program will be defunded by Q2 of SFY2021.

WYOMING MEDICAID – SFY 2020 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	OFC/OTR OP VST - EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$108.31
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$158.34
99285	ED VISIT FOR EVALUATION	\$173.61	\$175.18	\$142.80	\$150.68	\$196.57	\$154.66	\$150.52	\$133.20	\$377.26
99284	ED VISIT FOR EVALUATION	\$117.21	\$120.62	\$95.79	\$102.25	\$133.26	\$104.50	\$100.20	\$90.35	\$236.81
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$98.04	\$108.69	\$97.43	\$101.94	\$120.69	\$70.98	\$81.36	\$90.68	\$160.04
99391	PERIODIC PREV MEDICINE REEVAL.	\$80.35	N/A	\$90.61	\$89.46	\$110.38	\$81.75	\$70.18	\$74.39	\$147.65
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$14.39	\$19.46	\$19.29	\$21.32	N/A	\$14.76	\$13.81	\$23.11
99232	SUB HOSPITAL CARE, PER DAY, FOR T	\$68.92	\$73.17	\$56.01	\$63.35	\$81.27	\$50.16	\$53.98	\$55.13	\$176.23
99233	SUB HOSPITAL CARE, PER DAY, FOR T	\$98.78	\$105.45	\$80.26	\$90.79	\$116.07	\$83.60	\$72.23	\$78.81	\$229.61
99283	ED VISIT FOR EVALUATION	\$61.92	\$65.75	\$51.80	\$53.88	\$70.23	\$68.97	\$66.33	\$47.60	\$148.27
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$150.75	\$165.98	\$149.59	\$156.48	\$183.18	\$101.40	\$115.54	\$123.01	\$243.27
99392	PERIODIC PREV MEDICINE REEVAL.	\$89.56	N/A	\$96.78	\$102.99	\$117.96	\$86.85	\$70.18	\$79.51	\$156.85
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1.00*
99291	CRITICAL CARE, EVAL & MGMT	\$256.17	\$282.73	\$221.94	\$236.27	\$310.22	\$175.56	\$209.15	\$208.78	\$555.35
99215	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$133.43	\$147.57	\$129.99	\$138.47	\$161.34	\$98.86	\$101.79	\$127.93	\$230.75
99472	PED CRITICAL CARE SUBSQ	\$389.97	\$407.61	\$375.60	\$357.53	\$458.25	\$298.87	\$418.33	\$310.75	N/A
00170	ANESTH PROCEDURE ON MOUTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99469	NEONATE CRIT CARE SUBSQ	\$383.34	\$403.43	\$403.10	\$348.28	\$497.77	\$367.84	\$447.44	\$302.72	N/A
J7307	ETONOGESTREL IMPLANT SYSTEM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$979.70
97530	THERAPEUTIC ACT, DIRECT (1 ON 1)	\$30.59	\$40.32	\$32.80	\$34.21	\$43.96	\$20.90	\$15.64	\$34.93	\$88.01

*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
	95%	106%	54%

WYOMING MEDICAID – SFY 2020 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	\$945.56
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	\$1.00*
J1050	MEDROXYPROGESTERONE ACETATE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$142.16
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$108.31
J1439	INJ FERRIC CARBOXYMALTOS 1MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,315.23
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$158.34
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
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,177.44
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$14.39	\$19.46	\$19.29	\$21.32	N/A	\$14.76	\$13.81	\$23.11
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$3.00	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
00670	ANESTH SPINE CORD SURGERY	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$99.11
01480	ANESTH LOWER LEG BONE SURG	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
J1453	FOSAPREPITANT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, P	\$6.26	\$4.28	\$2.25	\$4.29	\$4.85	\$2.92	\$5.19	\$3.11	\$387.16*
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

*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
	116%	123%	70%

WYOMING MEDICAID – SFY 2020 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	ED VISIT FOR THE EVALU	\$173.61	\$175.18	\$142.80	\$150.86	\$196.57	\$154.66	\$150.52	\$133.20	\$359.08
99284	ED VISIT FOR THE EVALU	\$117.21	\$120.62	\$95.79	\$102.25	\$133.26	\$104.50	\$100.20	\$90.35	\$250.21
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$157.77
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$109.01
00170	ANESTH PROCEDURE ON MOUTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99283	ED VISIT FOR THE EVALU	\$61.92	\$65.75	\$51.80	\$53.88	\$70.23	\$68.97	\$66.33	\$46.70	\$167.51
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$98.04	\$108.69	\$97.43	\$101.94	\$120.69	\$70.98	\$81.36	\$80.68	\$160.04
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$150.75	\$165.98	\$149.59	\$156.48	\$183.18	\$101.40	\$115.54	\$123.01	\$241.47
J2505	INJECTION, PEGFILGRASTIM, 6 MG	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
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99291	CRITICAL CARE, EVAL & MGMT	\$256.17	\$282.73	\$221.94	\$236.27	\$310.22	\$175.56	\$209.15	\$208.78	\$663.07
78815	TUMOR IMAGING	\$2,290.93	N/A	N/A	\$105.01*	\$630.95*	\$1,010.34	\$4,277.72	\$101.02*	\$7,200.00*
J9271	INJ PEMBROLIZUMAB	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1300	ECULIZUMAB INJECTION	\$217.43	N/A	N/A	\$217.43	\$230.48	N/A	N/A	\$230.48	N/A
74177	CT ABD & PELV W/CONTRAST	\$229.33	\$331.83	\$271.98	\$80.50	\$348.41	\$485.74	\$259.09	\$59.57*	\$1,049.03*
J0178	AFLIBERCEPT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,916.64
88305	LEVEL IV - SURGICAL PATHOLOGY	\$65.61	\$71.36	\$60.79	\$34.57	\$75.73	\$101.31	N/A	\$34.76	\$171.17
99215	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$133.43	\$147.57	\$129.99	\$138.47	\$161.34	\$98.86	\$101.79	\$127.93	\$244.87
J9022	INJ, ATEZOLIZUMAB,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
	90%	103%	51%

WYOMING MEDICAID – SFY 2020 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 PROCEDURE ON MOUTH	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	\$1,171.13
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 300-399mg/ml iodine, 1ml	\$0.12	N/A	\$0.23	\$0.12	\$0.12	N/A	N/A	N/A	\$141.57*
J9306	INJECTION, PERTUZUMAB, 1 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1453	FOSAPREPITANT INJECTION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$491.98
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
01480	ANESTH LOWER LEG BONE SURG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, P	\$6.26	\$4.28	\$2.25	\$4.29	\$55.77	\$2.92	\$5.19	\$3.11	\$390.65*
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
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$157.77
95165	PROFESSIONAL SERVICES	\$12.16	\$14.75	\$7.59	\$10.88	\$15.61	\$7.52	\$10.35	\$10.28	\$226.79*
00400	ANESTH SKIN EXT/PER/ATRUNK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$117.21	\$120.62	\$95.79	\$102.25	\$133.26	\$104.50	\$100.20	\$90.35	\$250.21
01400	ANESTH KNEE JOINT SURGERY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
00300	ANESTH HEAD/NECK/PTRUNK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$109.01
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,175.73

*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
	100%	94%	56%

WYOMING MEDICAID – SFY 2020 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
99213	OFC/OTR OP VST - EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$108.96
99214	OFC/OTR OP VST - EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$156.27
99391	PERIODIC PREV MEDICINE REEVAL.	\$80.35	N/A	\$90.61	\$89.46	\$110.38	\$81.75	\$70.18	\$74.39	\$140.82
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$14.39	\$19.46	\$19.29	\$21.32	N/A	\$14.76	\$13.81	\$22.55
S0281	MEDICAL HOME PROG, MNT OF PLAN	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99233	SUBS HOSPITAL CARE, PER DAY	\$98.78	\$105.45	\$80.26	\$90.79	\$116.07	\$83.60	\$72.23	\$78.81	\$161.84
99392	PERIODIC PREV MEDICINE REEVAL.	\$89.56	N/A	\$96.78	\$102.99	\$117.96	\$86.85	\$70.18	\$79.51	\$164.00
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$98.04	\$108.69	\$102.43	\$101.94	\$120.69	\$70.98	\$81.36	\$80.68	\$163.67
99232	SUB HOSPITAL CARE, PER DAY, FOR T	\$68.92	\$73.17	\$56.01	\$63.35	\$81.27	\$50.16	\$53.98	\$55.13	\$110.75
99215	OFC/OTR OP VST - EVAL & MGMT-ESTAB	\$133.43	\$147.57	\$129.99	\$138.47	\$161.35	\$98.86	\$101.79	\$127.93	\$226.06
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$150.75	\$165.98	\$149.59	\$156.48	\$183.18	\$101.40	\$115.54	\$123.01	\$252.02
J7307	ETONOGESTREL IMPLANT SYSTEM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99472	PED CRITICAL CARE SUBSQ	\$389.97	\$407.61	\$375.60	\$357.53	\$458.25	\$298.87	\$418.33	\$310.75	N/A
99291	CRITICAL CARE, EVAL & MGMT	\$256.17	\$282.73	\$221.94	\$236.27	\$310.22	\$175.56	\$209.15	\$208.78	\$512.25
J7298	MIRENA, 52 MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99223	INITIAL HOSPITAL CARE, PER DAY	\$185.03	\$204.66	\$151.94	\$176.34	\$226.03	\$119.13	\$135.10	\$153.30	\$393.43
99469	NEONATE CRIT CARE SUBSQ	\$383.34	\$403.43	\$403.10	\$348.28	\$497.77	\$367.84	\$447.44	\$302.72	N/A
99393	PERIODIC PREV MEDICINE REEVAL.	\$89.20	N/A	\$96.46	\$102.60	\$117.57	\$91.96	\$70.18	\$79.26	N/A
99212	OFC/OTR OP VST - EVAL & MGMT-ESTAB	\$39.44	\$45.94	\$39.39	\$41.40	\$49.81	\$30.42	\$31.83	\$39.17	\$69.59
99284	ED VISIT FOR EVALUATION	\$117.21	\$120.62	\$95.79	\$102.25	\$133.26	\$104.50	\$100.20	\$90.35	\$242.35

Average Primary Care Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	95%	106%	59%

WYOMING MEDICAID – SFY 2020 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
J1050	MEDROXYPROGESTERONE ACETATE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
S0281	MEDICAL HOME PROG, MNT OF PLAN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	\$65.81	\$69.33	\$82.07	\$45.63	\$44.51	\$64.92	\$108.96
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	\$97.11	\$102.60	\$120.11	\$68.44	\$69.75	\$95.21	\$156.27
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$14.39	\$19.46	\$19.29	\$21.32	N/A	\$14.76	\$13.81	\$22.55
S0280	MEDICAL HOME PROG, INITIAL PLAN	\$3.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99232	SUB HOSPITAL CARE, PER DAY, FOR T	\$68.92	\$68.92	\$56.01	\$63.35	\$81.27	\$50.16	\$53.98	\$55.13	\$110.75
J1439	INJ FERRIC CARBOXYMALTOS 1MG	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1,326.35
00170	ANESTH PROCEDURE ON MOUTH	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$98.78	\$105.45	\$80.26	\$90.79	\$116.07	\$83.60	\$72.23	\$78.81	\$161.84
99391	PERIODIC PREV MEDICINE REEVAL.	\$80.35	N/A	\$90.61	\$89.46	\$110.38	\$81.75	\$70.18	\$74.39	\$140.82
01922	ANESTH CAT OR MRI SCAN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J1071	INJ TESTOSTERONE CYPIONATE	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
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$39.44	\$45.94	\$39.39	\$41.40	\$49.81	\$30.42	\$31.83	\$39.17	\$69.59
87880	INFECTIOUS AGENT DETECTION	\$15.08	N/A	\$15.70	\$14.46	\$16.53	\$16.53	N/A	\$16.67	\$30.37
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$98.04	\$108.69	\$102.43	\$101.94	\$120.69	\$70.98	\$81.36	\$80.68	\$163.67
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$89.56	N/A	\$96.78	\$102.99	\$117.96	\$86.85	\$70.18	\$79.51	\$164.00

Average Primary Care Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	98%	105%	61%

WYOMING MEDICAID – SFY 2020 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 2020)	\$312.00 - \$359.00 (in-state)	\$402.21	Covered starting 10/1/18	\$330.46	\$350.69	\$320.31	Not covered
Median Rate (in-state)	\$335.50	\$406.23	Rates not available	\$330.46	\$350.69	\$320.31	Not covered

WY Medicaid Rate as % of Other States	95%
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WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

School Based Services

School Based Services (SBS) programs reimburse local education agencies (local school districts and BOCES) for providing health related services to Medicaid eligible students in a school-based setting. Since the 1970s, the federal government has required schools to provide all children with disabilities with appropriate services as mandated under the Individuals with Disabilities Education Act (IDEA). Under the SBS Program, LEAs can drawdown federal Medicaid dollars for IDEA required services provided to Medicaid eligible students with a disability in a school-based setting. The SBS Program includes health related services such as occupational therapy, physical therapy, speech therapy, nursing services, counseling services, and audiology services.

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	Wyoming does not have a school-based Medicaid program. Necessary healthcare services in schools are paid for by Wyoming Department of Education. On April 1, 2021 Governor Gordon signed SEA No. 0020 into law that approves the development of a SBS Program.	Colorado pays school districts interim payments based on a monthly rate according to a one-twelfth methodology, whereas interim payments are based upon historical Certified Public Expenditures and divided equally amongst 12 months. Interim payments are tied to claim submissions by each district and are reconciled during the cost reporting process. Colorado offers Medicaid administrative claiming. ³⁹	Idaho reimburses school districts in accordance with established Medicaid rates and uses an Intergovernmental Transfer process to fund the non-federal share of the Medicaid claim. Idaho does not reference an administrative claiming policy. ⁴⁰	Montana operates two school-based Medicaid programs: direct services and administrative claiming. Montana reimburses direct services on a fee-for-service basis. Administrative claiming funds activities related to referring individuals to services, assisting families in accessing Medicaid services, and seeking appropriate providers. ⁴¹	Nebraska pays schools for direct services and administrative claims through time studies and an annual cost report. Interim rates are calculated based on these reports, and payments are reconciled at year end. Nebraska allows for administrative claiming to enroll eligible children in Medicaid and assist in access to services. ⁴²	Payment is limited to the federal share of a school district's established rate and the district is responsible for the state share of the claim. Rates are established for each district annually based on the projected cost of the service or a contracted rate. Costs and revenues are settled annually through a cost reconciliation. The administrative claiming program allows for additional reimbursement for outreach activities not claimable in the fee-for-service program. ⁴³	Utah makes interim payments to providers for health services. These payments are reconciled at year end through a cost reconciliation process. Schools may claim federal financial participation for a share of administrative costs incurred to perform activities. Most of these activities are reimbursable at 50% of costs. ⁴⁴

³⁹ Colorado School Health Services. Available online at: <https://www.colorado.gov/pacific/hcpf/school-health-services>

⁴⁰ Idaho Medicaid Provider Handbook. Available online at: <https://www.idmedicaid.com/Provider%20Guidelines/Agency%20Professional.pdf>

⁴¹ Montana Medicaid Administrative Claiming Program. Available online at: <https://medicaidprovider.mt.gov/Portals/68/docs/schools/mactimestudyguide032019.pdf>

⁴² Nebraska School-Based Services. Available online at: <https://dhhs.ne.gov/Pages/Medicaid-Provider-School-Based-Services.aspx>

⁴³ South Dakota Billing and Policy Manual. Available online at: <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/SchoolDistricts.pdf>

⁴⁴ Utah School Based Skills Development Services. Available online at: <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/School-Based%20Skills%20Development/Archive/2014/School-BasedSkillsDev10-14.pdf>

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Supplemental Payments

Program Type	Wyoming	Colorado ^{45,46,47,48}	Idaho ⁴⁹	Montana ^{50,51}	Nebraska ^{52,53}	South Dakota ⁵⁴	Utah ^{55,56}
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 cannot exceed the UPL.</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>

⁴⁵ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-17-0049.pdf>
⁴⁶ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-14-052.pdf>
⁴⁷ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-18-0034.pdf>
⁴⁸ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-18-0034.pdf>
⁴⁹ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0005.pdf>
⁵⁰ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0057.pdf>
⁵¹ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0027.pdf>
⁵² <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-14-02.pdf>
⁵³ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-03-Att.pdf>
⁵⁴ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SD/SD-18-005.pdf>
⁵⁵ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-13-018-Att.pdf>
⁵⁶ <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-18-0003.pdf>

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Supplemental Payments

Program Type	Wyoming	Colorado ^{45,46,47,48}	Idaho ⁴⁹	Montana ^{50,51}	Nebraska ^{52,53}	South Dakota ⁵⁴	Utah ^{55,56}
		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.					
Outpatient	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.	*None	*None	*None	*None	*None	Utah pays in-state government owned, non-state government owned, and private providers a supplemental payment equal to each provider’s Medicaid deficit. Private rural hospitals receive an increased proportion of the supplemental payment pool.

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Supplemental Payments

Program Type	Wyoming	Colorado^{45,46,47,48}	Idaho⁴⁹	Montana^{50,51}	Nebraska^{52,53}	South Dakota⁵⁴	Utah^{55,56}
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	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.	*None	*None

WYOMING MEDICAID – SFY 2020 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 June 2020.⁵⁷

	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 Wholesale Acquisition Cost (WAC) if the AAC is not available.	Reimbursement is based on the Average Acquisition Cost (AAC) or the Wholesale Acquisition Cost (WAC) if the AAC is not available.	Reimbursement is based on the lower of Average Acquisition Cost (AAC), Submitted Ingredient Cost, Wholesale Acquisition Cost (WAC) or Federal Upper Limit (FUL).	Reimbursement is based on the lower of National Average Drug Acquisition Cost (NADAC), Federal Upper Limit (FUL), Maximum Allowable Cost (MAC), or Provider's Usual and Customary (U&C).	Reimbursement is based on Provider's Usual and Customary (U&C), State Maximum Allowed Cost (SMAC), National Average Drug Acquisition Cost (NADAC), or Wholesale Acquisition Cost (WAC).	Reimbursement is based on the lower of Utah Estimated Acquisition Costs (UEAC), Federal Upper Limit (FUL), Utah Maximum Allowable Cost National Average Drug Acquisition Cost (NADAC) 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 \$11.10 to \$15.14, 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).

⁵⁷ <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/index.html>

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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. 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>Reimbursements paid by Wyoming 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. Care coordination agreements allow non-IHS/Tribal providers and IHS/Tribal facilities to seek reimbursement for services provided to Tribal Medicaid beneficiaries. Tribal facilities that bill for Medicaid beneficiaries' services outside of their "four walls" must change provider enrollment designation from "clinic" to a Federally Qualified Health Center (FQHC). Under section 1902(bb)(6) of the Social Security Act, IHS/Tribal facilities enrolled with Wyoming 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>	<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' 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>	<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 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Telehealth/Telemedicine

	Wyoming ⁵⁸	Colorado ⁵⁹	Idaho ⁶⁰	Montana ⁶¹	Nebraska ⁶²	South Dakota ⁶³	Utah ⁶⁴
<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.”⁶⁵ 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. In response to COVID 19 Wyoming allowed FQHC/RHC and HIS facilities to bill for telephone only services as well as peer specialist groups to be provided in groups of 2-5.</p> <p>Wyoming does not reimburse for remote patient monitoring.</p> <p>Wyoming reimburses for both originating and distance sites; however, providers may not</p>	<p>Colorado Medicaid reimburses for live video for both medical and mental health services. In response to COVID 19, Colorado allows the delivery of telemedicine via phone or live chat as long as the same standard of care is met. Colorado also expanded the list of eligible providers to include physical and occupation therapists, home health and hospice, and behavioral health providers.</p> <p>Colorado also allowed FQHCs, RHC, and HIS facilities to count telemedicine as billable encounters.</p> <p>Colorado reimburses for remote patient monitoring for eligible individuals with certain chronic conditions.</p>	<p>Idaho Medicaid reimburses for live video for eligible providers and services. In response to COVID-19, two-way audio is also allowed.</p> <p>Idaho does not reimburse for remote patient monitoring.</p> <p>Reimbursement for live video or two-way audio services is at the fee-for-service rate.</p> <p>All normal Place of Service Codes accepted by ID Medicaid are</p>	<p>Montana Medicaid reimburses for live video for medically necessary services. Montana relaxed modality constraints due to COVID 19, allowing service delivery through instant messaging, telephone conversations, and audio-visual conversations.</p> <p>The State does not reimburse for remote patient monitoring.</p> <p>Reimbursement for telehealth services is the</p>	<p>Nebraska Medicaid reimburses for live video and remote patient monitoring services for eligible Medicaid services. Nebraska is temporarily allowing additional services including community support, assessments, and rehabilitative services. Nebraska also allows for telephonic communications for existing patient / provider relationships for COVID 19 symptoms, routine uncomplicated follow-up and behavioral health assessment and management.</p> <p>Reimbursement for live-video telehealth</p>	<p>South Dakota Medicaid reimburses for live video for eligible providers and services. South Dakota added some flexibility during the COVID-19 pandemic for well child services, optometry, audiology, and 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</p>	<p>Utah Medicaid reimburses for live video for eligible providers and services. In response to COVID 19, Utah will cover any state plan service that is clinically appropriate and can reasonably be delivered via telehealth.</p> <p>Utah does not reimburse for remote patient monitoring.</p> <p>Reimbursement for services is the same as the in-person rate for the same services. Charges shall not exceed a provider's usual and customary</p>

⁵⁸ Wyoming Medicaid Provider Manual. Available online at: https://wymedicaid.portal.conduent.com/manuals/Manual_CMS1500_01_01_20.pdf

⁵⁹ Colorado Department of Health Care Policy and Financing, Telemedicine Policy Changes due to COVID 19. Available online at: <https://www.cchpc.org/sites/default/files/2020-03/Colorado%20Mandate%20including%20PT%20%28002%29.pdf>

⁶⁰ Idaho Medicaid Policy, Telehealth Services. Available online at: <https://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>

⁶¹ Montana Medicaid Provider Manual. Available online at: <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026797-telemedicine>

⁶² Nebraska General Statewide Telehealth – COVID 19 FAQs. Available online at: <https://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf>

⁶³ South Dakota Medicaid Billing and Policy Manual, Telemedicine Services. Available online at: <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Telemedicine.pdf>

⁶⁴ Utah Department of Health COVID-19 Telehealth Resource Center. Available online at: <https://coronavirus.utah.gov/telehealth/>

⁶⁵ Centers for Medicare and Medicaid Services, Telemedicine Benefits. Available online at: <https://www.medicare.gov/medicaid/benefits/telemedicine/index.html>

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

	Wyoming ⁵⁸	Colorado ⁵⁹	Idaho ⁶⁰	Montana ⁶¹	Nebraska ⁶²	South Dakota ⁶³	Utah ⁶⁴
	bill for both the originating (spoke) site and the distance (hub) site.	Reimbursement for live-video, audio, and live chat telemedicine must be at a minimum the same rate as in-person services. Home healthcare or home-based and community-based services delivered through telemedicine are reimbursed a flat rate under the Colorado Medical Assistance program.	acceptable by telehealth.	same rate as in-person services.	services is the same rate as in-person services, including for FQHC and RHC services. Telemonitoring services are reimbursed at a daily per diem rate set by Medicaid.	charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate.	charges for a provider's private pay patients.
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. A member's home may not be reimbursed as an originating site.	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

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>The Case Management Society of America defines case management as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes.”⁶⁶</p>							
Case Management	<p>Case management assists participants in gaining access to needed services regardless of the funding source. Case managers are responsible for conducting assessments and periodic reassessments of participant needs; facilitation of the development of a person-centered service plan; initiating level of care evaluations; providing choice of services and providers; service coordination, referral, and other related activities to help the participant obtain needed services; and ongoing monitoring of plan implementation, IBA, and participant health and welfare; responding to crises; and</p>	<p>Case management includes referral of needed Medicaid services that enable the child to remain in their community.⁷⁰</p>	<p>Case managers are responsible for acting as the primary coordinator and point of contact for both the family and providers. Main responsibilities include assisting with funds allocation, transition to adult services, and accessing personal care services, transportation, resources for job development and service providers.^{71,72}</p>	<p>Reimbursable case management activities include assessment and evaluation of needs, developing a plan of care, referral and linkage to service providers to meet the needs identified in the plan of care, and monitoring to ensure needs are being met. Case management is reimbursed at a monthly rate, billed for every month that one of the above services is performed.^{73, 74}</p> <p>Case management assists members in gaining access to needed services</p>	<p>Services coordinators are responsible for eligibility determinations and assessments of clients. They are also responsible for determining the best mix of services and resources to meet their clients’ needs and implementing the plan of care to achieve client goals. They also conduct periodic reviews.^{76,77}</p>	<p>Case management requires the development of a person-centered Individualized Support Plan. Case managers are also required to develop a 24-hour individual back-up plan with paid and natural supports in addition to providing transition, assessment, and referral assistance. Case managers are paid at an hourly rate as set in October 2015 based on data from the South Dakota Department of</p>	<p>Case management is intended to maintain the individual in the home in accordance with the person’s service needs. In addition to normal case management activities (assessment, service planning, referral, monitoring) case managers also assist individuals with accessing State Plan services as well as requesting a fair hearing for any denial of services or providers. Case management is paid in 15-minute increments at 124%</p>

⁶⁶ Case Management Society of America: What is a Case Manager. Available online at: <https://cmsa.org/who-we-are/what-is-a-case-manager/>

⁷⁰ Colorado Children’s Home and Community Based Services Waiver Application. Available online at: [medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81116](https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81116)

⁷¹ Idaho Developmental Disabilities Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>

⁷² Idaho Children’s DD Provider Handbook. Available online at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6326&dbid=0&repo=PUBLIC-DOCUMENTS>

⁷³ Montana Big Sky Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82371>

⁷⁴ Montana Developmental Disabilities Program Manual of Service Reimbursement Rates and Procedures. Available online at:

<https://dphhs.mt.gov/Portals/85/dsd/documents/DDP/RatesInformation/FINALTCMRateManualEffMarch2020.pdf>

⁷⁶ Nebraska HCBS for Aged & Adults & Children with Disabilities Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82441>

⁷⁷ Nebraska HHS Finance and Support Manual, Title 480, Chapter 5. Available online at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-480/Chapter-05.pdf

WYOMING MEDICAID – SFY 2020 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>quarterly observation of services.⁶⁷</p> <p>Case management is reimbursed either at a 15-minute rate or a monthly rate. A minimum of two hours of direct services must be documented in order to bill using the monthly unit.^{68,69}</p>			<p>based on an evaluation of their current state regardless of the funding source. Case managers are financially accountable for waiver expenditures and are reimbursed using a daily rate.⁷⁵</p>		<p>Labor and Wage Statistics.^{78,79}</p>	<p>of the TCM rate.^{80,81,82}</p>

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>CMS defines skilled care as “nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It’s health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care.”⁸³</p>							
Skilled Nursing	<p>Skilled nursing services may be provided on a long-term basis and are not subject to a physician’s review. Skilled nursing services may not include companionship or other diversional or recreational services.⁶⁷</p>		<p>Skilled nursing must be provided by an RN or LPN under the supervision of an RN. Nursing services include, but aren’t limited to NG tube maintenance,</p>	<p>Private duty nursing service provides medical management, direct treatment, consultation, and training for the member and/or caregivers. Waiver services may only</p>		<p>Nursing services are provided by RNs or LPNs under RN supervision. Services are limited to those that are not covered under the State Plan.</p>	<p>Skilled nursing respite is a service provided by a RN to relieve primary caregivers from the stress of providing continuous skilled care. This service is provided in a private residence.</p>

⁶⁷ Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

⁶⁸ Wyoming Comprehensive Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

⁶⁹ Wyoming Comprehensive and Supports Waiver Service Index. Available online at: <https://health.wyo.gov/wp-content/uploads/2020/04/DD-Waiver-Service-Index-Effective-4.1.2020.pdf>

⁷⁵ Montana Severe and Disabling Mental Illness HCBS Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82396>

⁷⁸ South Dakota Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83186>

⁷⁹ South Dakota Developmental Disabilities Case Management. Available online at: <https://dhs.sd.gov/developmentaldisabilities/cfcm.aspx>

⁸⁰ Utah New Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83336>

⁸¹ Utah New Choices Waiver Attachment B – Special Provisions. Available online at:

<https://medicaid.utah.gov/Documents/pdfs/ltc/nc/attB/Case%20Management%20Services%20T1016%20and%20T2024%20-%20Att%20B.pdf>

⁸² Utah Waiver for Individuals Age 65 or Older Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83346>

⁸³ Centers for Medicare and Medicaid Services. Skilled Nursing Facility Care. Available online at: <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care#:~:text=Skilled%20care%20is%20nursing%20and,condition%2C%20and%20evaluate%20your%20care.>

WYOMING MEDICAID – SFY 2020 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>Skilled nursing services are medical care services including the application of the nursing process (assessment, diagnosis, planning, intervention, evaluation) and the execution of a medical regimen. Skilled nursing services must require a level of expertise that non-medically trained providers cannot deliver. Providers may only be reimbursed for direct participant care, CNAs and non-licensed individuals cannot provide these services. Rates for skilled nursing are based on the State Plan and are paid in 15-minute increments.⁶⁸</p>		<p>volume ventilator maintenance, IV therapy/parenteral nutrition, injections, and blood glucose and pressure monitoring. Nursing services are paid on a per-visit basis and are billed in 15-minute increments.^{71,84}</p> <p>Skilled nursing includes oversight, training, and skilled care that is within the scope of the Nurse Practice Act, provided by with an RN or LPN with RN supervision. Reimbursement rates differ by provider qualifications.⁸⁵</p>	<p>be used after State Plan home health nursing limits have been reached. Reimbursement is different for LPNs and RNs and services are billed in 15-minute increments.^{62,86}</p> <p>Private duty nursing (PDN) services are delivered by an RN or LPN in the home. PDN services must be medically necessary and are only provided to members who require continuous in-home care that cannot be provided by a Home Health Agency. Rates are calculated based on the number of PDN providers, entry level salaries, and employment costs from provider agencies.⁶⁴</p>		<p>Services include screenings and assessments, diagnoses, treatment, training for caregivers, scheduling assistance, monitoring medical care, providing health education, and response to illness and emergency. Services are reimbursed in 15-minute units and are provided at a negotiated market price.^{67,87}</p>	<p>The reimbursement rate is the same as that for State Plan private duty nursing. The individual rate is 61% - 63.7% of the agency rate.^{88,89}</p>

⁸⁴ Idaho Medicaid Provider Guidelines. Available online at: <https://www.idmedicaid.com/Provider%20Guidelines/Nursing%20Services.pdf>

⁸⁵ Idaho Aged and Disabled Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>

⁸⁶ Montana Waiver Services as of July 1, 2018. Available online at:

<https://dphhs.mt.gov/Portals/85/dsd/documents/DDP/Waivers/0208ComprehensiveWaiver/0208WaiverDefinitions/0208ServiceDefinitions/0208WaiverServicesJuly2018.pdf>

⁸⁷ South Dakota Rehabilitation Services ADLS Program. Available online at: <https://dhs.sd.gov/rehabservices/ADLS.aspx>

⁸⁸ Utah Medically Complex Children’s Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83376>

⁸⁹ Utah Waiver for Technology Dependent, Medically Fragile Individuals Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83326>

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

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Adult day care provides day-time programs for adults who need supervision when their caregivers are not available. There are two basic types of adult day care programs: social adult day care; and adult day health care.⁹⁰</p>							
<p>Adult Day Services</p>	<p>Adult day services include socialization and companionship, assistance with activities of daily living (ADLs), and supervision as specified in a program plan. Adult day services in the social model does not include ADL assistance.⁶⁷</p> <p>Adult day services consist of meaningful activities that maximize skills and abilities, keep participants engaged in the community, stimulate and develop personal skills, introduce</p>	<p>Adult day encompasses both health and social services needed to achieve optimal functioning of the individual. Services must be provided for four or more hours per day on a regular basis in an integrated community-based setting. Reimbursement is based on all-inclusive units, either for a partial day (3-5 hours) or full day (more than 5 hours).^{91, 92, 93, 94, 95}</p>	<p>Adult day health is a supervised, structured service provided for four or more hours per day on a regular basis in a non-institutional community setting. Adult day health provides a variety of social, recreational, and health activities including assistance with activities of daily living. Services are billed in 15-minute increments.^{68, 96}</p>	<p>Adult day provides a broad range of health, nutritional, recreational, and social services in a setting other than the home. Transportation is included as a part of adult day services.^{62, 64, 97}</p>	<p>Adult day health services are structured social, habilitation, and health activities provided outside the client's home in a community-based setting. Transportation and therapies are not included and are billed separately.⁶⁵</p> <p>Adult day is a non-habilitative service consisting of meaningful day activities taking place in the community. Adult day includes social and recreational activities, staff to help meet participant needs, community involvement to the</p>	<p>Adult day services provide regular care, supervision, and structured activities in a non-institutional community-based setting. Services include both health and social activities needed to ensure optimal functioning of the individual. Services are reimbursed at an hourly rate.^{101, 102}</p>	<p>Adult day health services provide a supervised setting in which health and social services are provided on an intermittent basis to ensure the optimal functioning of the waiver participant.⁶⁹</p> <p>Adult day care is furnished four or more hours per day on a regularly scheduled basis as specified in the care plan in a community-based setting encompassing health and social services. Adult day services are paid at a daily rate.^{70, 103}</p>

⁹⁰ Key Messages and Tips for Providers: Institutional Long-Term Services and Supports. Available online at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/key-messages-Adult-Daycare-Ben-%5BApril-2016%5D.pdf>

⁹¹ Colorado Elderly, Blind and Disabled Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81121>

⁹² Colorado HCBS Waiver for Community Mental Health Supports Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81106>

⁹³ Colorado Persons with Brain Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81111>

⁹⁴ Colorado Persons with Spinal Cord Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81166>

⁹⁵ Colorado Medical Assistance Section 8.400 Long Term Care, Nursing Facility Care, Adult Day Care Services. Available online at:

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8701&fileName=10%20CCR%202505-10%208.400>

⁹⁶ Idaho Adult DD Medicaid Services and Supports. Available online at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=2197&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

⁹⁷ Montana Developmental Disabilities Program Services Manual. Available online at: <https://dphhs.mt.gov/Portals/85/dsd/documents/DDP/RatesInformation/DDProgramServicesManual5.pdf>

¹⁰¹ South Dakota HOPE Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83171>

¹⁰² South Dakota Division of Developmental Disabilities Resource & Planning Guide. Available online at:

<https://dhs.sd.gov/docs/South%20Dakota%20Division%20of%20Developmental%20Disabilities%20Resource%20&%20Planning%20Guide.pdf>

¹⁰³ Utah Medicaid Provider Manual. Available online at:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Inclusive%20Master%20Searchable%20Provider%20Manual/All-InclusiveMasterSearchable2-21.pdf>

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

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	new leisure pursuits, establish relationships, and build on previously learned skills. Services are billed either as a 15-minute rate or a daily rate (a minimum of 6 hours of service are required for the daily rate). Reimbursement is also tiered by participant needs. ⁶⁸				greatest extent possible, and assistance with ADLs and health maintenance. Adult day is paid at an hourly rate not including transportation. ^{98,99,100}		

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Personal care services “assists [participants] with activities of daily living and helps them remain in their homes and communities.” ¹⁰⁴							
Personal Care Services	Personal care consists of a range of assistance, enabling participants to accomplish tasks they would normally do for themselves if they did not have a disability. Services may be episodic,	Personal care services include assistance with eating, bathing, dressing, hygiene, and ADLs. Services may also include light housework and assistance preparing meals,		Personal care services include supervision and monitoring; assistance with personal hygiene, bathing, dressing, eating and ambulating; performing household tasks incidental to	Personal care includes a range of assistance to help clients accomplish tasks that they would normally do themselves, if they did not have a disability. This includes general household tasks, health-related	Personal care includes in-home assistance with ADLs. These services can only be used when State Plan services have been exhausted. ⁸⁶ Personal attendant services include a	Personal assistance is provisioned on an hourly basis and includes supportive services specific to the needs of a medically stable individual who can direct their own care. Services include ADLs,

⁹⁸ Nebraska Developmental Disabilities Day Services Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82466>

⁹⁹ Nebraska HHS Division of Developmental Disabilities Policy Manual. Available online at: <https://dhhs.ne.gov/Guidance%20Docs/DHHS-DD%20Policy%20Manual.pdf>

¹⁰⁰ Nebraska Comprehensive Developmental Disabilities Services Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82446>

¹⁰⁴ Medicaid Personal Care Services. Available online at: <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000368.asp>

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

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>or ongoing and may include ADLs, IADLs, and some health-related services like range of motion exercises and medication administration. Services are billed in 15-minute increments with a maximum of 7,280 annual units for the Comprehensive waiver (Supports waiver does not have limits).⁶⁸</p>	<p>but not the cost of the meals.⁷³ Personal care services must be furnished in the home and are reimbursed on an hourly basis. ^{91,70}</p> <p>Personal care services include assistance enabling participants to complete tasks they would normally do for themselves if they did not have a developmental disability. Assistance may be hands-on (i.e., doing the task) or prompting the individual to perform the task. Services may be provided on an episodic or continual basis.¹⁰⁵</p>		<p>member's health needs. Personal care is only available through waivers if state plan services are insufficient.^{86,63}</p>	<p>services, and ADLs. Services are reimbursed in 15-minute increments.^{65,106}</p>	<p>range of assistance enabling waiver participants to perform services they would normally do themselves if they didn't have a disability. Waiver services differ from State Plan services in that they must be participant directed.¹⁰⁷</p> <p>Personal care services provide assistance with eating, bathing, personal hygiene, and ADLs. Personal care services are tiered based on the level of participant need and are reimbursed in 15-minute increments.⁶⁸</p>	<p>chore and homemaking assistance, and transportation.¹⁰⁸</p> <p>Personal attendant services include physical and/or cognitive assistance with eating, bathing, dressing, hygiene, and ADLs. It may also include meal preparation, but not the cost of meals. Services must be coordinated with state plan personal care services to avoid duplication. Rates are the same as those under the state plan unless the participant directed option is used.⁶⁹</p>

¹⁰⁵ Colorado Supported Living Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81146>

¹⁰⁶ Nebraska Medicaid Personal Assistance Services Rate Listing. Available online at: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/Personal%20Assistance%20July%201%202020.pdf>

¹⁰⁷ South Dakota ADLS Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83181>

¹⁰⁸ Utah Community Supports Waiver for Individuals with ID and Other Related Conditions Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83341>