

WYOMING MEDICAID – SFY 2022 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 – By Expenditures

Note: All procedure codes billed by providers with the 341600000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
A0430	FIXED WING AIR TRANSPORT	\$2,874.22	\$3,315.07	\$3,230.58	\$2,704.92	\$1,762.90	\$1,840.17	\$1,863.60	\$202.38*	\$36,179.97**
A0435	FIXED WING AIR MILEAGE	\$8.85	\$9.41	\$7.73	\$7.79	\$5.61	\$12.28	\$11.30	\$5.40	\$43,819.00**
A0431	ROTARY WING AIR TRANSPORT	\$3,341.71	\$3,854.27	\$2,860.19	\$3,144.88	\$1,762.90	\$1,053.00*	\$2,169.48	\$202.38*	N/A
A0436	ROTARY WING AIR MILEAGE	\$23.62	\$25.10	\$10.40	\$20.78	\$14.51	\$24.57	\$11.30	\$5.40*	N/A
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	\$245.26	\$398.68	\$138.69	\$323.40	\$225.23	\$180.76	\$224.39	\$951.00*	\$1,264.45**
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	\$291.24	\$473.43	\$202.76	\$384.03	\$267.46	\$368.55	\$266.06	N/A	\$1,359.28**
A0425	GROUND AMBULANCE MILEAGE	\$5.49	\$8.02	\$2.12	\$6.63	\$3.97	\$6.04	\$4.09	\$4.77	\$85.65**
A0428	AMBULANCE SERVICE (BLS)	\$153.29	\$249.18	\$134.24	\$202.12	\$140.74	\$147.42	\$145.29	N/A	N/A
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	\$5.49	N/A	N/A	N/A	\$3.97*	N/A	N/A	N/A	N/A
A0426	AMBULANCE SERVICE (ALS 1)	\$183.94	\$299.01	\$150.51	\$242.55	\$168.90	\$368.55	\$179.19	N/A	N/A
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	\$5.49	N/A	N/A	N/A	\$3.97*	N/A	N/A	N/A	N/A
A0433	AMBULANCE SERVICE (ALS 2)	\$421.54	\$685.23	\$222.39	\$555.84	\$387.09	\$368.55	N/A	N/A	N/A
A0422	AMBULANCE SERVICE (ALS or BLS)	\$24.38	N/A	\$14.44	N/A	\$13.45	N/A	\$21.00	\$22.16	N/A
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	\$9.75	N/A	Manually Priced	N/A	MSRP	N/A	N/A	N/A	N/A
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	\$165.75	N/A	Not A Benefit	\$189.77	N/A	N/A	N/A	\$56.72	N/A
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	\$11.70	N/A	Manually Priced	N/A	MSRP	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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Ambulance Comparison (by Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	74%	117%	N/A

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

Ambulance – By Utilization

Note: All procedure codes billed by providers with the 341600000X 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
A0435	FIXED WING AIR MILEAGE	\$8.85	\$9.41	\$7.73	\$7.79	\$5.61	\$12.28	\$11.30	\$5.40	\$43,819.00**
A0425	GROUND AMBULANCE MILEAGE	\$5.49	\$8.02	\$2.12	\$6.63	\$3.97	\$6.04	\$4.09	\$4.77	\$85.65**
A0436	ROTARTY WING AIR MILEAGE	\$23.62	\$25.10	\$10.40	\$20.78	\$14.51	\$24.57	\$11.30	\$5.40*	N/A
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	\$5.49	N/A	N/A	N/A	\$3.97*	N/A	N/A	N/A	N/A
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	\$5.49	N/A	N/A	N/A	\$3.97*	N/A	N/A	N/A	N/A
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	\$291.24	\$473.43	\$202.76	\$384.03	\$267.46	\$368.55	\$266.06	N/A	\$1,359.28**
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	\$245.26	\$398.68	\$138.69	\$323.40	\$225.23	\$180.76	\$224.39	\$951.00*	\$1,264.45**
A0428	AMBULANCE SERVICE (BLS)	\$153.29	\$249.18	\$134.24	\$202.12	\$140.74	\$147.42	\$145.29	N/A	N/A
A0430	FIXED WING AIR TRANSPORT	\$2,874.22	\$3,315.07	\$3,230.58	\$2,704.92	\$1,762.90	\$1,840.17	\$1,863.60	\$202.38*	\$36,179.97**
A0426	AMBULANCE SERVICE (ALS)	\$183.94	\$299.01	\$150.51	\$242.55	\$168.90	\$368.55	\$179.19	N/A	N/A
A0431	ROTARTY WING AIR TRANSPORT	\$3,341.71	\$3,854.27	\$2,860.19	\$3,144.88	\$1,762.90	\$1,053.00*	\$2,169.48	\$202.38*	N/A
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	\$9.75	N/A	Manually Priced	N/A	MSRP	N/A	N/A	N/A	N/A
A0422	AMBULANCE SERVICE (ALS or BLS)	\$24.38	N/A	\$14.44	N/A	\$13.45	N/A	\$21.00	\$22.16	N/A
A0433	AMBULANCE SERVICE (ALS)	\$421.54	\$685.23	\$222.39	\$555.84	\$387.09	\$368.55	N/A	N/A	N/A
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	\$11.70	N/A	Manually Priced	N/A	MSRP	N/A	N/A	N/A	N/A
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	\$165.75	N/A	Not A Benefit	\$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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Ambulance Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	74%	117%	N/A

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Ambulatory Surgery Centers (ASC) – By Expenditures

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

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
43239	EGD, W BIOPSY	\$404.96	\$418.69	\$367.67	\$343.86	\$418.69	\$393.00	\$322.00	\$264.68	\$983.37
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$1,039.31	\$1,062.43	\$802.19	\$876.91	\$1,062.43	\$959.00	\$452.00	\$672.37	N/A
66984	XCAPSL CTRCT RMVL W/O ECP	\$1,039.31	\$1,062.43	\$802.19	\$876.91	\$1,062.43	\$959.00	\$452.00	\$672.37	\$1,484.75**
45385	CLNSOPY; W LSIN(S) RMVAL	\$518.98	\$536.57	\$367.67	\$439.37	\$536.57	\$393.00	\$322.00	\$339.00	\$864.54
64483	NJX(S); TRNSFRMINL EPIDRL	\$411.99	\$425.96	\$274.53	\$355.29	\$425.96	\$393.00	\$240.00	\$268.88	\$1,391.38**
66821	AFTR CTRCT LSR SURGERY	\$251.87	\$260.41	\$367.67	\$221.79	\$260.41	\$393.00	\$240.00	\$164.72	N/A
45380	CLNSCPY AND BPSY	\$518.98	\$536.57	\$367.67	\$439.37	\$536.57	\$393.00	\$322.00	\$339.00	\$876.26
45378	DIAG COLONOSCOPY	\$397.17	\$410.63	\$367.67	\$334.22	\$410.63	\$393.00	\$322.00	\$259.46	\$892.83
26055	TENDON SHEATH INCISION	\$697.08	\$741.30	\$367.67	\$617.38	\$741.30	\$393.00	\$322.00	\$468.08	N/A
64493	NJX(S); LUMBAR OR SACRAL	\$411.99	\$425.96	\$274.53	\$355.29	\$425.96	\$393.00	\$240.00	\$268.88	N/A
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$878.79	\$824.93	\$274.53*	\$689.93	\$824.93	\$393.00	\$240.00*	\$520.62	N/A
68816	PROBE NL DCT W/ BLN	\$1,001.49	\$872.88	N/A	\$724.70	\$872.88	\$526.00	\$322.00*	\$552.22	N/A
27603	INCSN DRINGE, LG OR ANKL	\$1,186.66	\$1,019.00	\$367.67*	\$860.99	\$1,019.00	\$526.00	\$322.00*	\$643.94	\$2,829.60**
26160	RMV TNDN SHTH LSN	\$697.08	\$741.30	\$420.48	\$617.38	\$741.30	\$393.00	\$369.00	\$468.08	N/A
52000	CYSTOSCOPY	\$287.93	\$297.69	\$274.53	\$243.50	\$297.69	\$393.00	\$240.00	\$187.90	\$2,142.00**
45388	CLNSCPY W/ ABLATION	\$518.98	\$536.57	\$420.48	\$439.37	\$536.57	\$393.00	N/A	\$339.00	N/A
43248	EGD GDE WIRE NSRTN	\$404.96	\$418.69	\$367.67	\$343.86	\$418.69	\$393.00	\$322.00	\$264.68	N/A
62321	NJX INTRLMNR CRV/THRC	\$317.80	\$328.58	\$274.53	\$273.47	\$328.58	\$393.00	N/A	\$207.45	\$1,550.00**
62323	NJX INTRLMNR LMBR/SAC	\$317.80	\$328.58	\$274.53	\$273.47	\$328.58	\$393.00	N/A	\$207.45	\$817.00**
12032	INTMD RPR S/A/T/EXT 2.6-7.5	\$172.99	\$178.85	N/A	\$139.80	\$178.85	\$393.00	\$240.00	\$113.06	N/A

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Average ASC Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	99%	125%	N/A

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

Ambulatory Surgery Centers (ASC) – By Utilization

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

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
66984	XCAPSL CTRCT RMVL W/O ECP	\$1,039.31	\$1,062.43	\$802.19	\$876.91	\$1,062.43	\$959.00	\$452.00	\$672.37	\$1,484.75**
43239	EGD W BIOPSY	\$404.96	\$418.69	\$367.67	\$343.86	\$418.69	\$393.00	\$322.00	\$264.68	\$983.37
64483	NJX(S); TRNSFRMINL EPIDRL	\$411.99	\$425.96	\$274.53	\$355.29	\$425.96	\$393.00	\$240.00	\$268.88	\$1,391.38**
64493	NJX(S); LUMBAR OR SACRAL	\$411.99	\$425.96	\$274.53	\$355.29	\$425.96	\$393.00	\$240.00	\$268.88	N/A
43248	EGD GDE WIRE NSRTN	\$404.96	\$418.69	\$367.67	\$343.86	\$418.69	\$393.00	\$322.00	\$264.68	N/A
45385	CLNSOPY; W LSIN(S) RMVAL	\$518.98	\$536.57	\$367.67	\$439.37	\$536.57	\$393.00	\$322.00	\$339.00	\$864.54
66821	AFTR CTRCT LSR SURGERY	\$251.87	\$260.41	\$367.67	\$221.79	\$260.41	\$393.00	\$240.00	\$164.72	N/A
45380	CLNSCPY AND BPSY	\$518.98	\$536.57	\$367.67	\$439.37	\$536.57	\$393.00	\$322.00	\$339.00	\$876.26
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$878.79	\$824.93	\$274.53*	\$689.93	\$824.93	\$393.00	\$240.00*	\$520.62	N/A
66982	XCAPSL CTRCT RMVL CPLX	\$1,039.31	\$1,062.43	\$802.19	\$876.91	\$1,062.43	\$959.00	\$452.00	\$672.37	N/A
62323	NJX INTRLMNR LMBR/SAC	\$317.80	\$328.58	\$274.53	\$273.47	\$328.58	\$393.00	N/A	\$207.45	\$817.00**
64490	NJX(S); CRVCL OR THORCIC	\$411.99	\$425.96	\$274.53	\$355.29	\$425.96	\$393.00	\$240.00	\$268.88	N/A
26055	TENDON SHEATH INCISION	\$697.08	\$741.30	\$367.67	\$617.38	\$741.30	\$393.00	\$322.00	\$468.08	N/A
64721	CARPAL TUNNEL SURGERY	\$878.79	\$824.93	\$367.67	\$689.93	\$824.93	\$393.00	\$322.00	\$520.62	\$1,942.00**
45378	DIAG COLONOSCOPY	\$397.17	\$410.63	\$367.67	\$334.22	\$410.63	\$393.00	\$322.00	\$259.46	\$892.83
62321	NJX INTRLMNR CRV/THRC	\$317.80	\$328.58	\$274.53	\$273.47	\$328.58	\$393.00	N/A	\$207.45	\$1,550.00**
76519	ECHO EXAM OF EYE	\$54.49	N/A	N/A	N/A	N/A	N/A	N/A	\$39.57*	N/A
43235	EGD	\$404.96	\$418.69	\$274.53	\$343.86	\$418.69	\$393.00	\$240.00	\$264.68	N/A
20610	DRAIN/INJ JOINT/BURSA	\$130.76	\$34.95	N/A	\$26.87*	\$34.95*	N/A	\$240.00	\$20.44*	N/A
64479	NJX AA&/STRD TFRM EPI C/T	\$411.99	\$425.96	\$274.53	\$355.29	\$425.96	\$393.00	\$240.00	\$268.88	N/A

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Average ASC Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	112%	121%	N/A

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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.

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
90837	PSYTX W PT 60 MINUTES	\$108.90	\$150.28	\$125.52	\$122.52	\$182.89	\$214.20	\$114.98	\$145.07	\$156.48
97153	ADAPTIVE BHVR TX BY TECH	\$20.50	N/A	\$13.37	N/A	N/A	\$29.96	N/A	\$9.38	\$109.48**
90834	PSYTX W PT 45 MINUTES	\$87.33	\$102.29	\$85.00	\$81.77	\$123.88	\$160.65	\$76.76	\$116.57	\$136.65
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$97.97	\$71.15	\$93.75	\$169.55
90791	PSYCH DIAGN EVAL	\$154.90	\$178.25	\$149.00	\$125.68	\$216.81	\$197.83	\$118.52	\$39.83*	\$198.98
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$101.66	\$79.46	\$90.79	\$123.84	\$62.42	\$73.67	\$77.17	\$144.97**
96131	PSYCL TST EVAL PHYS/QHP EA	\$79.11	\$89.83	\$95.47	\$78.78	\$109.64	\$112.36	\$100.83	\$159.05	\$145.48
90832	PSYTX W PT 30 MINUTES	\$55.71	\$77.48	\$64.17	\$61.48	\$93.35	\$107.10	\$57.65	\$65.31	\$78.00**
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$92.50	\$66.78	\$70.13	\$110.90	\$71.10	\$45.40	\$65.96	\$86.32
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$20.50	N/A	\$20.85	N/A	N/A	\$29.96	N/A	\$22.00	\$126.13**
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$120.86	\$120.55	\$103.42	\$144.78	\$203.76	\$100.83	\$159.05	\$143.45
90847	FAMILY PSYTX W/PT 50 MIN	\$107.46	\$101.25	\$84.07	\$93.55	\$123.04	\$144.32	\$52.75	\$32.66*	\$162.00**
90853	GROUP PSYCHOTHERAPY	\$30.91	\$27.23	\$22.18	\$24.38	\$33.09	\$43.51	\$52.75	\$7.60*	\$38.00**
96137	PSYCL/NRPSYC TST PHY/QHP	\$38.82	\$40.48	\$45.38	\$37.20	\$50.26	\$52.44	\$50.42	\$79.53	\$48.87
90833	PSYTX W PT W E/M 30 MIN	\$28.75	\$70.90	\$58.73	\$59.99	\$85.39	\$77.02	\$43.99	\$65.31	\$93.05**
90792	PSYCH DIGNSTIC EVAL W MEDICAL SERVICES	\$164.96	\$199.43	\$162.42	\$128.66	\$241.94	\$276.66	\$102.64	\$39.83*	\$252.75
97150	GRP THRPTC PROCEDURES	\$17.97	\$17.94	\$11.45	N/A	\$21.78	\$21.75	\$13.09	\$15.83	\$25.78**
97151	BHV ID ASSMT BY PHYS/QHP	\$19.15	N/A	\$36.96	N/A	N/A	\$26.10	N/A	\$22.00	\$218.00**
99223	INITIAL HSPTL CARE, PER DAY	\$180.42	\$101.66	\$150.42	\$176.34	\$240.14	\$107.00	\$137.80	\$149.58	N/A
96133	NRPSYC TST EVAL PHYS/QHP	\$89.23	\$102.34	N/A	\$88.14	\$124.76	\$112.34	\$100.83	\$159.05	\$164.52**

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Average Behavioral Health Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	90%	87%	68%

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Behavioral Health – By Utilization

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Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
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90837	PSYTX W PT 60 MINUTES	\$108.90	\$150.28	\$125.52	\$122.52	\$182.89	\$214.20	\$114.98	\$145.07	\$156.48
90834	PSYTX W PT 45 MINUTES	\$87.33	\$102.29	\$85.00	\$81.77	\$123.88	\$160.65	\$76.76	\$116.57	\$136.65
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$20.50	N/A	\$20.85	N/A	N/A	\$29.96	N/A	\$22.00	\$126.13**
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$97.97	\$71.15	\$93.75	\$169.55
97150	GRP THRPTC PROCEDURES	\$17.97	\$17.94	\$11.45	N/A	\$21.78	\$21.75	\$13.09	\$15.83	\$25.78**
90853	GROUP PSYCHOTHERAPY	\$30.91	\$27.23	\$22.18	\$24.38	\$33.09	\$43.51	\$52.75	\$7.60	\$38.00**
90832	PSYTX W PT 30 MINUTES	\$55.71	\$77.48	\$64.17	\$61.48	\$93.35	\$107.10	\$57.65	\$65.31	\$78.00**
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$101.66	\$79.46	\$90.79	\$123.84	\$62.42	\$73.67	\$77.17	\$144.97**
97151	BHV ID ASSMT BY PHYS/QHP	\$19.15	N/A	\$36.96	N/A	N/A	\$26.10	N/A	\$22.00	\$218.00**
90791	PSYCH DIAGN EVAL	\$154.90	\$178.25	\$149.00	\$125.68	\$216.81	\$197.83	\$118.52	\$39.83	\$198.98
96137	PSYCL/NRPSYC TST PHY/QHP	\$38.82	\$40.48	\$45.38	\$37.20	\$50.26	\$52.44	\$50.42	\$79.53	\$48.87
90833	PSYTX W PT W E/M 30 MIN	\$28.75	\$70.90	\$58.73	\$59.99	\$85.39	\$77.02	\$43.99	\$65.31	\$93.05**
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$92.50	\$66.78	\$70.13	\$110.90	\$71.10	\$45.40	\$65.96	\$86.32
90785	PSYTX COMPLEX INTERACTIVE	\$10.06	\$14.83	\$125.52*	\$12.91	\$18.01	Not Covered	N/A	\$0.00	N/A
96131	PSYCL TST EVAL PHYS/QHP EA	\$79.11	\$89.83	\$95.47	\$78.78	\$109.64	\$112.36	\$100.83	\$159.05	\$145.48
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$120.86	\$120.55	\$103.42	\$144.78	\$203.76	\$100.83	\$159.05	\$143.45
90847	FAMILY PSYTX W/PT 50 MIN	\$107.46	\$101.25	\$84.07	\$93.55	\$123.04	\$144.32	\$52.75	\$32.66	\$162.00**
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$53.30	\$32.47	\$40.40	\$56.50**
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$70.74	\$55.45	\$63.35	\$86.19	\$52.11	\$55.06	\$53.69	\$140.12**

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Behavioral Health Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	83%	86%	68%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
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>Wyoming Medicaid offers a variety of behavioral services through outpatient and community-based providers including mental health assessments, individual group therapy, rehabilitation, peer specialist services, targeted case management, and medically necessary psychiatric services.</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</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>RAEs can earn financial incentives for achieving performance and programmatic objectives through Key Performance Indicators, the Performance Pool, and the Behavioral Health Incentive Program.</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</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>Montana operates behavioral health programming using three strategies: supporting prevention programs, activating primary care, and</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 approved for a</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."¹¹</p> <p>Services available for people deemed to have serious mental illnesses (SMIs) include Comprehensive Assistance with Recovery and Empowerment Services (CARE) and Individualized and Mobile Program of Assertive Community Treatment (IMPACT).</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>As of July 1, 2022 the State passed a law that required an inflationary</p>

³ Colorado Department of Health Care Policy and Financing, *2020- 2021 Annual Report*, Available online: <https://hcpf.colorado.gov/sites/hcpf/files/HCPFAnnualReport2020-21.pdf>

⁷ Montana DPHHS, *Section 1115 Waiver for Additional Services and Populations*, Available online:

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

⁹ Nebraska DHHS, *Medicaid Services*, Available online: <http://dhhs.ne.gov/Pages/Medicaid-Services.aspx>

¹¹ South Dakota Department of Social Services, *Behavioral Health Services*, Available online: <https://dss.sd.gov/behavioralhealth/services.aspx>

¹³ Gardner Policy Institute, *Utah's Mental Health System*, Available online: <https://gardner.utah.edu/wp-content/uploads/MentalHealthReportAug2019.pdf>

WYOMING MEDICAID – SFY 2022 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
provide community-based alternatives to youth deemed to have a serious emotional disturbance (SED) or serious and persistent mental illness as an alternative to institutional care. ^{1, 2}	<p>Colorado created a Behavioral Health Administration (BHA) to support the technology, infrastructure, policy, and planning to streamline access.</p> <p>From March 2020 through March 2021, the statewide average telemedicine utilization rate for behavioral health visits was 40.3%.</p> <p>The State published a Mental Health and Substance Use Disorder (SUD) Parity Report in June 2022. The report reviewed Mental Health and SUD benefits in comparison to medical and surgical benefits.⁴</p>	<p>on care management.⁵</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 approved waivers for IMD payment exclusion for substance use disorder treatment and mental health treatment.⁶</p>	<p>increasing access to specialty care.</p> <p>Additionally, Montana operates the Behavioral Health SDMI Waiver, which allows members to receive long-term services and supports for SDMI individuals in a community setting rather than a nursing facility.⁸</p> <p>Montana has an approved 1115 SUD waiver: Healing and Ending Addiction through Recovery and Treatment (HEART).</p>	<p>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.</p> <p>Nebraska has an approved 1115 waiver for IMD payment exclusion for substance use disorder treatment.¹⁰</p>	<p>The State also offers specialized outpatient services available for youth deemed to have a serious emotional disturbance.</p> <p>Effective June 1, 2022, South Dakota implemented rate increases for community mental health centers (CMHC) and SUD clinics. CMHC services are paid on a FFS basis and are not bundled unless a part of a specific list of specialized outpatient services.¹²</p> <p>South Dakota does not currently operate any behavioral health waiver programs.</p>	<p>increase to Medicaid mental health plans.¹⁴</p> <p>The 1915(b) Prepaid Mental Health Plan waiver allows Medicaid to enroll all members into behavioral health plans statewide.¹⁵</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 has an approved 1115 waiver for IMD payment exclusion for substance use disorder treatment.</p>

¹ Wyoming Department of Health, *Care Management Entity*, Available online: <https://health.wyo.gov/healthcarefin/mcicaid/childrens-mental-health-waiver/>

² Wyoming Department of Health, *WY 1915b Waiver Renewal*, Available online: <https://health.wyo.gov/healthcarefin/mcicaid/wy-1915b-waiver-renewal-july-1-2019/>

⁴ Colorado HCPF, *Mental Health and Substance Use Disorder Parity Report*, Available online: <https://hcpf.colorado.gov/sites/hcpf/files/2022%20MHPAEA%20Parity%20Report%20Combined.pdf>

⁵ Idaho Department of Health and Welfare, *Behavioral Health*, Available online: <https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidMentalHealthManagedCare/tabid/1861/Default.aspx>

⁶ Medicaid.gov, *Section 1115 Demonstrations*, Available online: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

⁸ Medicaid.gov, *Section 1115 Demonstrations*, Available online: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

¹⁰ Medicaid.gov, *Section 1115 Demonstrations*, Available online: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

¹² State Plan Amendment (SPA) - #22-0008
[https://dss.sd.gov/docs/medicaid/medicaidstateplan/Amendment Info/Behavioral Health Inflationary Rate Increase and Collateral Contacts.pdf](https://dss.sd.gov/docs/medicaid/medicaidstateplan/Amendment%20Info/Behavioral%20Health%20Inflationary%20Rate%20Increase%20and%20Collateral%20Contacts.pdf)

¹⁴ Utah Gov, *Utah's Mental Health System*, <https://le.utah.gov/interim/2021/pdf/00001946.pdf>

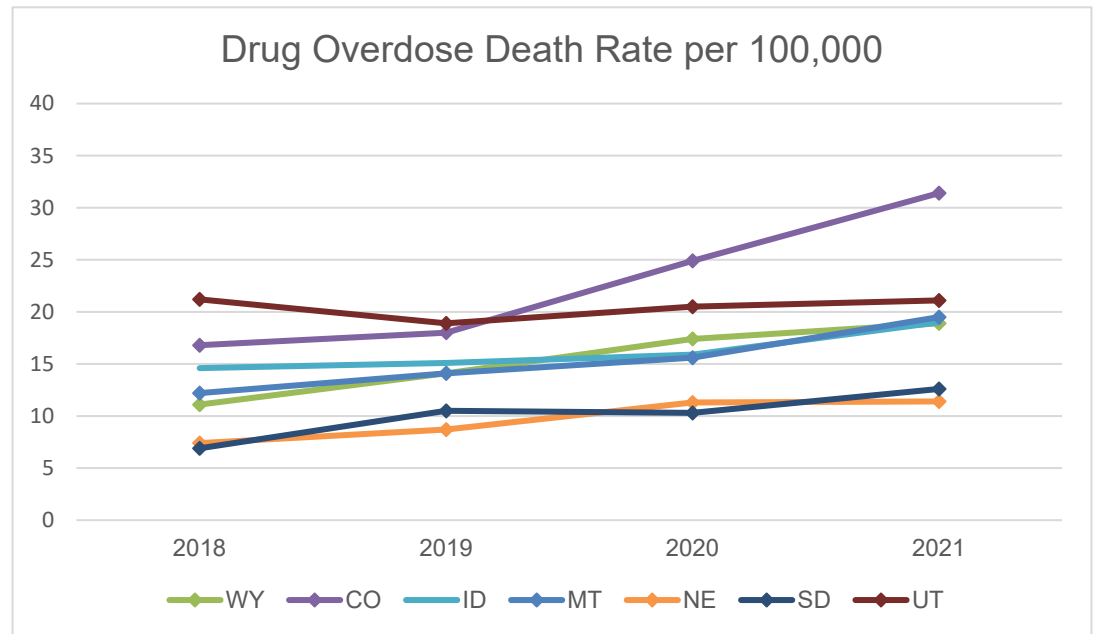
¹⁵ Medicaid.gov, *Section 1115 Demonstrations*, Available online: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

Behavioral Health – Substance Use Disorder Services¹⁶

	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 substance use epidemic impacting communities nationwide. The states cover a variety of Medication-Assisted Treatment (MAT) and other related substance use disorder services as detailed below.							
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	Yes	No	Yes	Yes	Yes	Yes
Intensive Outpatient Treatment for SUD	Yes	Yes	No	No	Yes	Yes	Yes

Drug Overdose Death Rate per 100,000 ¹⁷	WY	CO	ID	MT	NE	SD	UT
2021	18.9	31.4	19	19.5	11.4	12.6	21.1
2020	17.4	24.9	15.9	15.6	11.3	10.3	20.5
2019	14.1	18	15.1	14.1	8.7	10.5	18.9
2018	11.1	16.8	14.6	12.2	7.4	6.9	21.2



WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	\$31.20	\$46.23	\$19.24	\$24.54	\$23.35	\$29.71	\$24.08
D2392	RESIN-BSD CMPSTE - 2 SURFCS,	\$93.60	\$199.02	\$67.22	\$140.24	\$79.59	\$97.24	N/A
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$34.13	\$35.89	\$13.55	\$21.04	\$21.23	\$24.32	\$17.87
D2930	PREFBRICTD STNLESS STL CRWN -	\$132.60	\$252.77	\$101.84	\$140.24	\$123.10	N/A	\$111.34
D1110	PROPHYLAXIS - ADULT	\$48.75	\$86.39	\$41.68	\$52.59	\$35.02	\$56.75	\$49.67
D1120	PROPHYLAXIS - CHILD	\$34.13	\$64.01	\$29.17	\$35.06	\$27.59	N/A	\$38.80
D7140	EXTRCTN, ERUPTD TTH OR EXPD RT	\$68.67	\$150.64	\$57.24	\$77.13	\$70.04	\$87.80	\$71.40
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	\$76.05	\$155.75	\$51.25	\$70.12	\$62.61	\$78.34	N/A
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$210.16	\$409.02	\$148.49	\$252.43	\$214.36	\$298.50	\$194.06
D1351	SEALANT - PER TOOTH	\$27.30	\$54.25	\$20.83	\$28.05	\$26.53	N/A	\$29.50
D7210	REM IMP TOOTH W MUCOPER FLP	\$128.70	\$241.06	\$102.51	\$140.24	\$98.70	\$158.03	\$94.71
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$34.13	\$57.52	\$23.82	\$35.06	\$20.17	\$37.82	\$35.71
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$58.50	\$99.44	\$39.69	\$56.10	\$38.20	\$72.95	\$63.26
D0140	LIMITED ORAL EVAL - PRBLM FCSD	\$43.88	\$67.03	\$27.15	\$35.06	\$23.35	\$44.57	\$27.96
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	\$34.13	\$73.99	\$27.90	\$35.06	\$23.35	\$44.57	\$35.71
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$23.40	\$40.83	\$15.87	\$21.04	\$13.80	\$28.37	\$24.08
D2740	CROWN - PORCELAIN/CERAMIC	\$585.00	\$1,051.83	\$362.86	\$701.20	\$360.81	\$517.76	\$372.56
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	\$83.85	\$171.23	\$59.53	\$105.18	\$74.29	N/A	\$37.27
D2929	PRFB PRCLN/CRMIC CRWN PMRY TTH	\$157.95	N/A	N/A	\$210.36	\$142.20	N/A	N/A
D2150	AMLGAM - 2 SURFCS, PRMRY OR PMNNT	\$93.60	\$199.02	\$67.22	\$77.13	\$62.61	\$97.24	\$71.40

**Average Dental Comparison
(By Expenditures)**

WY Rate as % of 6-State Average

96%

¹⁶ KFF, Medicaid's Role in Addressing the Opioid Epidemic, Available online: <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>

¹⁷ KFF, Opioid Overdose Death Rates and all Drug Overdose Death Rates per 100,000: <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/?activeTab=graph¤tTimeframe=0&startTimeframe=22&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

WYOMING MEDICAID – SFY 2022 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	PERIDC ORAL EVAL – ESTAB PATIENT	\$31.20	\$46.23	\$19.24	\$24.54	\$23.35	\$29.71	\$24.08
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$34.13	\$35.89	\$13.55	\$21.04	\$21.23	\$24.32	\$17.87
D1120	PROPHYLAXIS - CHILD	\$34.13	\$64.01	\$29.17	\$35.06	\$27.59	N/A	\$38.80
D1351	SEALANT - PER TOOTH	\$27.30	\$54.25	\$20.83	\$28.05	\$26.53	N/A	\$29.50
D1110	PROPHYLAXIS - ADULT	\$48.75	\$86.39	\$41.68	\$52.59	\$35.02	\$56.75	\$49.67
D0220	INTRORAL - PERIPCL FRST RADGRPHC	\$14.63	\$25.28	\$9.22	\$17.53	\$6.36	\$17.56	\$13.98
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$23.40	\$40.83	\$15.87	\$21.04	\$13.80	\$28.37	\$24.08
D2392	RESIN-BSD CMPSTE - 2 SURFCS	\$93.60	\$199.02	\$67.22	\$140.24	\$79.59	\$97.24	N/A
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$34.13	\$57.52	\$15.87	\$35.06	\$20.17	\$37.82	\$35.71
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	\$68.67	\$150.64	\$57.24	\$77.13	\$70.04	\$87.80	\$71.40
D0230	INTRAORL - PERIPCL ADTNL RADGRPHC	\$13.65	\$21.13	\$8.19	\$8.77	\$5.30	\$12.16	\$10.85
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	\$76.05	\$155.75	\$51.25	\$70.12	\$62.61	\$78.34	N/A
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	\$34.13	\$73.99	\$27.90	\$35.06	\$23.35	\$44.57	\$35.71
D0140	LIMITED ORAL EVAL - PRBLM FCSD	\$43.88	\$67.03	\$27.15	\$35.06	\$23.35	\$44.57	\$27.96
D2930	PREFBRICTD STNLESS STL CRWN -	\$132.60	\$252.77	\$101.84	\$140.24	\$123.10	N/A	\$111.34
D9230	INHLTION NITRS OXIDE/ANLGSIA,	\$24.38	\$53.54	\$24.46	\$31.55	\$29.71	\$39.18	N/A
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$58.50	\$99.44	\$39.69	\$56.10	\$38.20	\$72.95	\$63.26
D7210	EXTRCTN, ERPTD TOOTH REQ REMOVAL	\$128.70	\$241.06	\$102.51	\$140.24	\$98.70	\$158.03	\$94.71
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	\$83.85	\$171.23	\$59.53	\$105.18	\$74.29	N/A	\$37.27
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$210.16	\$409.02	\$148.49	\$252.43	\$214.36	\$298.50	\$194.06

*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 Dental Comparison (By Utilization)	WY Rate as % of 6-State Average
	96%

WYOMING MEDICAID – SFY 2022 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

	Wyoming ¹⁸	Colorado ¹⁹	Idaho ²⁰	Montana ²¹	Nebraska ²²	South Dakota ²³	Utah ²⁴
Benefits Covered	Members are eligible for preventative and emergency services only. This includes up to two preventive visits per year (basic cleanings, exams, x-rays), two emergency visits per year, extractions and repair or reline of existing dentures or partial dentures. Restorative services not allowed.	Expanded adult dental services July 1, 2019. Benefits include annual dental exams, cleanings, diagnostic and restorative services (such as x-rays and fillings) and extractions. Other services such as root canals, crowns, partial dentures, complete dentures, and periodontal scaling may also be available with prior authorization.	Expanded adult dental services July 1, 2018. Benefits include preventive and diagnostic benefits (such as cleanings, exams, and x-rays), and restorative and therapeutic services (such as fillings, extractions, and dentures).	Members are eligible for most medically necessary dental services. Benefits include preventative, diagnostic and therapeutic services. Members are eligible for a dental exam and cleaning every 6 months and two porcelain crowns per calendar year.	Members are eligible for most medically necessary dental services. Benefits include preventative and diagnostic benefits (such as cleanings, exams, and x-rays), and restorative and therapeutic services (such as fillings, extractions, and dentures).	Within service limits, members are eligible for two exams per year, two cleanings per year, fillings, dental sealants on permanent molars, x-rays, removal of teeth, permanent crowns on front teeth, stainless steel crowns, root canals on front teeth, and partial and full dentures (every 5 years).	Adult dental services are covered for members that are pregnant, disabled, blind, age 65 or older, or eligible for targeted adult Medicaid programs and are receiving treatment in a Substance Use Disorder Treatment Program, or qualify for Early Periodic Screening, Diagnostic, and Treatment (EPSDT).
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.	\$2,000 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.

¹⁸ Wyoming Medicaid Dental Services, Available online <https://health.wyo.gov/wp-content/uploads/2018/02/Dental-Services.pdf>

¹⁹ Colorado Department of Health Care Policy and Financing, *Health First Colorado Dental Benefits*, Available online: <https://hcpf.colorado.gov/dental-benefits>

²⁰ MCNA Dental, *Idaho Smiles FAQ*, Available online: <https://www.mcnaid.net/en/members-faq#c1-q2>

²¹ Montana DPHHS, *Dental*, Available online: <https://dphhs.mt.gov/MontanaHealthcarePrograms/Dental>

²² MCNA Dental, *Member Resources and Documents*, Available online: <https://www.mcnaid.net/#resources>

²³ South Dakota Department of Social Services, *Dental Services*, Available online: <https://dss.sd.gov/medicaid/recipients/dental.aspx>

²⁴ Utah Department of Health, *Dental Coverage and Plans*, Available online: <https://medicaid.utah.gov/dental-coverage-and-plans/>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Developmental Centers – All Procedures

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, and H0031.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92507	SPEECH/HEARING THERAPY	\$61.46	\$77.93	\$63.39	\$68.99	\$93.77	\$39.15	\$13.99*	\$58.11	\$100.00
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$37.96	\$33.28	\$33.67	\$47.32	\$21.75	\$15.95	\$33.92	\$110.33**
92508	SPEECH/HEARING THERAPY	\$23.00	\$24.17	\$10.57	N/A	\$28.90	\$19.57	\$9.16	\$17.77	N/A
92523	SPCH SOUND LANG COMPREHEN	\$164.01	\$230.86	\$162.66	\$168.19	\$282.15	\$194.66	\$142.61	\$174.71	\$250.00**
97110	THERAPEUTIC EXERCISES	\$28.39	\$30.00	\$30.59	\$26.48	\$36.44	\$21.75	\$15.95	\$26.38	\$55.69
97150	GRP THRPTC PROCEDURES	\$17.97	\$17.94	\$11.74	N/A	\$21.78	\$21.75	\$13.09	\$15.83	\$25.78**
97166	OT EVAL MOD COMPLEX 45 MIN	\$69.72	\$102.74	\$82.77	\$77.89	\$118.48	\$69.60	\$54.17	\$86.06	\$147.51
97165	OT EVAL LOW COMPLEX 30 MIN	\$69.72	\$102.74	\$47.64	\$78.17	\$118.48	\$69.60	\$36.12	\$86.06	\$151.18
97162	PT EVAL MOD COMPLEX 30 MIN	\$71.88	\$102.05	\$41.93	\$73.85	\$122.25	\$69.60	\$49.73	\$88.68	\$140.64
97112	NURMSCLAR REEDUCATION	\$29.11	\$34.84	\$31.93	\$30.27	\$42.30	\$21.75	\$15.95	\$30.58	\$53.65
92526	ORAL FUNCTION THERAPY	\$77.27	\$86.59	\$25.84	\$74.64	\$103.82	\$47.85	\$72.72	\$64.14	\$113.62
97116	GAIT TRAINING THERAPY	\$24.80	\$30.00	\$9.38	\$26.31	\$36.44	\$17.40	\$15.95	\$26.38	\$51.12
97161	PT EVAL LOW COMPLEX 20 MIN	\$71.88	\$102.05	\$29.78	\$73.85	\$122.25	\$69.60	\$33.15	\$88.68	\$118.86
97167	OT EVAL HIGH COMPLEX 60 MIN	\$69.72	\$102.74	\$85.71	\$77.89	\$118.48	\$69.60	\$72.25	\$86.06	\$149.88**
92522	EVALUATE SPEECH PRODUCTION	\$78.94	\$113.36	\$78.29	\$79.99	\$137.28	\$95.88	\$68.48	\$85.05	\$142.50**
97168	OT RE-EVAL EST PLAN CARE	\$46.00	\$70.72	\$47.64	\$53.72	\$79.95	\$46.98	\$47.84	\$57.86	\$90.00**
97129	THER IVNTJ 1ST 15 MIN	\$21.56	\$23.08	\$25.02	\$17.99	\$28.06	\$24.44	N/A	N/A	N/A
97130	THER IVNTJ EA ADDL 15 MIN	\$21.56	\$22.38	\$23.91	\$17.18	\$27.22	\$23.35	N/A	N/A	N/A
97163	PT EVAL HIGH COMPLEX 45 MIN	\$71.88	\$102.05	\$72.93	\$73.85	\$122.25	\$69.60	\$74.59	\$88.68	\$114.99
97533	SENSORY INTEGRATION	\$25.88	\$65.99	\$23.28	N/A	\$43.07	N/A	\$16.07	\$51.76	N/A

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

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Developmental Center Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	78%	97%	55%

WYOMING MEDICAID – SFY 2022 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	\$165.08
E0466	HOME VENT NON-INVASIVE INTER	N/A	N/A	N/A	\$8,552.06	N/A	\$1,684.94	N/A	N/A	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$10.96	N/A	\$9.38	\$5.01	\$7.34	\$14.54	N/A	\$8.24	N/A
T4527	ADULT SIZE PULL-ON LG	\$1.25	N/A	\$1.07	\$0.74	\$1.05	\$1.14	N/A	\$0.87	N/A
T4535	DSPSBLE LNR/SHLD/PAD	\$0.73	N/A	\$0.47	\$0.34	\$0.58	\$0.51	N/A	\$0.44	N/A
T4526	ADULT SIZE PULL-ON MED	\$1.06	N/A	\$0.89	\$0.62	\$0.90	\$1.02	N/A	\$0.64	N/A
T4528	ADULT SIZE PULL-ON XL	\$1.37	N/A	\$1.06	\$0.82	\$1.15	\$1.14	N/A	\$0.87	N/A
A9276	DSPSBLE SNSR, CGM SYS	\$15.38	N/A	Manually Priced	\$15.18*	\$0.00*	N/A	N/A	Not Covered	N/A
T4534	YOUTH SIZE PULL-ON	\$1.21	N/A	\$1.07	\$0.52	\$0.92	\$0.93	N/A	\$0.71	N/A
E1007	PWR SEAT COMBO W/SHEAR	\$8,522.74	N/A	\$8,351.08	\$7,659.31	\$8,602.50	\$10,182.20	\$7,864.45	\$6,285.76	N/A
A4353	INTERMITTENT URINARY CATH	\$6.83	\$8.57	\$7.16	\$6.97	\$8.57	\$8.31	\$7.77	\$7.35	N/A
A4554	DISPOSABLE UNDERPADS	\$29.25	N/A	\$0.45	N/A	N/A	N/A	N/A	\$0.35*	N/A
E0784	EXT AMB INFUSN PMP INSLIN	\$4,330.56	N/A	\$4,441.60	\$4,249.20	\$4,809.70	\$4,930.55	\$4,197.96	\$4,121.38	\$4,887.75**
B4161	EF PED HDRLYZD/AMNO ACID	\$1.82	N/A	\$2.94	\$1.93	MSRP	\$2.35	N/A	\$1.51	N/A
K0861	PWC GP3 STD MULT POW OPT S/B	\$5,546.45	N/A	\$5,688.67	\$5,511.20	\$8,986.20	\$5,847.70	\$5,130.06	\$5,143.89	N/A
B4197	PARNTRAL NTRITION SOLUTION; COMPOUNDE	\$254.80	N/A	\$62.72	\$294.14	\$355.26	\$338.23	N/A	\$123.78	N/A
E0431	PORTABLE GASEOUS O2	N/A	N/A	N/A	\$167.30	N/A	N/A	N/A	N/A	\$33.13**
T4533	YOUTH SIZE BRIEF/DIAPER	\$1.04	N/A	\$0.62	\$0.48	\$0.81	\$0.93	N/A	\$0.71	N/A
A7031	RPLCMNT FCEMSK INTERFA	\$68.03	\$45.62	\$43.36	\$33.60	\$45.62	N/A	\$66.82	\$31.64	N/A
A7030	CPAP FULL FACE MASK	\$123.44	\$121.21	\$115.21	\$88.22	\$121.21	N/A	\$165.74	\$83.85	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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

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
	110%	120%	N/A

WYOMING MEDICAID – SFY 2022 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	DSPSBLE LNR/SHLD/PAD	\$0.73	N/A	\$0.47	\$0.34	\$0.58	\$0.51	N/A	\$0.44	N/A
T4526	ADULT SIZE PULL-ON MED	\$1.06	N/A	\$0.89	\$0.62	\$0.90	\$1.02	N/A	\$0.64	N/A
T4527	ADULT SIZE PULL-ON LG	\$1.25	N/A	\$1.07	\$0.74	\$1.05	\$1.14	N/A	\$0.87	N/A
T4541	LARGE DISPOSABLE UNDERPAD	\$0.36	N/A	Not a Benefit	\$0.25	\$0.32	N/A	N/A	Not Covered	N/A
T4534	YOUTH SIZE PULL-ON	\$1.21	N/A	\$11.00	\$0.52	\$0.92	\$0.93	N/A	\$0.71	N/A
T4528	ADULT SIZE PULL-ON XL	\$1.37	N/A	\$1.06	\$0.82	\$1.15	\$1.14	N/A	\$0.87	N/A
B4160	EF PED CALORIC DENSE>=0.7KC	\$0.50	N/A	\$1.74	\$0.70	MSRP	\$0.82	N/A	\$0.60	N/A
T4533	YOUTH SIZE BRIEF/DIAPER	\$1.04	N/A	\$0.62	\$0.48	\$0.81	\$0.93	N/A	\$0.71	N/A
T4522	ADULT SIZE BRIEF/DIAPER MED	\$0.66	N/A	\$0.78	\$0.60	\$0.67	\$1.02	N/A	\$0.71	N/A
A4351	STRAIGHT TIP URINE CATHETER	\$1.50	\$1.89	\$1.43	\$1.54	\$1.89	\$2.15	\$1.65	\$1.62	N/A
A4216	STERILE WATER/SALINE, 10 ML	\$0.89	\$0.54	\$0.49	\$0.38	\$0.54	N/A	\$0.44	\$0.46	N/A
B4161	EF PED HDRLYZD/AMNO ACID	\$1.82	N/A	\$2.94	\$0.00*	MSRP	\$2.35	N/A	\$1.51	N/A
B4149	EF BLENDERIZED FOODS	\$1.51	N/A	\$1.31	\$0.00*	\$1.27	\$1.95	N/A	\$1.24	N/A
T4523	ADULT SIZE BRIEF/DIAPER LG	\$0.78	N/A	\$0.94	\$0.72	\$0.79	\$1.14	N/A	\$0.83	N/A
B4152	ENTERAL FORMULAE; CATEGORY II	\$0.54	N/A	\$0.55	\$0.00*	\$0.42	\$0.69	N/A	\$0.44	N/A
B4150	EF COMPLET W/INTACT NUTRIENT	\$0.65	N/A	\$0.62	\$0.00*	\$0.50	\$0.83	N/A	\$0.53	N/A
A4353	INTERMITTENT URINARY CATH	\$6.83	\$8.57	\$7.16	\$6.97	\$8.57	\$8.31	\$7.77	\$7.35	N/A
T4530	PED SIZE BRIEF/DIAPER LG	\$0.83	\$45.62	\$0.49	\$0.47	\$0.69	\$0.93	N/A	\$0.52	N/A
T4532	PED SIZE PULL-ON LG	\$1.11	\$121.21	\$0.67	\$0.54*	\$0.88*	\$0.93*	N/A	\$0.47*	N/A
T4525	ADULT SIZE PULL-ON SM	\$0.88	\$0.00	\$0.69	\$0.54	\$0.75	\$0.93	N/A	\$0.56	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
	81%	111%	N/A

WYOMING MEDICAID – SFY 2022 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 Wyoming payment methodology for End-Stage Renal Dialysis (ESRD) services is a percentage of charges reimbursement set to approximate Medicare's payments in the aggregate.</p> <p>Free-standing ESRD clinics are reimbursed on a percent of billed charges basis (8.775 percent of charges as of 2022).</p>	<p>Dialysis services for outpatient hemodialysis, outpatient peritoneal dialysis, continuous ambulatory peritoneal dialysis (CAPD), and continuous cycling peritoneal dialysis (CCPD) are reimbursed at the lower of the composite Medicare rate ceiling or the individual center's Medicare facility rate.</p> <p>For SFY 2022, Colorado Medicaid paid the lesser of charges or the posted provider rate, (between \$181 and \$208 per treatment depending on locality). This composite rate also covers routine services performed with the treatment.^{25,26}</p> <p>Home dialysis is a covered service, however there is no reimbursement for home dialysis. Only for necessary home dialysis equipment and supplies.²⁷</p>	N/A.	<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.²⁸ Medicaid does not separately reimburse for any other ESRD-related services other than the dialysis composite rate (e.g., drugs, labs, etc.).</p> <p>For SFY 2022, Montana Medicaid's payment rate for free-standing dialysis clinics was \$258.02.^{29,30}</p>	N/A.	<p>Reimbursement is based on the State's renal dialysis fee schedule. Inpatient hospital, outpatient hospital, and physician services are reimbursed according to their Medicaid fee schedule.</p> <p>Freestanding ESRD dialysis providers bill for dialysis service at their usual and customary charges, with a maximum allowable amount of \$481.28 per dialysis procedure. Freestanding dialysis clinics may only bill one CPT code for all dialysis procedures (90999).</p> <p>Home dialysis is an approved self-treatment and recipients must be trained on the use of dialysis equipment that is provided and installed by a provider. Dialysis training is included in the equipment fee schedule and is not separately reimbursable.^{31,32}</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 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 rate is based on the Medicare composite rate. The state pays a composite rate per dialysis session and includes all training services, evaluations, laboratory tests, items, supplies, medications, and equipment necessary to perform dialysis. Clinic services are paid depending on the type of services rendered, and payments are limited to the amount paid by Medicare.³³ For SFY 2022, the reimbursement rate for free-standing dialysis clinics was \$253.13.^{34,35}</p>

²⁵ Colorado HCPF, *Dialysis Billing Manual*, Available online: <https://hcpf.colorado.gov/dialysis-manual#reimb>

²⁶ Colorado HCPF, *Dialysis Fee Schedule*, Available online: https://hcpf.colorado.gov/sites/hcpf/files/07_CO_Fee_Schedule_Dialysis_07.2021_V1.1.pdf

²⁷ Colorado HCPF, *Dialysis Billing Manual*, Available online at: <https://www.colorado.gov/pacific/hcpf/dialysis-manual#reimb>

²⁸ Montana DHHS, *Montana Dialysis Clinic Services Manual*, Available online at: <https://medicaidprovider.mt.gov/manuals/dialysisclinicsservicesmanual>

²⁹ Montana DHHS, *Montana Dialysis Clinic Services Manual*, <https://medicaidprovider.mt.gov/manuals/dialysisclinicsservicesmanual>

³⁰ Montana DHHS, *Montana Dialysis Clinic Fee Schedule*, Available online: <https://medicaidprovider.mt.gov/docs/feeschedules/2021FS/ProposedJuly2021/ProposedDialysisFeeScheduleJuly2021.pdf>

³¹ South Dakota DDS, *Renal Dialysis Services Billing and Policy Manual*, Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Renal_Dialysis.pdf

³² South Dakota DDS, *Renal Dialysis Fee Schedule*, Available online: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Renal_Dialysis_latest.pdf

³³ Utah Administrative Code, *Coverage of Dialysis by an End-Stage Renal Disease Facility, R414-19a* Available online at: <https://rules.utah.gov/publicat/code/r414/r414-19a.htm>

³⁴ Utah Medicaid Provider Manual – End Stage Renal Disease [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid_Provider_Manuals/Archives/End_Stage_Renal_Disease_\(Archived_October_2017\)/EndStageRenalDisease.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid_Provider_Manuals/Archives/End_Stage_Renal_Disease_(Archived_October_2017)/EndStageRenalDisease.pdf)

³⁵ Utah Medicaid, *"Utah Medicaid Fee Schedule,"* Available online: <https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Federally Qualified Health Center (FQHC)

Description	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>							
General	<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</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</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</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.³⁹</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</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.⁴¹</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</p>

³⁹ MT Rules, "Rural Health Clinics and Federally Qualified Health Centers, Reimbursement." Available online: <http://www.mtrules.org/gateway/ruleno.asp?RN=37.86.4412>

⁴¹ South Dakota DDS, FQHC and RHC Services, Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/FQHC_and_RHC.pdf

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	comparison of actual charges to the fee schedule amount. ³⁶	<p>FQHC's service specific annual rate or service specific base rate. A facility's annual rate is calculated using the FQHC's current year's audited and inflated cost report and the facility's inflated rate after audit. The State calculates the facility base rates 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>Beginning July 1, 2020, A portion of the FQHCs physical health and specialty behavioral health alternative payment methodology rates</p>	<p>by the Medicaid managed care entity that contracts with FQHCs and the payments the facilities are entitled to under PPS.</p> <p>Idaho Medicaid also calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses FQHCs for providing LARCs and non-surgical trans-cervical permanent contraceptive devices outside of the PPS rate.³⁸</p>		<p>between payments paid by the Medicaid managed care entity that contracts with FQHCs and the payments the FQHCs are entitled to under PPS.</p> <p>Nebraska also reimburses FQHCs under an APM 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.⁴⁰</p>		<p>FQHC fiscal year. For federal requirements, FQHCs calculate a ratio of covered beneficiary charges to total charges applied to allowable cost. As part of this process, FQHCs allocate allowable costs to Medicaid. Utah Medicaid uses that 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</p>

³⁶ MACPAC, "Medicaid Payment Policy for Federally Qualified Health Centers." Available online: <https://www.macpac.gov/wp-content/uploads/2017/12/Medicaid-Payment-Policy-for-Federally-Qualified-Health-Centers.pdf>

³⁸ Idaho Medicaid, "Provider Handbook." Available online: <https://www.idmedicaid.com/Provider%20Guidelines/IHS,%20FQHC%20and%20RHC%20Services.pdf>

⁴⁰ Nebraska Medicaid, "State Plan Amendment 4.19-B." Available online: <http://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19b%20Item%202c%20-%20Federally-qualified%20health%20centers;%20telehealth.pdf#search=payment%20methodology%20FQHC>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		<p>are at-risk based on the FQHC's quality modifier. An FQHC's quality modifier is determined by the FQHC's performance on quality indicators in the previous Calendar Year.</p> <p>Effective September 28, 2021, FQHC cost reports with fiscal year ends between May 31, 2021 and March 31, 2022 will be set using the previous year's rates multiplied by 2.7%.³⁷</p>					<p>for under the PPS rate, Utah Medicaid pays the difference to the FQHC.⁴²</p>
Copayment Required/Limits on Services ⁴³	<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>Medicaid members have a copayment of \$2.00 per visit.</p>	<p>None</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>None</p>	<p>Medicaid members have a copayment of \$3.00 per visit.</p>	<p>Medicaid members have a copayment of \$4.00 per visit.</p>

³⁷ Code of Colorado Regulations. Medical Assistance- Section 8.700 Federally Qualified Health Centers. Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10207&fileName=10%20CCR%202505-10%208.700>

⁴² Rural Health Clinics and Federally Qualified Health Centers Services. Available online: https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rural%20Health%20Clinic%20And%20FQHC/RHC_FQHC.pdf

⁴³ Medicaid Benefits: Federally Qualified Health Center Services. Available Online: <https://www.kff.org/medicaid/state-indicator/federally-qualified-health-center-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Rural Health Clinics (RHC)

Description	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>							
General	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	<p>Colorado reimburses the higher of the APM or PPS rate per encounter.</p> <p>APM rates differ for hospital based and freestanding RHCs. For hospital based RHCs, the State reimburses an APM rate based on actual costs incurred by the clinic. For freestanding RHCs, the State reimburses an APM rate of the Medicare upper payment limit.</p> <p>PPS rates are calculated for new freestanding RHCs, the PPS rate is calculated based on the average of other freestanding</p>	<p>RHCs are reimbursed 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</p>	<p>Montana Medicaid reimburses RHCs according to the PPS. New facilities receive the Medicare rate for the RHC 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</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.⁴⁸</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</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.⁵⁰</p>

⁴⁸ Nebraska Department of Health and Human Services, 471 NAC 34-005.05. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-34.pdf

⁵⁰ Utah Medicaid, *Rural Health Clinics and Federally Qualified Health Centers Services*. Available online: https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rural%20Health%20Clinic%20And%20FQHC/RHC_FQHC.pdf

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	a comparison of actual charges to the fee schedule amount. ⁴⁴	RHC's PPS rates in the new RHC's RAE. For new hospital based RHCs, the PPS rate is calculated based on an average of two year's audited cost and visit data from the RHC's Medicare cost report. ⁴⁵	Medicaid managed care entity that contracts with RHCs and the payments the facilities are entitled to under PPS. ⁴⁶	separately for LARCs outside of the PPS rate. ⁴⁷		prospective rate. ⁴⁹	
Copayment Required/Limits on Services ⁵¹	Medicaid members have a copayment of \$2.45 for non-emergent services. Prior authorization is required after the first 12 RHC visits to confirm ongoing medical necessity.	Medicaid members have a copayment of \$2.00 per visit.	None	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.	None	Medicaid members have a copayment of \$3.00 per visit.	Medicaid members have a copayment of \$4.00 per visit.

*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).

⁴⁴ MACPAC, *Medicaid Payment Policy for Federally Qualified Health Centers*. Available online: <https://www.macpac.gov/wp-content/uploads/2017/12/Medicaid-Payment-Policy-for-Federally-Qualified-Health-Centers.pdf>

⁴⁵ CO Administrative Rules, MSB 21-07-20-C *Revision to the Rural Health Center Rules Concerning Reimbursement, Section 8.740*. Available online: <https://hcpf.colorado.gov/sites/hcpf/files/Doc%201%20MSB%2021-07-20-C%20Final%20-%20Dec%202021.pdf>

⁴⁶ Idaho Medicaid, Provider Handbook IHS, FQHC, and RHC services. Available online: <https://www.idmedicaid.com/Provider%20Guidelines/IHS,%20FQHC%20and%20RHC%20Services.pdf>

⁴⁷ MT Rules, *Rural Health Clinics and Federally Qualified Health Centers, Reimbursement*. Available online: <http://www.mtrules.org/gateway/ruleno.asp?RN=37.86.4412>

⁴⁹ South Dakota DDS, *FQHC and RHC Services*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/FQHC_and_RHC.pdf

⁵¹ KFF, *Medicaid Benefits: Federally Qualified Health Center Services*. Available Online: <https://www.kff.org/medicaid/state-indicator/federally-qualified-health-center-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Home Health – All Procedures

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

Revenue Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
0550	SKILLED NURSING - GEN CLASSIFICATION	\$58.50	\$156.90	\$122.10	\$102.92	N/A	\$95.44	N/A	\$75.10	N/A
0551	SKILLED NURSING - VISIT CHARGE	\$82.39	\$156.90	\$122.10	\$102.92	\$78.76	N/A	N/A	\$75.10	\$59.86
0421	PHYSICAL THERAPY - VISIT	\$82.39	\$171.49	\$133.47	\$123.22	\$78.76	\$110.84	\$64.08	\$80.66	\$43.97
0431	OCCUPATIONAL THERAPY - VISIT	\$82.39	\$172.67	\$134.39	\$101.17	\$78.76	\$110.84	\$64.08	N/A	\$57.14
0570	HOME HEALTH AIDE- GEN CLASSIFICATION	\$34.13	\$71.04	\$38.68	N/A	N/A	\$24.11	\$29.04	N/A	N/A
0571	HOME HEALTH AIDE - VISIT CHARGE	\$44.36	\$71.04	\$38.68	\$40.00	\$35.17	\$24.11	N/A	\$79.47	N/A
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	\$82.39	\$186.41	\$145.09	\$165.69	\$78.76	\$110.84	\$56.20	N/A	\$140.00**
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$126.75	\$251.48	N/A	N/A	N/A	N/A	\$112.56*	N/A	N/A
0424	PHYSICAL THERAPY - EVAL OR RE-EVAL	\$63.38	\$171.49	\$133.47	\$123.22	N/A	N/A	\$64.08	\$80.66	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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Home Health Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	48%	83%	127%

WYOMING MEDICAID – SFY 2022 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 2021)	Medicare Rate (Oct 2021 - Sept 2022)	CO Rate (Oct 2021)	ID Rate (Oct 2021)	MT Rate (Oct 2021)	NE Rate (Oct 2021)	SD Rate (Oct 2021)	UT Rate (Oct 2021)	Commercial Rate
0651	T2042	Routine Care (1-60 days)	\$194.15	\$203.40	\$223.92	\$187.42	\$203.66	\$193.14	\$203.66	\$203.40	\$64.30
0651	T2042	Routine Care (61+ days)	\$153.43	\$160.74	\$176.96	\$148.49	\$160.95	\$152.64	\$160.95	\$160.74	\$64.30
0652	T2043	Continuous Care (Hourly)	\$57.78	\$60.94	\$66.70	\$55.44	\$60.96	\$57.37	\$60.96	\$60.94	N/A
0655	T2044	Respite Care (total)	\$453.83	\$473.75	\$549.72	\$461.92	\$498.68	\$474.88	\$498.68	\$473.75	N/A
0656	T2045	General Inpatient Care	\$1,002.71	\$1,068.28	\$1,176.08	\$986.30	\$1,068.28	\$1,015.22	\$1,068.28	\$1,068.28	N/A

Average Hospice Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	95%	95%	N/A

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Inpatient hospital services are reimbursed by Wyoming Medicaid using an APR DRG payment methodology that classifies patients according to reason of admission, severity of illness, and risk of mortality. The APR DRG payment methodology uses diagnosis, procedure, and other claim level information to assign a DRG and a severity of illness (SOI). Each APR DRG and SOI combination has its own weight, which reflects the resources it takes to care for that patient. Payment is calculated by multiplying that weight by the hospital specific base rate, with claims eligible to receive a cost-based outlier	<p>The Colorado inpatient payment system uses APR DRG version 33 and pays PPS hospitals, Critical Access Hospitals, Rehabilitation, Spine/Brain Injury Treatment Specialty, and Specialty-Acute Hospitals provider specific base rates.⁵²</p> <p>PPS hospital base rates are calculated using the hospital specific Medicare base rate minus any DSH factors.</p> <p>For critical access hospitals and hospitals with fewer than 21 stays the peer group base rate will be used.</p> <p>LTACs, and Rehabilitation/Psychiatric Hospitals receive per diem rates for inpatient services.⁵³</p>	<p>Idaho reimburses non-public providers at the lower of customary charges or reasonable costs. Public providers that furnish services free of charge, or at a nominal charge, are reimbursed fair compensation that is the same as reasonable cost.⁵⁵</p> <p>Effective SFY 2022, Idaho will reimburse via a PPS APR DRG methodology.⁵⁶</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.⁵⁷</p> <p>Effective for all admissions on or after October 1, 2021, 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</p>	<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.⁶⁰</p> <p>In SFY 2022 Nebraska used APR DRG version 37.1 for FFS claims. DRG providers receive one of four different base rates for Metro Acute, Other Urban Acute, Rural Acute, and Children's Hospitals for FFS services.⁶¹</p> <p>DRG base rates are:</p> <ul style="list-style-type: none"> • Metro Acute: \$8,144 	<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.⁶²</p> <p>The South Dakota MS-DRG system uses charge-based outliers with hospital specific charge outlier thresholds. The outlier threshold in SFY 2022 was \$144,522.⁶³</p>	<p>Utah reimburses inpatient services using MS-DRG version 39 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.⁶⁴</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>

⁵² Medicaid.gov, *Colorado SPA 20-0036*, Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-20-0036.pdf>

⁵³ Medicaid.gov, *Colorado SPA 16-005*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-16-0005.pdf>

⁵⁵ Idaho Department of Health, *16.03.09 Medicaid Basic Plan Benefits*, Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

⁵⁶ Medicaid.gov, *Idaho SPA 21-0011*, Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/ID-21-0011>

⁵⁷ Montana DPHHS, *Hospital Inpatient*, Available online: <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drg>

⁶⁰ Nebraska DHHS, *Nebraska Medicaid Acute Hospital Rate Components*, Available online: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/APR-DRG%20Hospital%20Rates%20SFY2022.pdf>

⁶¹ Nebraska, *Provider Bulletin 20-33*, Available online: <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2020-33.pdf>

⁶² South Dakota DDS, *Outlier Threshold*, Available online: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Hospital_Services_Outlier_Threshold_Previous.pdf

⁶³ South Dakota DDS, *Inpatient Hospital Payment Methodology*, Available online:

https://dss.sd.gov/docs/medicaid/medicaidstateplan/4_GeneralProgramAdministration/4.19/Attachment_4.19_A_Inpatient_Hospital_Payment_Methodology.pdf

⁶⁴ Utah Department of Health, *Inpatient Hospital Resources DRG*, Available online: <https://medicaid.utah.gov/stplan/inpatientdrg/>

WYOMING MEDICAID – SFY 2022 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
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>In SFY 2022 all rates were increased by 2.</p> <ul style="list-style-type: none"> • Average In-State Rural DRG base rate \$6,905.06. • Average In-State Urban DRG base rate \$5,617.62.⁵⁴ 		<p>provider's receiving a state specific CCR.</p> <p>Montana uses APR DRG version 38 weights and re-centers the weights to 1. Neonate and normal newborn APR DRGs had a policy adjustment factor of 1.5.⁵⁸</p> <p>DRG base rates are:</p> <ul style="list-style-type: none"> • General Hospital: \$5,365 • Center of Excellence: \$7,995 • LTAC \$7,250⁵⁹ 	<ul style="list-style-type: none"> • Other Urban Acute: \$7,906 • Rural Acute: \$7,491 • Children's Hospitals: \$9,776 		Providers are assigned a provider specific outlier threshold based.

⁵⁴ Colorado Department of Healthcare Policy and Financing, *Official 30 day Inpatient Hospital Rate Review*, Available online:

<https://hcpf.colorado.gov/sites/hcpf/files/Inpatient%20Hospital%20Rate%20Posting%20%20FY22-23.pdf>

⁵⁸ Montana DPHHS, *DRG Calculator*, Available online: <https://medicaidprovider.mt.gov/docs/aprdrg/aprdrgfs/October2021APRDRG01052022.xlsx>

⁵⁹ Montana DPHHS, *Hospital Inpatient*, Available online: <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drg>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Hospital - Outpatient

Wyoming	Colorado	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>Colorado uses an Enhanced Ambulatory Patient Group (EAPG) system to reimburse hospital outpatient services.⁶⁵</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>Colorado submitted a state plan amendment to upgrade the FFS outpatient hospital calculation to align with the modern outpatient healthcare delivery standards.⁶⁶</p>	<p>The payment for hospital outpatient services will not be more than the combined payments the provider is allowed to receive from the participants and carriers or intermediaries for providing comparable services under Medicare. Services are paid via a fee schedule.⁶⁷</p> <p>For services not included in the fee schedule, Idaho reimburses based on reasonable costs based on previous year cost settlements.</p> <p>For SFY 2021, services paid at cost had a 5.8% reduction of operating costs and a 10% reduction of capital costs applied.</p>	<p>Montana Medicaid uses an OPPS system with Medicare's relative weights and a state-specific conversion factor that applies to all hospitals.⁶⁸</p>	<p>Effective January 1, 2020, Nebraska Medicaid transitioned to pay providers via EAPG version 3.14.</p> <p>The updated payment approach does not apply to Critical Access Hospitals. 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.⁶⁹</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.⁷⁰</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).⁷¹</p>

⁶⁵ Colorado Department of Health Care Policy and Financing, *Enhanced Ambulatory Grouping Software Implementation FAQ*, Available online:

<https://hcpf.colorado.gov/sites/hcpf/files/EAPG%20FAQ%20-%20v2.pdf>

⁶⁶ Medicaid.Gov, Colorado SPA 21-0040, <https://www.medicare.gov/medicaid/spa/downloads/CO-21-0040.pdf>

⁶⁷ Idaho Department of Health and Welfare, *16.03.09 Medicaid Basic Plan Benefits*, Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

⁶⁸ Montana DPHHS, *Hospital Outpatient Services Manual*, Available online: <https://medicaidprovider.mt.gov/manuals/hospitaloutpatientservicesmanual>

⁶⁹ Nebraska Total Care, *2022 Provider Billing Guide*, Available online:

https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/ProviderRelations/NTC_Nebraska_Total_Care_Provider_Billing_Guide_508.pdf

⁷⁰ South Dakota Medicaid, *Billing and Policy Manual- Outpatient Hospital Services*, Available online:

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Outpatient_Hospital_Services.pdf

⁷¹ Medicaid.gov, Utah SPA 20-0011, Available online: <https://www.medicare.gov/media/file/ut-20-0011.pdf>

WYOMING MEDICAID – SFY 2022 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)

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	No	Yes	Yes	Yes

WYOMING MEDICAID – SFY 2022 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
81420	FETAL CHROMOML ANEUPLOIDY	\$759.05	\$759.05	\$759.05	\$683.15	\$759.04	Not Covered	\$759.05	Not covered	\$726.47
U0004	COV-19 TST NON-CDC HGH THRU	\$75.00	\$75.00	\$75.00	\$67.50	N/A	\$75.00	\$75.00	\$100.00	\$93.69
U0003	COV-19 AMP PRB HGH THRUPUT	\$75.00	\$75.00	\$75.00	\$67.50	N/A	\$75.00	\$75.00	\$100.00	\$91.75
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$43.04	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$39.85
87591	N. GNRRHAE DNA AMP PROB	\$43.04	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$39.75
U0005	INFEC AGEN DETEC AMPLI PROBE	\$25.00	\$25.00	\$25.00	\$22.50	N/A	\$25.00	\$25.00	Not covered	\$27.41
87798	DETECT AGENT NOS DNA AMP	\$43.04	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$37.65	\$12.80*
88175	CYTOPATH C/V AUTO FLUID REDO	\$32.48	\$26.61	\$26.61	\$29.44	\$26.61	\$26.61	\$26.61	\$8.24*	\$33.98
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	N/A	\$61.68	\$58.99	\$85.85	N/A	\$70.44	\$58.48	\$83.11
80081	OBSTETRIC PANEL	\$89.48	\$74.86	\$74.86	\$83.18	\$74.86	\$74.86	\$74.86	\$82.29	\$65.00
87624	HPV HIGH-RISK TYPES	\$41.91	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$43.33	\$42.53
80050	GENERAL HEALTH PANEL	\$53.63	N/A	\$46.70	N/A	\$58.92	\$43.62	\$60.16	\$44.84	\$36.17
80307	DRUG TST PRSMV CHEM ANALYZR	\$70.03	\$62.14	\$16.18*	\$64.65	\$62.14	\$62.14	\$62.14	\$51.50	\$65.44
87801	DETECT AGNT MULT DNA AMPLI	\$86.05	\$70.20	\$70.20	\$77.99	\$70.20	\$70.20	\$70.20	\$37.65	\$80.43
82306	VITAMIN D 25 HYDROXY	\$36.29	\$29.60	\$29.60	\$32.90	\$29.59	\$29.60	\$29.60	\$40.37	\$35.16
84443	ASSAY THYROID STIM HORMONE	\$20.12	\$16.80	\$16.80	\$18.68	\$16.80	\$16.80	\$16.80	\$22.91	\$22.60
87661	TRICHOMONAS VAGINALIS AMPLIF	\$42.00	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	Not covered	\$30.47
86003	ALLG SPEC IGE CRUDE XTRC EA	\$5.87	\$5.22	\$5.22	\$5.80	\$5.22	\$5.22	\$5.22	\$4.05	\$37.05
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$497.70	\$416.78	\$416.78	\$463.10	\$416.77	\$416.78	\$416.78	Not covered	N/A
87150	DNA/RNA AMPLIFIED PROBE	\$44.11	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$21.70	\$41.27

*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 Laboratory Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	116%	112%	99%

WYOMING MEDICAID – SFY 2022 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
U0005	INFEC AGEN DETEC AMPLI PROBE	\$25.00	\$25.00	\$25.00	\$22.50	N/A	\$25.00	\$25.00	Not covered	\$27.41
U0004	COV-19 TST NON-CDC HGH THRU	\$75.00	\$75.00	\$75.00	\$67.50	N/A	\$75.00	\$75.00	\$100.00	\$93.69
86003	ALLG SPEC IGE CRUDE XTRC EA	\$5.87	\$5.22	\$5.22	\$5.80	\$5.22	\$5.22	\$5.22	\$4.05	\$37.05
36415	ROUTINE VENIPUNCTURE	\$2.51	\$3.00	\$3.00	\$2.77	\$3.00	\$3.00	\$3.00	\$3.70	\$1.65
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.60	\$7.77	\$7.77	\$8.63	\$7.77	\$7.77	\$7.77	\$6.66	\$11.27
80053	COMPREHEN METABOLIC PANEL	\$12.96	\$10.56	\$10.56	\$11.74	\$10.56	\$10.56	\$10.56	\$8.99	\$14.93
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$43.04	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$39.85
87086	URINE CULTURE/COLONY COUNT	\$4.64	\$8.07	\$8.07	\$8.96	\$8.07	\$8.07	\$8.07	\$9.22	\$7.07
87591	N. GNRRHAE DNA AMP PROB	\$43.04	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$42.82	\$39.75
84443	ASSAY THYROID STIM HORMONE	\$20.12	\$16.80	\$16.80	\$18.68	\$16.80	\$16.80	\$16.80	\$22.91	\$22.60
88175	CYTOPATH C/V AUTO FLUID REDO	\$32.48	\$26.61	\$26.61	\$29.44	\$26.61	\$26.61	\$26.61	\$8.24*	\$33.98
U0003	COV-19 AMP PRB HGH THRUPUT	\$75.00	\$75.00	\$75.00	\$67.50	N/A	\$75.00	\$75.00	\$100.00	\$91.75
87798	DETECT AGENT NOS DNA AMP	\$43.04	\$35.09	\$35.09	\$39.00	\$35.08	\$35.09	\$35.09	\$37.65	\$12.80*
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	N/A	\$61.68	\$58.99	\$85.85	N/A	\$70.44	\$34.76	\$83.11
80061	LIPID PANEL	\$13.65	\$13.39	\$13.39	\$14.88	\$13.39	\$13.39	\$13.39	\$18.97	\$16.10
84439	ASSAY OF FREE THYROXINE	\$11.06	\$9.02	\$9.02	\$10.02	\$9.01	\$9.02	\$9.02	\$9.91	\$11.10
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$9.31	\$9.71	\$9.71	\$10.79	\$9.70	\$9.71	\$9.71	\$13.23	\$10.68
87081	CULTURE SCREEN ONLY	\$5.16	\$6.63	\$6.63	\$7.36	\$6.63	\$6.63	\$6.63	\$3.58	\$6.03
82306	VITAMIN D 25 HYDROXY	\$36.29	\$29.60	\$29.60	\$32.90	\$29.59	\$29.60	\$29.60	\$40.37	\$35.16
87088	CULTURE, BACTERIAL; URINE	\$4.60	\$8.09	\$8.09	\$8.99	\$8.08	\$8.09	\$8.09	\$11.03	\$7.52

*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
	105%	101%	87%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Maternity – All Procedures

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	OBSTETRICAL CARE	\$2,069.78	\$2,407.72	\$1,602.96	\$1,756.96	\$2,933.57	\$1,764.00	\$1,494.57	\$2,026.00	\$4,418.10
59510	CESAREAN DELIVERY	\$2,308.79	\$2,653.36	\$1,814.21	\$1,941.82	\$3,239.17	\$2,205.00	\$1,694.08	\$2,234.44	\$6,099.94**
59409	OBSTETRICAL CARE	\$883.05	\$800.68	\$755.27	\$686.39	\$986.57	\$926.10	\$856.92	\$685.02	\$1,197.42**
59426	ANTEPARTUM CARE ONLY	\$887.00	\$1,030.67	\$664.35	\$684.15	\$1,252.55	\$79.94*	\$692.72	\$863.04	\$1,116.41
59025	FETAL NON-STRESS TEST	\$52.11	\$48.48	\$38.75	\$40.37	\$60.18	\$70.52	\$46.77	\$36.35	\$181.41*
59514	CESAREAN DELIVERY ONLY	\$993.74	\$903.67	\$885.29	\$772.67	\$1,116.06	\$1,278.90	\$1,153.27	\$773.74	N/A
59430	CARE AFTER DELIVERY	\$201.26	\$296.06	\$150.62	\$154.91	\$318.33	\$79.49	\$150.40	\$218.60	\$150.00**
59425	ANTEPARTUM CARE ONLY	\$495.61	\$564.10	\$371.13	\$381.83	\$684.53	\$79.49*	\$406.94	\$471.56	\$965.94
59610	VBAC DELIVERY	\$2,178.68	\$2,512.10	\$1,724.02	\$1,842.23	\$3,065.87	\$2,116.80	\$1,803.82	\$2,114.71	N/A
59410	OBSTETRICAL CARE	\$1,125.64	\$1,059.81	\$866.49	\$879.17	\$1,300.96	\$1,102.50	\$957.41	\$902.30	\$1,622.70**
59515	CESAREAN DELIVERY	\$1,365.36	\$1,303.10	\$1,083.14	\$1,062.45	\$1,602.75	\$1,543.50	\$1,205.97	\$1,109.13	N/A
59612	VBAC DELIVERY ONLY	\$990.87	\$901.68	\$811.39	\$771.10	\$1,114.30	\$1,278.90	\$961.28	\$772.11	N/A
59412	ANTEPARTUM MANIPULATION	\$112.13	\$102.11	\$115.02	\$86.96	\$125.60	\$308.70	\$138.44	N/A	\$163.23**
59618	ATTEMPTED VBAC DELIVERY	\$2,342.57	\$2,680.66	\$1,887.93	\$1,966.09	\$3,274.51	\$2,557.80	\$1,704.00	\$2,258.63	N/A
59414	DELIVER PLACENTA	\$99.19	\$89.63	\$93.99	\$77.37	\$111.82	\$220.50	\$117.40	N/A	N/A
59614	VBAC CARE AFTER DELIVERY	\$1,233.10	\$1,140.95	\$988.43	\$958.82	\$1,408.09	\$1,455.30	\$1,083.17	\$975.25	N/A
59620	ATTEMPTED VBAC DELIVERY ONLY	\$966.07	\$933.67	\$956.19	\$798.36	\$1,152.29	\$1,631.70	\$1,216.53	\$798.59	N/A
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$169.28	\$146.47	\$119.33	\$131.13	\$192.06	\$176.31	\$123.60	\$116.65	N/A
59001	AMNIOCENTESIS THERAPEUTIC	\$194.79	\$176.90	\$132.49	\$151.18	\$217.82	\$176.31	\$167.74	\$133.09	N/A
59000	AMNIOCENTESIS DIAGNOSTIC	\$137.29	\$117.70	\$94.77	\$105.59	\$145.83	\$58.77	\$134.01	\$88.12	\$612.00**

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

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Maternity Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	101%	105%	59%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Nursing Facility

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

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	<p>Provider-specific per diem rates are established for each nursing facility and rebased annually (using the facility's most recent Medicaid cost report for the period ending in the previous calendar year).</p> <p>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.</p> <p>Supplemental payments are made based on the Provider Assessment and Upper Payment Limit (UPL).⁷²</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).⁷³</p>	<p>Nursing facilities are reimbursed the actual operating costs of providing a high level of care, to the extent the costs are reasonable. Rates are set quarterly, and payments are made through a prospective price-based system, which includes case mix adjustments.</p> <p>Final payments are retroactively adjusted on a quarterly basis following receipt of the finalized</p>	<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.⁷⁵</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, and the quality measures component.⁷⁶</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.⁷⁷</p>	<p>Provider-specific case-mix adjusted per diem rates are established for each nursing facility. A new case mix index is calculated quarterly and applied to a new aggregate rate at the beginning of the quarter.</p> <p>In addition, reimbursement includes a flat basic operating expense payment to each facility.⁷⁸</p>

⁷² Wyoming Administrative Rules. *Medicaid Chapter 7: Wyoming Nursing Home Reimbursement System*. Available online: <https://rules.wyo.gov/Search.aspx?mode=7>

⁷³ Code of Colorado Regulations. *Medical Assistance- Section 8.400 Long Term Care, Nursing Facility Care, Adult Day Care Services*. Available online:

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10167&fileName=10%20CCR%202505-10%208.400>

⁷⁵ Montana DPHHS, *Nursing Facility and Swing Bed Manual How payment is calculated*. Available online: <https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual>

⁷⁶ Nebraska Department of Health and Human Services, *Chapter 45 Rates for Nursing Facility Services*. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-45.pdf

⁷⁷ South Dakota Medicaid Billing and Policy Manual, *Skilled Nursing Facility and Nursing Facility Services*. Available online:

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Skilled_Nursing_Facilities_and_Nursing_Facilities.pdf

⁷⁸ Utah *State Plan Attachment 4.19-D*, Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-D.pdf

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
			Medicare cost report and any information requested by the Department. ⁷⁴				
Nursing Facility Provider Tax⁷⁹	Yes	Yes	Yes	Yes	Yes	No	Yes
Per Diem Rates (SFY 2022)	Range: \$166.76 - \$223.82 Average: \$192.35	Range: \$183.67 - \$313.74 Average: \$243.79	Unknown	Range: \$208.71 - \$214.98 Average: \$211.84	N/A	Range: \$57.24 - \$764.74 Average: \$180.04	Range: \$177.53 - \$266.84 Average: \$220.32

Average WY Medicaid Rate as a % of Other States' Average Rates	93%
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⁷⁴ Idaho Department of Health and Welfare, 16.03.10- Medicaid Enhanced Plan Benefits. Available online: <https://adminrules.idaho.gov/rules/current/16/160310.pdf>

⁷⁹ KFF, *States with a Nursing Facility Provider Tax in Place*. Available online: <https://www.kff.org/medicaid/state-indicator/states-with-a-nursing-facility-provider-tax-in-place/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Physician and Other – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.23	\$45.40	\$65.96	\$122.08
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$71.15	\$93.75	\$181.27
99285	EMERGENCY DEPT VISIT	\$169.28	\$176.60	\$144.90	\$150.68	\$216.52	\$160.95	\$153.53	\$135.54	\$378.58
99284	EMERGENCY DEPT VISIT	\$114.29	\$121.66	\$97.20	\$102.25	\$148.42	\$108.75	\$102.20	\$92.97	\$296.34
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$250.73
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$82.99	\$83.69	\$165.38
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$37.96	\$33.28	\$33.67	\$47.32	\$21.75	\$15.95	\$33.92	\$108.65**
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$181.91	\$131.91	\$139.81	\$219.66	\$102.76	\$103.83	\$131.11	\$252.77
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$280.13	\$225.21	\$236.27	\$339.27	\$182.70	\$213.33	\$209.22	\$651.51
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$101.66	\$81.45	\$90.79	\$123.84	\$87.00	\$73.67	\$77.17	\$167.62
99472	PED CRITICAL CARE SUBSQ	\$380.25	\$401.59	\$381.14	\$357.53	\$483.63	\$282.75	\$426.70	\$301.83	N/A
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$67.21	\$70.74	\$56.84	\$63.35	\$86.19	\$52.20	\$55.06	\$53.69	\$147.61
99283	EMERGENCY DEPT VISIT	\$60.38	\$72.03	\$52.56	\$53.88	\$87.36	\$71.77	\$67.66	\$54.70	\$243.82**
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$91.94	\$89.46	\$120.91	\$84.97	\$71.58	\$74.16	\$144.20
92507	SPEECH/HEARING THERAPY	\$61.46	\$77.93	\$63.39	\$68.99	\$93.77	\$39.15	\$13.99*	\$58.11	\$92.10
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$98.21	\$102.99	\$129.28	\$90.28	\$71.58	\$79.33	\$156.82
74177	CT ABD & PELV W/CONTRAST	\$223.58	\$332.65	\$275.99	\$262.15	\$406.95	\$505.30	\$264.27	\$59.57*	\$2,480.70**
99469	NEONATE CRIT CARE SUBSQ	\$373.78	\$394.31	\$409.05	\$348.28	\$474.42	\$348.00	\$456.39	\$296.45	\$406.65
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$16.90	\$19.75	\$19.29	\$21.32	N/A	\$15.06	\$13.81	\$24.48
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$32.47	\$40.40	\$80.59

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

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
	86%	98%	56%

WYOMING MEDICAID – SFY 2022 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
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$45.40	\$65.96	\$122.08
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$71.15	\$93.75	\$181.27
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$37.96	\$33.28	\$33.67	\$47.32	\$21.75	\$15.95	\$33.92	\$108.65**
95004	PERCUT ALLERGY SKIN TESTS	\$6.11	\$4.10	\$2.29	\$4.29	\$5.03	\$3.04	\$5.29	\$2.96	\$381.39**
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$15.86	\$3.60*	\$10.88	\$19.26	\$7.83	\$10.56	\$11.48	\$350.58**
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$16.90	\$19.75	\$19.29	\$21.32	N/A	\$15.06	\$13.81	\$24.48
99284	EMERGENCY DEPT VISIT	\$114.29	\$121.66	\$97.20	\$102.25	\$148.42	\$108.75	\$102.20	\$92.97	\$296.34
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$67.21	\$70.74	\$56.84	\$63.35	\$86.19	\$52.20	\$55.06	\$53.69	\$147.61
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$82.99	\$83.69	\$165.38
99285	EMERGENCY DEPT VISIT	\$169.28	\$176.60	\$144.90	\$150.68	\$216.52	\$160.95	\$153.53	\$135.54	\$378.58
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$32.47	\$40.40	\$80.59
71045	X-RAY EXAM CHEST 1 VIEW	\$17.38	\$26.45	\$25.25	\$16.69	\$31.41	\$37.20	\$27.15	\$6.90	\$198.73**
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$101.66	\$81.45	\$90.79	\$123.84	\$87.00	\$426.70	\$77.17	\$167.62
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$8.25	\$8.63	\$7.43	\$10.05	\$25.02	\$9.35	N/A	\$18.62
36415	ROUTINE VENIPUNCTURE	\$2.51	N/A	\$3.00	\$2.77	\$3.00	\$3.00	\$3.00	N/A	\$6.73
99283	EMERGENCY DEPT VISIT	\$60.38	\$72.03	\$52.56	\$53.88	\$87.36	\$71.77	\$67.66	\$54.70	\$243.82**
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$250.73
92507	SPEECH/HEARING THERAPY	\$61.46	\$77.93	\$63.39	\$68.99	\$93.77	\$39.15	\$13.99	\$58.11	\$92.10
97110	THERAPEUTIC EXERCISES	\$28.39	\$30.00	\$30.59	\$26.48	\$36.44	\$21.75	\$15.95	\$26.38	\$55.96
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$181.91	\$131.91	\$139.81	\$219.66	\$102.76	\$103.83	\$131.11	\$252.77

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

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
	89%	100%	53%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Physician Specialist – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99285	EMERGENCY DEPT VISIT	\$169.28	\$176.60	\$144.90	\$150.68	\$216.52	\$160.95	\$153.53	\$135.54	\$416.26
99284	EMERGENCY DEPT VISIT	\$114.29	\$121.66	\$97.20	\$102.25	\$148.42	\$108.75	\$102.20	\$92.97	\$327.51
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$71.15	\$93.75	\$180.01
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$45.40	\$65.96	\$123.44
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$263.14
99283	EMERGENCY DEPT VISIT	\$60.38	\$72.03	\$52.56	\$53.88	\$87.36	\$71.77	\$67.66	\$54.70	\$289.45**
74177	CT ABD & PELV W/CONTRAST	\$223.58	\$332.65	\$275.99	\$262.15	\$406.95	\$505.30	\$264.27	\$223.72	\$2,575.41**
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$82.99	\$83.69	\$168.68
71275	CT ANGIOGRAPHY CHEST	\$377.65	\$270.31	\$348.55	\$252.38	\$370.09	\$395.58	\$558.86	\$478.90	\$1,915.38**
88305	LEVEL IV - SURGICAL PATHOLOGY	\$63.97	\$71.87	\$61.68	\$58.99	\$85.85	\$105.38	N/A	\$58.48	\$181.09
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$280.13	\$225.21	\$236.27	\$339.27	\$182.70	\$213.33	\$209.22	\$624.49
78815	PET IMAGE W/CT SKULL-THIGH	\$2,233.46	N/A	\$1,577.11	\$884.28	\$648.93	\$1,051.02	\$4,363.27	\$1,325.02	\$4,466.83**
70450	CT HEAD/BRAIN W/O DYE	\$103.27	\$112.89	\$206.36	\$97.79	\$139.42	\$225.86	\$222.70	\$147.26	\$1,268.23**
43239	EGD BIOPSY SINGLE/MULTIPLE	\$323.10	\$400.98	\$170.99	\$289.49	\$480.95	\$252.71	\$330.14	\$288.75	\$630.90
73721	MRI JNT OF LWR EXTRE W/O DYE	\$209.54	\$218.51	\$256.72	\$199.70	\$273.81	\$415.27	\$485.87	\$169.00	\$1,549.03**
27130	ARTHROPLASTY, TOTAL HIP ARTHROPLASTY	\$1,131.95	N/A	\$1,068.77	\$1,159.68	\$1,583.48	\$1,910.02	\$1,887.47	\$968.18	\$2,048.85**
70553	MRI BRAIN STEM W/O & W/DYE	\$334.53	\$345.58	\$624.51	\$318.37	\$435.01	\$610.95	\$1,058.21	\$440.31	\$1,811.02**
45380	COLONOSCOPY AND BIOPSY	\$444.21	\$458.01	\$242.25	\$342.78	\$553.65	\$387.88	\$451.34	\$333.85	\$1,010.87
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$181.91	\$131.91	\$139.81	\$219.66	\$102.76	\$103.83	\$131.11	\$249.04
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$15.86	\$3.60	\$10.88	\$19.26	\$7.83	\$10.56	\$11.48	\$355.13**

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Physician Specialist Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	94%	47%

WYOMING MEDICAID – SFY 2022 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
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$15.86	\$3.60	\$10.88	\$19.26	\$7.83	\$10.56	\$11.48	\$355.13**
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$71.15	\$93.75	\$180.01
95004	PERCUT ALLERGY SKIN TESTS	\$6.11	\$4.10	\$2.29	\$4.29	\$5.03	\$3.04	\$5.29	\$2.96	\$400.20**
99284	EMERGENCY DEPT VISIT	\$114.29	\$121.66	\$97.20	\$102.25	\$148.42	\$108.75	\$102.20	\$92.97	\$327.51
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$45.40	\$65.96	\$123.44
99285	EMERGENCY DEPT VISIT	\$169.28	\$176.60	\$144.90	\$150.68	\$216.52	\$160.95	\$153.53	\$135.54	\$416.26
71045	RADIOLOG EXAM, CHEST; SINGLE VIEW	\$17.38	\$26.54	\$25.25	\$16.69	\$31.41	\$37.20	\$27.15	\$14.55	\$206.69**
99283	EMERGENCY DEPT VISIT	\$60.38	\$72.03	\$52.56	\$53.88	\$87.36	\$71.77	\$67.66	\$54.70	\$289.45**
88305	LEVEL IV - SURGICAL PATHOLOGY	\$63.97	\$71.87	\$61.68	\$58.99	\$85.85	\$105.38	N/A	\$58.48	\$181.09
95024	ICUT ALLERGY TEST DRUG/BUG	\$6.83	\$8.60	\$3.52	\$6.62	\$10.47	\$4.35	\$6.38	\$6.18	\$335.17**
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$82.99	\$83.69	\$168.68
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$263.14
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$8.25	\$8.63	\$7.43	\$10.05	\$25.02	\$9.35	\$6.88	\$19.03
74177	CT ABD & PELV W/CONTRAST	\$223.58	\$332.65	\$275.99	\$262.15	\$406.95	\$505.30	\$264.27	\$223.72	\$2,575.41**
70450	CT HEAD/BRAIN W/O DYE	\$103.27	\$112.89	\$206.36	\$97.79	\$139.42	\$225.86	\$222.70	\$147.26	\$1,268.23**
71046	X-RAY EXAM CHEST 2 VIEWS	\$27.07	\$34.50	\$33.18	\$25.58	\$41.04	\$49.60	\$35.05	\$22.17	\$127.43**
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$32.47	\$40.40	\$81.89
80305	DRUG TEST PRSMV DIR OPT OBS	\$13.12	N/A	\$12.60	\$12.11	\$12.60	N/A	N/A	\$11.99	\$33.82
99232	SUBSEQNT HOSPITAL CARE, PER DAY	\$67.21	\$70.74	\$56.84	\$63.35	\$86.19	\$52.20	\$55.06	\$53.69	\$134.39
99282	EMERGENCY DEPT VISIT	\$39.53	N/A	\$32.70	\$35.97	\$51.85	\$43.50	\$33.89	\$32.40	\$171.37**

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Physician Specialist Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	86%	96%	47%

WYOMING MEDICAID – SFY 2022 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	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$45.40	\$65.96	\$122.75
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$71.15	\$93.75	\$180.71
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$82.99	\$83.69	\$166.97
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$246.33
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$181.91	\$131.91	\$139.81	\$219.66	\$102.76	\$103.83	\$131.11	\$266.35
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$101.66	\$81.45	\$90.79	\$123.84	\$87.00	\$73.67	\$77.17	\$173.26
99391	PER PM REEVAL EST PAT INFANT	N/A	N/A	\$91.94	\$89.46	\$120.91	N/A	\$71.58	\$74.16	\$142.53
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$98.21	\$102.99	\$129.28	\$90.28	\$71.58	\$79.33	\$154.57
99472	PED CRITICAL CARE SUBSQ	\$380.25	\$401.59	\$381.14	\$357.53	\$483.63	\$282.75	\$426.70	\$301.83	N/A
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$67.21	\$70.74	\$56.84	\$63.35	\$86.19	\$52.20	\$55.06	\$53.69	\$157.09
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$280.13	\$225.21	\$236.27	\$339.27	\$182.70	\$213.33	\$209.22	\$357.57
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$16.90	\$19.75	\$19.29	\$21.32	Not Covered	\$15.06	\$13.81	\$24.79
99469	NEONATE CRIT CARE SUBSQ	\$373.78	\$394.31	\$409.05	\$348.28	\$474.42	\$348.00	\$456.39	\$296.45	\$406.65
99393	PREV VISIT EST AGE 5-11	\$86.97	N/A	\$97.89	\$102.60	\$128.86	\$95.59	\$71.58	\$79.08	\$152.19
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$32.47	\$40.40	\$83.31
99223	INITIAL HSPTL CARE, PER DAY	\$180.42	\$196.70	\$154.18	\$176.34	\$240.14	\$123.97	\$137.80	\$149.58	\$288.86
87426	INFECT AGENT ANTIGN DETCT IMMUNOASSY	\$51.31	N/A	\$46.36	\$43.32	MSRP	N/A	N/A	\$35.33	\$52.60
99394	PREV VISIT EST AGE 12-17	\$95.60	N/A	\$107.10	\$116.24	\$141.01	\$100.90	\$71.58	\$86.66	\$165.88
99284	EMERGENCY DEPT VISIT	\$114.29	\$121.66	\$97.20	\$102.25	\$148.42	\$108.75	\$102.20	\$92.97	\$227.55
99205	OFFICE O/P NEW MOD 45-59 MIN	\$185.45	\$222.49	\$189.08	\$170.08	\$269.00	\$137.02	\$150.31	\$165.78	\$364.30

Average Primary Care Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	87%	102%	60%

WYOMING MEDICAID – SFY 2022 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
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$45.40	\$65.96	\$122.75
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$71.15	\$93.75	\$180.71
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$16.90	\$19.75	\$19.29	\$21.32	Not Covered	\$15.06	\$13.81	\$24.79
99232	SUBSEQUENT HOSPITAL CARE, PER DAY	\$67.21	\$70.74	\$56.84	\$63.35	\$86.19	\$52.20	\$55.06	\$53.69	\$157.09
36415	ROUTINE VENIPUNCTURE	\$2.51	N/A	\$3.00	\$2.77	\$3.00	\$3.00	\$3.00	\$3.70	\$6.95
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$32.47	\$40.40	\$83.31
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$101.66	\$81.45	\$90.79	\$123.84	\$87.00	\$73.67	\$77.17	\$173.26
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$82.99	\$83.69	\$166.97
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$91.94	\$89.46	\$120.91	\$84.97	\$71.58	\$74.16	\$142.53
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$98.21	\$102.99	\$129.28	\$90.28	\$71.58	\$79.33	\$154.57
87880	STREP A ASSAY W/OPTIC	\$14.70	N/A	\$16.53	\$14.88	\$16.53	\$16.53	N/A	\$15.67	\$27.43
87426	INFECT AGENT ANTIGN DETCT IMMUNOASSY	\$51.31	N/A	\$46.36	\$43.32	MSRP	N/A	N/A	\$35.33	\$52.60
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$8.25	\$8.63	\$7.43	\$10.05	\$25.02	\$9.35	\$6.88	\$18.27
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$181.91	\$131.91	\$139.81	\$219.66	\$102.76	\$103.83	\$131.11	\$266.35
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$246.33
90471	IMMUNIZATION ADMIN	\$16.94	\$16.90	\$19.75	\$19.29	\$21.32	\$5.80	\$9.98	\$13.81	\$23.21
96372	THER/PROPH/DIAG INJ SC/IM	\$21.92	\$14.48	\$15.90	\$17.36	\$17.17	\$15.22	\$9.78	\$10.49	\$31.30
81003	URINALYSIS AUTO W/O SCOPE	\$2.54	N/A	\$2.25	\$2.49	\$2.25	\$2.25	N/A	\$3.06	\$4.62
99393	PREV VISIT EST AGE 5-11	\$86.97	N/A	\$97.89	\$102.60	\$128.86	\$95.59	\$71.58	\$79.08	\$152.19
87804	INFLUENZA ASSAY W/OPTIC	\$14.33	N/A	\$16.55	\$14.90	\$16.54	\$16.55	N/A	\$15.67	\$26.92

Average Primary Care Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	94%	101%	55%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Public Health, Federal

Wyoming ⁸⁰	Colorado ⁸¹	Idaho ⁸²	Montana ⁸³	Nebraska ⁸⁴	South Dakota ⁸⁵	Utah ⁸⁶
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>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</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</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</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</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>

⁸⁰ Wyoming Department of Health, *Tribal Provider Manual*, Available online: <https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins>

⁸¹ Colorado Department of Health Care Policy and Financing, *Programs for American Indians, and Alaska Natives*, Available online: <https://www.colorado.gov/pacific/hcpf/programs-american-indians-and-alaska-natives>

⁸² Your Health Idaho, *Tribal Members*, Available online: <https://www.yourhealthidaho.org/tribal-members/>

⁸³ Montana DPHHS, *Indian Health Services/Tribal 638 Manual*, Available online: <https://medicaidprovider.mt.gov/manuals/indianhealthservicetribal638>

⁸⁴ Nebraska Department of Health and Human Services, *Chapter 11-000 Indian Health Services*, Available online: <https://www.nebraska.gov/nesos/rules-and-regs/regtrack/proposals/0000000000001707.pdf>

⁸⁵ South Dakota Medicaid, *Billing and Policy Manual, Indian Health Services and Tribal 638 Facilities*, Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/IHS_and_Tribal_638_Facilities.pdf

⁸⁶ Utah Medicaid, *Provider Manual, Indian Health*, Available online: <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Indian%20Health%20Services/IndianHealthServices.pdf>

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

<p>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>outpatient services, podiatry services, optometry services, radiology services, and laboratory services.</p>	<p>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>services and facility fees.</p>	
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WYOMING MEDICAID – SFY 2022 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 2022.⁸⁷

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Ingredient Costs	<p>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 for claims that pay GAD or U&C do not include the \$10.65 PDF).</p> <p>340B products, Federal Supply Schedule (FSS) and nominal Price should not bill more than the average acquisition cost (AAC).</p> <p>Drugs purchased outside of 340B but provided by 340B pharmacies are not covered.</p> <p>Prescription-administered drugs (PAD) submitted under the medical benefits will be reimbursed at 100% of ASP. PADs without an ASP will be reimbursed at WAC plus 0%.</p>	<p>Ingredient cost for all drugs for retail pharmacies, rural, mail order, specialty, government, institutional and long-term care pharmacies shall be based upon the lower of the U&C charge to the public or the allowed ingredient cost. The allowed ingredient cost is the lesser of AAC or submitted ingredient cost. If AAC is not available, the allowed ingredient cost is the lesser of WAC or the submitted drug ingredient cost.</p> <p>Physician-administered drugs (PAD) are reimbursed at ASP -3.3%, excepting injectable opioid antagonists, which are reimbursed at ASP +2.2%. PADs without ASP are reimbursed at WAC.</p>	<p>Reimbursement is based on the Average Acquisition Cost (AAC) or the Wholesale Acquisition Cost (WAC) if the AAC is not available.</p>	<p>Reimbursement is based on the lower of Average Acquisition Cost (AAC), Submitted Ingredient Cost, Wholesale Acquisition Cost (WAC) or Federal Upper Limit (FUL).</p>	<p>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).</p> <p>If NADAC pricing is not available:</p> <ul style="list-style-type: none"> • WAC plus 0% will be included in the lower of logic (legend, non-legend, specialty drugs, long-term care). • ASP plus 6% and when ASP is unavailable, WAC plus 6.8% or manual pricing at actual acquisition cost (physician administered drugs). • AAC (340B purchased drugs, FSS, nominal price); the lesser of NADAC, WAC plus 0%, ASP plus 6%, FUL (clotting factor). 	<p>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).</p>	<p>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.</p>

⁸⁷ Medicaid.gov, *State Prescription Drug Resources*, Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/index.html>

WYOMING MEDICAID – SFY 2022 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
Dispensing Fee⁸⁸	Dispensing fee: \$10.65	<p>Range from \$9.31 to \$13.40, depending on the annual volume of prescriptions filled by a pharmacy. Pharmacies are surveyed on volume annually.</p> <p>Government pharmacies are not to use the tiered professional dispensing fee and are reimbursed a \$0.00 professional dispensing fee.</p> <p>Rural pharmacies are reimbursed at the professional dispensing fee of \$14.14.</p> <p>Enhanced professional dispensing fee for clotting factor drugs are \$0.03 per unit.</p>	Dispensing fees: range from \$11.51 to \$15.11, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fees: range from \$11.41 to \$15.73, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fee: \$10.02	Dispensing fee: \$10.50	<p>Dispensing fees: \$9.99 (urban in-state), \$10.15 (rural in-state) or \$9.99 (out-of-state).</p> <p>\$716.54 for hemophilia clotting factor dispensed by the contracted pharmacy and in accordance with the hemophilia disease management program</p>
State Maximum Allowance Cost (MAC)	Yes	No	Yes	No	Yes	Yes	Yes

⁸⁸ Medicaid.gov, Medicaid Covered Outpatient Prescription Drug Reimbursement Information by State. Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/medicaid-covered-outpatient-prescription-drug-reimbursement-information-state/index.html#:~:text=Pharmacy%20Benefit%20Manager-,Professional%20dispensing%20fee%20is%3A,%2415.34%20for%20compounded%20prescriptions>

WYOMING MEDICAID – SFY 2022 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 2022)	\$304.00 - \$350.00 (in-state)	\$750	Covered starting 10/1/18	\$339.88	\$372.01	\$334.56	Not a covered benefit
Median Rate (in-state)	\$327.00	\$750	Rates not available	\$339.88	\$372.01	\$334.56	N/A

WY Medicaid Rate as % of Other States	73%
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WYOMING MEDICAID – SFY 2022 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	<p>Wyoming currently operates 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. The program began in July 2022.</p> <p>As of July 2022, Centers for Medicare & Medicaid Services (CMS) has approved Wyoming's State Plan Amendment (SPA), authorizing the SBS Program to go live.</p> <p>The Program currently has five pilot Local Education Authorities (LEAs) which began officially billing in December 2022.⁸⁹</p>	<p>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.⁹⁰</p>	<p>Idaho reimburses school districts in accordance with established Medicaid rates using a fee-for-service basis and uses an Intergovernmental Transfer process to fund the non-federal share of the Medicaid claim. Idaho does not reference an administrative claiming policy.⁹¹</p>	<p>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.⁹²</p>	<p>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.⁹³</p>	<p>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</p>	<p>Utah makes monthly interim payments based on reported annual costs to providers for health services. These payments are reconciled at year end through a cost reconciliation process. In an effort to minimize overpayments, LEAS are given the option to be paid at either 90% or 90% of the total calculated amount.</p> <p>LEAs are asked to submit claims for Medicaid covered services, although they will not be paid for claim charges. All claims will be submitted to Medicaid with a \$0.00 charge, as LEAs are only paid through the monthly interim payment.</p> <p>The State's SPA effective October 2021. In the SPA, the State noted that for the 2022-</p>

⁸⁹ Wyoming Department of Health, *Wyoming School-Based Services*. Available online: <https://health.wyo.gov/healthcarefin/mcicaid/school-based-services/>

⁹⁰ Colorado Department of Health Care Policy and Financing, *School Health Services*. Available online: <https://www.colorado.gov/pacific/hcpf/school-health-services>

⁹¹ Idaho Medicaid, *Provider Handbook*. Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Agency%20Professional.pdf>

⁹² Montana Medicaid, *Administrative Claiming Program*. Available online: <https://medicaidprovider.mt.gov/docs/schools/mactimestudyguide032019.pdf>

⁹³ Nebraska DHHS, *Nebraska School-Based Services*. Available online: <https://dhhs.ne.gov/Pages/Medicaid-Provider-School-Based-Services.aspx>

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

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	Reimbursement for services is based upon a Medicaid fee schedule and are reimbursed on a fee-for-service basis. Reimbursement will be the lessor of the LEA's billed charges or the Wyoming fee schedule rate. The LEAs will remit funds reimbursed that will get recirculated into the Department of Education School Foundation Program Account.					fee-for-service program. ⁹⁴	2023 school year the rates are calculated using the cost data for the direct services cost pools for administrative claims and for subsequent years shall be based on the LEA's actual, certified costs provided in their most recent annual cost report from the previous fiscal a year. ⁹⁵

⁹⁴ South Dakota SSD, *South Dakota Billing and Policy Manual*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/School_Districts.pdf

⁹⁵ Medicaid.gov, SPA. <https://www.medicaid.gov/medicaid/spa/downloads/UT-21-0019.pdf>

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Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
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.⁹⁶</p> <p>Colorado makes an additional supplemental payment for teaching hospitals.</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.⁹⁹</p>	<p>In state, private hospitals receive a direct Graduate Medical Education (GME) lump sum based on GME information in the cost report.¹⁰¹</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.¹⁰²</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 report¹⁰³ • Indirect medical education - calculated based on eligibility for the same type of payment for Medicare 	<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.¹⁰⁶</p> <p>Supplemental payments were extended for qualifying, private</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.¹⁰⁸</p>

⁹⁶ Medicaid.gov, *Colorado SPA 14-052*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-14-052.pdf>

⁹⁹ Medicaid.gov, *Idaho SPA 22-0005*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ID-22-0005.pdf>

¹⁰¹ Medicaid.gov, *Montana SPA 18-0057*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0057.pdf>

¹⁰² Medicaid.gov, *Montana SPA 18-0027*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0027.pdf>

¹⁰³ Medicaid.gov, *Nebraska SPA 10-04*, Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-04-Ltr.pdf>

¹⁰⁶ Medicaid.gov, *South Dakota SPA 18-005*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SD/SD-18-005.pdf>

¹⁰⁸ Medicaid.gov, *Utah SPA 13-018*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-13-018-Att.pdf>

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Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		<p>including separate payments for state universities, rural family medicine residency programs, and pediatric teaching hospitals.⁹⁷</p> <p>There is also a payment for public providers that see a high volume of indigenous 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</p>	<p>Idaho pays supplemental payments to in-state and private nursing home facilities. The UPL will use the average daily reimbursement rates for each facility.¹⁰⁰</p>		<ul style="list-style-type: none"> Managed Care Medical Education - based on managed care discharge volume.¹⁰⁴ <p>Nebraska added supplemental payments for graduate medical education services to qualified inpatient hospitals.¹⁰⁵</p>	<p>hospitals and nursing facilities for an additional state fiscal year¹⁰⁷.</p>	

⁹⁷ Medicaid.gov, *Colorado SPA 20-0016*, Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-20-0016.pdf>

¹⁰⁰ Medicaid.gov, *Idaho SPA 18-005*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0005.pdf>

¹⁰⁴ Medicaid.gov, *Nebraska SPA 10-03*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-03-Att.pdf>

¹⁰⁵ Medicaid.gov, *Nebraska SPA 22-0005*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ne-22-0005.pdf>

¹⁰⁷ Medicaid.gov, *South Dakota SPA 22-0006*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/SD-22-0006.pdf>

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

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		have been applied. ⁹⁸					
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	Nebraska provides supplemental payments for dental services provided by public entities. ¹⁰⁹ Nebraska provides supplemental payments for graduate medical education services to qualified outpatient hospitals.	*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. ¹¹⁰ The State updated the SPA to address the utilization trends for outpatient hospital upper payment limits. ¹¹¹

⁹⁸ Medicaid.gov, *Colorado SPA 17-0049*, Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-17-0049.pdf>

¹⁰⁹ Medicaid.gov, *Nebraska SPA 10-04*, Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-04-Ltr.pdf>

¹¹⁰ Medicaid.gov, *Utah SPA 18-0003*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-18-0003.pdf>

¹¹¹ Medicaid.gov, *Utah SPA 22-0009*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/UT-22-0009.pdf>

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Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Physician	<p>Physicians and other professional service providers that are owned or operated by private or non-state government owned hospitals are eligible for a Professional Services Supplemental Payment (PSSP) effective July 1, 2020.</p> <p>The supplemental payment is calculated an average commercial rate for all services. Medicaid payment amounts are subtracted from the estimated commercial rate for each service to identify the available supplemental payments. Calculations are performed on an annual basis.</p>	<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.¹¹²</p> <p>To calculate a provider's average commercial rate, Colorado Medicaid first estimates the Medicare payment made for each service and then</p>	*None	*None	<p>Nebraska makes supplemental payments for services provided by University of Nebraska Medical Center and its affiliated practices, including physicians, nurse practitioners, midwives, nurse anesthetists, audiologists, optometrists, mental health practitioners, and psychologists. Nebraska Medicaid calculates an average commercial payment for physician services and paying the difference between the estimated commercial equivalent payments and Medicaid FFS and TPL payments.¹¹⁴</p>	*None	*None

¹¹² Medicaid.gov, *Colorado SPA 21-0020*, Available Online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-21-0020.pdf>

¹¹⁴ Medicaid.gov, *Nebraska SPA 22-0002*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ne-22-0002.pdf>

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Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		<p>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> <p>Colorado updated its SPA to increase the supplemental payment pool for Rural Family Medicine Residency Development Payment, Family Medicine Residency Program Payment, State University Teaching Hospital Payment, Pediatric Major Teaching Payment and the Urban Safety Net Provider Payment.¹¹³</p>					

¹¹³ Medicaid.gov, *Colorado SPA 22-0034*, Available Online: <https://www.medicaid.gov/medicaid/spa/downloads/co-22-0034.pdf>

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Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Medicaid previously referred to telehealth as telemedicine and has since redefined the term to telehealth. CMS defines Telehealth 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.” Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. Telecommunications may include technologies such as telephones, electronic mail systems, and remote patient monitoring devices to collect and transmit patient data. 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.¹¹⁵</p>							
Service and Reimbursement Coverage	<p>Wyoming Medicaid reimburses for live video visits at the same rate as in-person visits for eligible providers and services.</p> <p>Wyoming terminated the state COVID 19 PHE on March 14th, 2022.¹¹⁶</p> <p>Post PHE policies require telehealth to be performed in real time with interactive audio and video, via telecommunication systems. This</p>	<p>Colorado Medicaid reimburses at minimum, the same rate as the medical assistance program rate for a comparable in-person service for live video visits for all services covered by Health First Colorado.</p> <p>Colorado terminated the State PHE on July 8, 2021.¹¹⁸</p> <p>Post PHE policies require telehealth to be performed via two-way live</p>	<p>Idaho Medicaid reimburses a fee-for-service rate for two-way live video for eligible providers and services.</p> <p>Idaho terminated the COVID 19 PHE on April 15, 2022.¹²¹</p> <p>Post PHE policies require telehealth to be performed via real-time, full motion two-way video <i>and</i> audio.</p> <p>Covered telehealth includes select</p>	<p>Montana Medicaid reimburses for medically necessary live video visits at the same rate of payment as services delivered in person.</p> <p>The Montana Administration terminated the PHE on June 30, 2021.¹²⁴ Post PHE policies do not provide reimbursement for consultations provided by telephone</p>	<p>Nebraska Medicaid reimburses eligible Medicaid live video at minimum, the same fee-for-service rate of in person services.</p> <p>Nebraska terminated the COVID 19 PHE on June 30, 2021.¹²⁷</p> <p>Post PHE policies allow for audio only services for the delivery of individual behavioral health services for an established patient and crisis</p>	<p>South Dakota Medicaid reimburses the lesser of the provider’s usual and customary charge or the fee schedule rate for live video for eligible providers and services.</p> <p>South Dakota terminated the COVID 19 PHE on June 30, 2021.¹³³</p> <p>Post PHE policies require telehealth to be delivered via two-way audio <i>and</i> video. Two-way</p>	<p>Utah Medicaid reimburses for live video or audio for eligible providers and services. The reimbursement rate for telemedicine services is subject to reimbursement policies set by the state plan and may be based on 1) a monthly reimbursement rate; 2) a daily reimbursement rate; 3) an encounter rate.¹³⁵</p>

¹¹⁵ Center for Medicare and Medicaid Services, *Telehealth*. Available online: <https://www.medicare.gov/medicaid/benefits/telehealth/index.html>

¹¹⁶ Wyoming Board of Medicine, *COVID-19 Information and Resources*. Available online: <https://wyomedboard.wyo.gov/resources/coronavirus-covid-19-information-and-resources>

¹¹⁸ Colorado Governor, *Governor Polis Ends COVID-19 Health Emergency Order*. Available online: <https://www.colorado.gov/governor/news/5746-governor-polis-ends-covid-19-health-emergency-order>

¹²¹ Idaho Official Government Website, *Public health disaster emergency declaration to end April 15*. Available online: <https://gov.idaho.gov/pressrelease/public-health-disaster-emergency-declaration-to-end-april-15/>

¹²⁴ State of Montana Newsroom, *Governor Gianforte Ends State of Emergency in Montana*. Available online: <https://news.mt.gov/Governors-Office/Governor-Gianforte-Ends-State-of-Emergency-in-Montana>

¹²⁷ Nebraska DHHS, *Gov. Ricketts Ends Coronavirus State of Emergency*. Available online: <https://dhhs.ne.gov/Pages/Gov-Ricketts-Ends-Coronavirus-State-of-Emergency.aspx>

¹³³ South Dakota Department of Social Services, *State of South Dakota Office of the Governor Executive Order 2020-34*. Available online: <https://sdsos.gov/general-information/executive-actions/executive-orders/assets/2020-34%20-%20-%20.PDF>

¹³⁵ Utah State Legislature, *26-18-13 Telemedicine – Reimbursement – Rulemaking*. Available online: https://le.utah.gov/xcode/Title26/Chapter18/26-18-S13.html?v=C26-18-S13_2017050920170509

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>means that the Member must be able to see <i>and</i> interact with the off-site practitioner at the time services are provided via telehealth technology. Communication between a healthcare practitioner and a member is not covered via telephone, email, or fax.</p> <p>In addition, group psychotherapy will no longer be covered, and Medicaid will not reimburse for the use or upgrade of technology</p> <p>Currently, Wyoming reimburses for both originating and distance sites; however, providers may not bill for both the originating (spoke) site and</p>	<p>interactive audio <i>and</i> video telecommunication s equipment. Services may be provided via telephone, live chat, or interactive audiovisual modality for only FQHC, RHC, and IHS provider types.</p> <p>Covered services include services covered by the Health First Colorado benefit, provided within the scope and training of an enrolled provider's license, and appropriate to be rendered via telemedicine.</p> <p>Primary care and specialty providers are reimbursed as the "originating provider" when the member is present with the provider at the originating site. If no originating provider is present</p>	<p>services for children with developmental disabilities, early intervention services through the infant toddler program, interpretive services, occupational and physical therapists, physician/non-physician practitioner services, school-based services, and speech language pathologists.</p> <p>Fee for service reimbursement is not available for email or fax.</p> <p>Only one eligible provider may be reimbursed per service per participant per date of service. No reimbursement is available for the use of equipment at the originating or</p>	<p>(interactive audio), facsimile machine transmissions, or crisis hotlines. However, telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.¹²⁵</p> <p>Montana does not allow the originating and distant providers to be within the same facility or community. In addition, the same provider may not be reimbursed as both the originating and distance provider.¹²⁶</p>	<p>management and intervention for an established patient.¹²⁸ Telephone consultations with another physician may be covered by the State if the name of the consulting physician is indicated on or in the claim.¹²⁹</p> <p>Services will continue to be covered and reimbursed on the Medicaid fee-for-service program. Additionally, managed care contracts with managed care plans will be amended to add coverage of health care services. Lastly, the department will look to establish rates for transmission cost reimbursement for</p>	<p>audio services may be covered if the patient does not have access to face-to-face audio/visual telemedicine technology. Audio-only SUD services are covered for FQHCs, RHCs, and IHS facilities and reimbursed at the encounter rate.</p> <p>Reimbursement is limited to the lesser of the provider's usual and customary charge or the fee contained on the State fee schedule for live, two-way audio <i>and</i> video. FQHC/RHC and IHS/Tribal 638 providers may bill for audio-only evaluation and management services and be reimbursed at the fee schedule rate.¹³⁴</p>	<p>Utah Terminated the COVID 19 PHE on July 1, 2021.¹³⁶</p> <p>Post PHE policies cover telehealth services such as consultation, evaluation and management, manual health, substance use disorder, teledentistry, and telepsychiatric consultations. Interprofessional telephone or internet assessments and management services are covered for consultative psychiatrists</p> <p>Services not otherwise covered by Utah Medicaid will not be covered when delivered via telehealth.</p> <p>The provider at the originating site receives no</p>

¹²⁵ Montana Legislation, 53-6-122 *Telehealth Services – requirements—limitations*. Available online:

https://leg.mt.gov/bills/mca/title_0530/chapter_0060/part_0010/section_0220/0530-0060-0010-0220.html

¹²⁶ Montana Medicaid Provider Manual, *Telemedicine*. Available online: <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026797-telemedicine>

¹²⁸ Nebraska Legislature, 71-8503 *Nebraska Telehealth Act*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8503>

¹²⁹ Nebraska DHHS, 471 NAC 18. Available online: [https://www.nebraska.gov/rules-and-reg/regssearch/Rules/Health and Human Services System/Title-471/Chapter-18.pdf](https://www.nebraska.gov/rules-and-reg/regssearch/Rules/Health%20and%20Human%20Services%20System/Title-471/Chapter-18.pdf)

¹³⁴ South Dakota Medicaid Billing and Policy Manual, *Telemedicine Services*. Available online:

<https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf>

¹³⁶ Utah State Legislature, HB 294 2021-11. Available online: <https://le.utah.gov/~2021/bills/static/HB0294.html>

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	the distance (hub) site, unless the provider is at one location and the member is at a different location even though the pay to provider is the same. ¹¹⁷	during a Telemedicine Services appointment, then the location of the originating site is at the member's discretion and can include the member's home. A primary care provider may be reimbursed as the "distant provider" if they facilitate an in-person visit in the state of Colorado. Medical specialist providers may be reimbursed as the "distant provider." ^{119 120}	remote sites. The place of service used should be the location of the participant. Telehealth services billed without being identified as such are not covered. Covered telehealth services may be reimbursed within limitations defined by the Department. ^{122 123}		telehealth consultation. ¹³⁰ The reimbursement rate is <i>not</i> dependent on the distance between the health care practitioner and the patient. ^{131,132}		additional reimbursement for the use of telehealth services. ¹³⁷
Remote Patient Monitoring	Wyoming does not reimburse for remote patient monitoring.	Colorado reimburses for remote patient monitoring for	Idaho does not reimburse for remote patient monitoring.	Montana does not reimburse for remote patient monitoring.	Nebraska reimburses for remote patient monitoring under	South Dakota does not reimburse for remote patient monitoring.	Utah reimburses for remote patient monitoring under

¹¹⁷ Wyoming Department of Health CMS 1500 ICD-10 Manual effective 1/1/2023. Available online: <https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/CMS-1500-Provider-Manual>

¹¹⁹ Colorado Department of Health Care Policy and Financing, *Telemedicine Provider Information* Available online: <https://hcpf.colorado.gov/provider-telemedicine>

¹²⁰ Colorado Department of Health Care Policy and Financing, *Telemedicine Billing Manual*. Available online: <https://hcpf.colorado.gov/telemedicine-manual#covServ>

¹²² Idaho Medicaid Provider Handbook. Available online:

<https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf>

¹²³ Idaho Department of Health and Welfare, 16.03.09 Medicaid Basic Plan Benefits. Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

¹³⁰ Nebraska Legislature, *71-8506 Medical assistance program; reimbursement; requirements*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8506>

¹³¹ Nebraska General Statewide Telehealth – COVID 19 FAQs. Available online at: [https://dhhs.ne.gov/Documents/COVID-](https://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf)

[19%20General%20Statewide%20Telehealth%20FAQ.pdf](https://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf)

¹³² Nebraska Legislature, *Chapter 71-8506*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8506>

¹³⁷ Utah Medicaid Provider Manual. Available online: <https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		eligible individuals with certain chronic conditions.			certain conditions. ¹³⁸		certain conditions. ¹³⁹
Originating or Facility Reimbursement Fees	<p>Reimbursement rate for the originating site fee of \$18.86.</p> <p>The originating site fee is not billable if the member uses their own equipment, such as a personal phone, tablet, or computer.</p>	<p>Reimbursement for the current originating site fee is \$21.88.</p> <p>The original site fee is not billable if the member and provider are not physically present in the same location.</p>	Reimbursement is not provided for use of equipment at an originating or remote site.	Reimbursement for facility fee of \$27.02. This fee is paid outside of the cost-to-charge ratio and the all-inclusive rate. ¹⁴⁰	<p>Reimbursement for originating site fee of \$20.78 to a Medicaid-enrolled facility that hosts the client.</p> <p>Transmission per minute fee of \$0.08.</p>	Reimbursement for originating site fee of \$26.76 for eligible providers originating sites 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. ¹⁴¹	<p>Interstate Medical Licensure Compact</p> <p>Audiology and Speech-Language Pathology Interstate Compact</p> <p>Nurse Licensure Compact</p> <p>EMS Personnel Licensure Interstate Compact</p>	<p>Interstate Medical Licensure Compact</p> <p>Interstate Licensed Professional Counselor Compact</p> <p>Interjurisdictional Psychology Compact</p> <p>Member of the Physical Therapy Compact</p>	<p>Interstate Medical Licensure Compact</p> <p>Nurses Licensure Compact</p> <p>EMS Compact</p> <p>Member of the Audiology and Speech-Language Pathology Interstate Compact</p> <p>Psychology Interjurisdictional Compact</p>	<p>Interstate Medical Licensure Compact</p> <p>Nurse Licensure Compact</p> <p>Physical Therapy Compact</p>	<p>Interstate Medical Licensure Compact</p> <p>Psychology Interjurisdictional Compact</p> <p>Nurse Licensure Compact</p> <p>Physical Therapy Compact</p> <p>EMS Compact</p> <p>Audiology and Speech Language</p>	<p>Physical Therapy Compact</p> <p>Interstate Medical Licensure Compact</p> <p>Nurse Licensure Compact</p> <p>EMS Compact</p>	<p>Interstate Medical Licensure Compact</p> <p>Psychology Interjurisdictional Compact</p> <p>Nurse Licensure Compact</p> <p>Physical Therapy Licensure Compact</p> <p>Audiology and Speech-language Pathology Interstate Compact</p>

¹³⁸ NE Admin. Code Title 471 Sec. 1-004.01(F) & 1-004.07, Ch. 1, p. 7 & 9.

¹³⁹ Utah Medicaid, *Provider Manual*, Available online:

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

¹⁴⁰ Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth. Available online: <https://dphhs.mt.gov/assets/hrd/MedicaidConsultation/WhereWeAreGoing-TelehealthProviderNotice.pdf>

¹⁴¹ CCHP Licensure Compacts. Available online: <https://www.cchpca.org/topic/licensure-compacts/>

WYOMING MEDICAID – SFY 2022 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
	Occupational Therapy Licensure Compact	Nurse Licensure Compact EMS Compact Occupational Therapy Interstate Compact Audiology and Speech-Language Interstate Compact			Pathology Interstate Compact Counseling Compact Occupational Therapy Licensure Compact		Emergency Medical Services Compact Occupational Therapy Licensure Compact Counseling Compact Advanced Practice Registered Nurse (APRN) Compact

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Vision - 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
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$128.11	\$106.06	\$108.08	\$154.08	\$63.07	\$105.34	\$94.02	\$152.74
66984	XCAPSL CTRCT RMVL W/O ECP	\$630.39	\$541.62	\$581.77	\$552.23	\$657.43	N/A	\$670.59	\$403.15	\$305.80**
92004	EYE EXAM NEW PATIENT	\$125.07	\$151.65	\$127.22	\$129.68	\$182.97	\$76.12	\$129.33	\$111.97	\$174.91
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$224.59
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$72.86	\$93.75	\$144.08
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$880.17	\$741.87	\$693.27	\$687.13	\$900.55	N/A	\$933.47	\$552.59	N/A
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$50.47	\$7.18*	\$10.00*	\$4.00*	\$11.81*	\$32.37	N/A	N/A
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$77.21	\$36.56	\$4.00*	\$10.00*	\$46.69	\$65.21	\$66.29	N/A
92134	CPTR OPHTH DX IMG POST SEGMENT	\$37.83	\$41.07	\$35.89	\$35.66	\$49.84	\$38.28	N/A	\$30.37	\$60.74
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$46.49	\$65.96	\$94.59
67228	TREATMENT X10SV RETINOPATHY	\$1,014.59	\$339.69	\$534.37	\$294.96*	\$413.44	N/A	\$965.71	\$253.04*	N/A
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.05	\$17.80	\$24.25	\$17.40	\$11.94	N/A	\$33.77
92060	SPECIAL EYE EVALUATION	\$53.91	\$63.57	\$56.09	\$55.71	\$77.06	\$47.41	\$29.96	\$46.99	\$74.22
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$63.57	\$42.70	\$54.52	\$77.06	\$94.83	\$73.71	\$20.36*	\$96.39
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$44.24	\$23.85	\$12.00	\$11.00	\$15.49	N/A	\$37.98	N/A
67113	REPAIR RETINAL DETACH CPLX	\$1,459.16	\$1,321.83	\$872.12	\$1,159.10	\$1,606.81	N/A	\$1,532.58	\$987.20	N/A
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.23	\$23.62	\$42.68	\$80.49	N/A	\$25.92	N/A
67108	REPAIR DETACHED RETINA	\$1,335.53	\$1,182.50	\$1,301.04	\$1,038.78	\$1,436.94	N/A	\$1,262.39	\$883.15	N/A
92136	OPHTHALMIC BIOMETRY	\$73.32	\$50.42	\$35.89	\$66.64	\$66.59	\$83.52	\$83.52	\$40.47	\$81.18
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$84.98	\$83.69	\$144.39

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Ophthalmology Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	107%	113%	69%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Vision - 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
92134	CPTR OPTH DX IMG POST SEGMENT	\$37.83	\$41.07	\$35.89	\$35.66	\$49.84	\$38.28	N/A	\$30.37	\$60.74
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$128.11	\$106.06	\$108.08	\$154.08	\$63.07	\$105.34	\$94.02	\$152.74
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$72.86	\$93.75	\$144.08
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.05	\$17.80	\$24.25	\$17.40	\$11.94	N/A	\$33.77
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$50.47	\$7.18*	\$10.00*	\$4.00*	\$11.81*	\$32.37	N/A	N/A
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$117.85	\$125.46	\$224.59
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$46.49	\$65.96	\$94.59
92004	EYE EXAM NEW PATIENT	\$125.07	\$151.65	\$127.22	\$129.68	\$182.97	\$76.12	\$129.33	\$111.97	\$174.91
66984	XCAPSL CTRCT RMVL W/O ECP	\$630.39	\$541.62	\$581.77	\$552.23	\$657.43	N/A	\$670.59	\$403.15	\$305.80**
92136	OPHTHALMIC BIOMETRY	\$73.32	\$50.42	\$58.38	\$66.64	\$66.59	\$83.52	\$83.52	\$40.47	\$81.18
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$44.24	\$23.85	\$12.00	\$11.00	\$15.49	N/A	\$37.98	N/A
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$63.57	\$42.70	\$54.52	\$77.06	\$94.83	\$73.71	\$20.36	\$96.39
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$77.21	\$36.56	\$4.00*	\$10.00*	\$46.69	\$65.21	\$66.29	N/A
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.23	\$23.62	\$42.68	\$80.49	N/A	\$25.92	N/A
92133	CMPTTR OPTH IMG OPTIC NERVE	\$37.83	\$37.26	\$35.89	\$32.29	\$45.23	\$38.28	\$48.94	\$27.54	\$79.91
92060	SPECIAL EYE EVALUATION	\$53.91	\$63.57	\$56.09	\$55.71	\$77.06	\$47.41	\$29.96	\$46.99	\$74.22
76519	ECHO EXAM OF EYE	\$52.14	\$68.41	\$47.13	\$63.13	\$82.08	\$105.40	\$54.47	\$21.90	\$170.00**
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$33.25	\$40.40	\$80.94
92025	CORNEAL TOPOGRAPHY	\$30.91	\$36.57	\$21.39	\$32.42	\$44.81	\$21.75	\$30.97	\$27.18	\$47.48
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$50.44	\$30.02	\$5.00*	\$11.00*	\$16.85	N/A	\$43.31	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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Ophthalmology Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	106%	66%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Vision – Optician/Optomerty – 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
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$128.11	\$106.06	\$108.08	\$154.08	\$63.07	\$105.34	\$94.02
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$77.21	\$36.56	\$4.00*	\$10.00*	\$46.69	\$65.21	\$66.29
92004	EYE EXAM NEW PATIENT	\$125.07	\$151.65	\$127.22	\$129.68	\$182.97	\$76.12	\$129.33	\$111.97
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$50.47	\$7.18*	\$10.00*	\$4.00*	\$11.81*	\$32.37	N/A
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$44.24	\$23.85	\$12.00	\$11.00	\$15.49	N/A	\$37.98
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.05	\$17.80	\$24.25	\$17.40	\$11.94	N/A
V2100	LENS SPHER SINGLE PLANO 4.00	\$31.01	\$54.89	\$23.85	\$12.00	\$1.00*	\$13.72	N/A	\$47.13
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.23	\$23.62	\$42.68	\$80.49	N/A	\$25.92
92250	EYE EXAM WITH PHOTOS	\$62.90	\$37.61	\$62.73	\$48.36	\$47.74	\$100.48	\$72.30	\$29.03
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$44.93	\$53.53	\$62.13	N/A	\$44.32	\$46.54	\$40.00	Not Covered
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$46.49	\$65.96
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$50.44	\$30.02	\$5.00*	\$11.00*	\$16.85	N/A	\$43.31
V2410	LENS VARIAB ASPHERICITY SING	\$90.40	\$125.65	\$74.78	\$15.00*	N/A	N/A	\$115.27	N/A
92012	EYE EXAM ESTABLISH PATIENT	\$66.85	\$90.45	\$73.48	\$74.89	\$109.26	\$34.80	\$72.29	\$66.48
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$84.98	\$83.69
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$72.86	\$93.75
V2107	SPHEROCYLINDER 4.25D/12-2D	\$39.49	\$49.06	\$30.02	\$5.00*	\$5.75*	\$17.91	N/A	\$42.13
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$168.25	\$151.79	\$128.72	\$203.75	\$105.40	\$120.68	\$125.46
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$42.70	\$39.98	\$54.52	\$77.06	\$94.83	\$73.71	\$20.36**
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$33.25	\$40.40

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Optician/Optomerty Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average
	87%	108%

WYOMING MEDICAID – SFY 2022 MEDICAID REIMBURSEMENT BENCHMARKING STUDY

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

Vision - Optician/Optomerty – 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 POLYCARB OR EQUAL	\$42.43	\$50.47	\$7.18*	\$10.00*	\$4.00*	\$11.81*	\$32.37	N/A
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.05	\$17.80	\$24.25	\$17.40	\$11.94	N/A
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$128.11	\$106.06	\$108.08	\$154.08	\$63.07	\$105.34	\$94.02
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$44.24	\$23.85	\$12.00	\$11.00	\$15.49	N/A	\$37.98
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$77.21	\$36.56	\$4.00*	\$10.00*	\$46.69	\$65.21	\$66.29
92004	EYE EXAM NEW PATIENT	\$125.07	\$151.65	\$127.22	\$129.68	\$182.97	\$76.12	\$129.33	\$111.97
V2100	LENS SPHER SINGLE PLANO 4.00	\$31.01	\$54.89	\$23.85	\$12.00	\$1.00*	\$13.72	N/A	\$47.13
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.23	\$23.62	\$42.68	\$80.49	N/A	\$25.92
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$44.93	\$53.53	\$62.13	N/A	\$44.32	\$46.54	\$40.00	Not Covered
92250	EYE EXAM WITH PHOTOS	\$62.90	\$37.61	\$62.73	\$48.36	\$47.74	\$100.48	\$72.30	\$29.03
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$50.44	\$30.02	\$5.00*	\$11.00*	\$16.85	N/A	\$43.31
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$91.50	\$66.78	\$70.13	\$110.90	\$47.43	\$46.49	\$65.96
V2410	LENS VARIAB ASPHERICITY SING	\$90.40	\$125.65	\$74.78	\$15.00*	N/A	N/A	\$115.27	N/A
92012	EYE EXAM ESTABLISH PATIENT	\$66.85	\$90.45	\$73.48	\$74.89	\$109.26	\$34.80	\$72.29	\$66.48
V2107	SPHEROCYLINDER 4.25D/12-2D	\$39.49	\$49.06	\$30.02	\$5.00*	\$5.75*	\$17.91	N/A	\$42.13
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$129.11	\$98.54	\$100.03	\$157.34	\$71.14	\$72.86	\$93.75
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$57.06	\$39.98	\$43.35	\$68.22	\$31.62	\$33.25	\$40.40
92134	CPTR OPTH DX IMG POST SEGMENT	\$37.83	41.07	\$35.89	\$35.66	\$49.84	\$38.28	N/A	\$30.37
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$112.92	\$98.87	\$85.48	\$136.40	\$73.78	\$84.98	\$83.69
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$42.70	\$39.98	\$54.52	\$77.06	\$94.83	\$73.71	\$20.36**

*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.

**Truven rate excluded from analysis due to procedure code having five or less detail lines.

Average Optician/Optomerty Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average
	87%	109%

WYOMING MEDICAID – SFY 2022 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
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.” ¹⁴²							
Waiver Services: Case Management	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	Case management includes referral of needed Medicaid services that enable the child to remain in their community. ¹⁴⁶	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. ^{147, 148}	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. ^{149, 150}	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. ^{152, 153}	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	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

¹⁴² Case Management Society of America: What is a Case Manager. Available online at: <https://cmsa.org/who-we-are/what-is-a-case-manager/>

¹⁴⁶ Colorado Children’s Home and Community Based Services Waiver Application. Available online at: <https://medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81116>

¹⁴⁷ Idaho Developmental Disabilities Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>

¹⁴⁸ Idaho Children’s DD Provider Handbook. Available online at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6326&dbid=0&repo=PUBLIC-DOCUMENTS>

¹⁴⁹ Montana Big Sky Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82371>

¹⁵⁰ Montana Developmental Disabilities Program Manual of Service Reimbursement Rates and Procedures. Available online at:

<https://dphhs.mt.gov/assets/dsd/DDP/RatesInformation/DRAFTTCMRateManual2EffJuly2021.pdf>

¹⁵² 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>

¹⁵³ 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](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-480/Chapter-05.pdf)

WYOMING MEDICAID – SFY 2022 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>help the participant obtain needed services; and ongoing monitoring of plan implementation, IBA, and participant health and welfare; responding to crises; and quarterly observation of services.¹⁴³</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.¹⁴⁴ ¹⁴⁵</p>			<p>Case management assists members in gaining access to needed services 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.¹⁵¹</p>		<p>Labor and Wage Statistics.^{154, 155}</p>	<p>paid in 15-minute increments at 124% of the TCM rate.^{156 157 158}</p>

¹⁴³ Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

¹⁴⁴ Wyoming Comprehensive Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

¹⁴⁵ Wyoming Comprehensive and Supports Waiver Service Index. Available online at: <https://health.wyo.gov/wp-content/uploads/2023/03/DD-Waiver-Service-Index-Effective-9.1.2022.pdf>

¹⁵¹ 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>

¹⁵⁴ South Dakota Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83186>

¹⁵⁵ South Dakota Developmental Disabilities Case Management. Available online at: <https://dhs.sd.gov/developmentaldisabilities/cfcm.aspx>

¹⁵⁶ Utah New Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83336>

¹⁵⁷ Utah New Choices Waiver Attachment B – Special Provisions. Available online at: <https://medicaid.utah.gov/Documents/pdfs/ltr/nc/attB/Case%20Management%20Services%20T1016%20and%20T2024%20-%20Att%20B.pdf>

¹⁵⁸ 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>

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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
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.” ¹⁵⁹							
Waiver Services: 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.¹⁴³</p> <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-</p>	Skilled nursing is covered in the state plan and therefore does not have waiver services for skilled nursing.	<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, 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.¹⁶¹</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.</p>	<p>Private duty nursing service provides medical management, direct treatment, consultation, and training for the member and/or caregivers. Waiver services may only 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.¹⁶³</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</p>	N/A	Nursing services are provided by RNs or LPNs under RN supervision. Services are limited to those that are not covered under the State Plan. 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. ¹⁶⁴	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. 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. ^{165, 166}

¹⁵⁹ 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.>

¹⁶¹ Idaho Medicaid Provider Guidelines. Available online at: <https://www.idmedicaid.com/Provider%20Guidelines/Nursing%20Services.pdf>

¹⁶³ Montana Waiver Services. Available online at: <https://dphhs.mt.gov/dsd/developmentaldisabilities/ddpmedicaidwaivers>

¹⁶⁴ South Dakota Rehabilitation Services ADLS Program. Available online at: <https://dhs.sd.gov/rehabservices/ADLS.aspx>

¹⁶⁵ Utah Medically Complex Children's Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83376>

¹⁶⁶ Utah Waiver for Technology Dependent, Medically Fragile Individuals Application. Available online at: <https://www.medicaid.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

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	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. ¹⁶⁰		Reimbursement rates differ by provider qualifications. ¹⁶²	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.			

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
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. ¹⁶⁷							
Waiver Services: Adult Day Services	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	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	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	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 day services. ¹⁷⁶	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.	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.	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.

¹⁶⁰ Wyoming Community Choices Waiver (CCS). Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

¹⁶² Idaho Aged and Disabled Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>

¹⁶⁷ 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>

¹⁷⁶ Montana Home and Community Based Waiver Policy Manual. Available online: <https://dphhs.mt.gov/assets/sltc/BigSkyWaiver/HCBSPolicyManual/700/BSW703.pdf>

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	<p>ADL assistance.¹⁶⁸</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 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).</p>	<p>setting. Reimbursement is based on all-inclusive units, either for a partial day (3-5 hours) or full day (more than 5 hours).^{170, 171, 172, 173, 174}</p>	<p>health activities including assistance with activities of daily living. Services are billed in 15-minute increments.¹⁷⁵</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 greatest extent possible, and assistance with ADLs and health maintenance. Adult day is paid at an hourly rate not including</p>	<p>Services are reimbursed at an hourly rate.^{180, 181}</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.¹⁸²</p>

¹⁶⁸ Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

¹⁷⁰ Colorado Elderly, Blind and Disabled Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81121>

¹⁷¹ 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>

¹⁷² Colorado Persons with Brain Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81111>

¹⁷³ Colorado Persons with Spinal Cord Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81166>

¹⁷⁴ 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>

¹⁷⁵ 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>

¹⁸⁰ South Dakota HOPE Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83171>

¹⁸¹ 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>

¹⁸² Utah Medicaid Provider Manual. Available online under directory, Medicaid Provider Manuals>All Inclusive Master Searchable Provider Manual: <https://medicaid.utah.gov/utah-medicaid-official-publications/>

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	Reimbursement is also tiered by participant needs. ¹⁶⁹				transportation. ^{177, 178, 179}		

	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.” ¹⁸³							
Waiver Services: 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, or ongoing and may include ADLs, IADLs, and some health-related services like range of motion exercises	Personal care services include assistance with eating, bathing, dressing, hygiene, and ADLs. Services may also include light housework and assistance preparing meals, but not the cost of the meals. Services can also include going to appointments or	N/A	Personal care services include supervision and monitoring; assistance with personal hygiene, bathing, dressing, eating, and ambulating; performing household tasks incidental to member's health needs. Personal care is only available through waivers if state	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 services, and ADLs. Services are reimbursed in 15-minute increments. ¹⁸⁷	Personal care includes in-home assistance with ADLs. These services can only be used when State Plan services have been exhausted. ¹⁸⁶ Personal attendant services include a range of assistance enabling waiver participants to perform services they would	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, chore and homemaking assistance, and transportation. ¹⁸⁹

¹⁶⁹ Wyoming Comprehensive Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

¹⁷⁷ Nebraska Developmental Disabilities Day Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82466>

¹⁷⁸ Nebraska HHS Division of Developmental Disabilities Policy Manual. Available online at: <https://dhhs.ne.gov/Guidance%20Docs/DHHS-DD%20Policy%20Manual.pdf>

¹⁷⁹ Nebraska Comprehensive Developmental Disabilities Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82446>

¹⁸³ Medicaid Personal Care Services. Available online at: <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000368.asp>

¹⁸⁷ Nebraska Medicaid Personal Assistance Services Rate Listing. Available online at: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/Personal%20Assistance%20July%201%202020.pdf>

¹⁸⁹ 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>

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	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). ¹⁴⁴	the grocery store. ¹⁸⁴ Personal care services must be furnished in the home and are reimbursed on an hourly basis. 170Personal 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. ¹⁸⁵		plan services are insufficient. ¹⁸⁶		normally do themselves if they didn't have a disability. Waiver services differ from State Plan services in that they must be participant directed. ¹⁸⁸ 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.	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.

¹⁸⁴ Colorado Personal Care Services. Available online: https://hcpf.colorado.gov/long-term-services-supports-benefits-services-glossary#Personal_Care

¹⁸⁵ Colorado Supported Living Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81146>

¹⁸⁶ Montana Home and Community-Based Waiver for Individuals with Developmental Disabilities. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82381>

¹⁸⁸ South Dakota ADLS Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83181>