SFY 2023

ANNUAL REPORT

WYOMING DEPARTMENT OF HEALTH
WYOMING MEDICAID

GOVERNOR MARK GORDON
DIRECTOR STEFAN JOHANSSON
STATE MEDICAID AGENT LEE GROSSMAN


GREAT SEAL OF THE STATE OF WYOMING
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Wyoming Department of Health

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Stefan Johansson
Director

Mark Gordon
Governor

January 18, 2024

Dear Medicaid Providers, Members, Stakeholders, and Wyoming Residents

State Fiscal Year 2023 (July 1, 2022, to June 30, 2023) was a historically busy year for Wyoming Medicaid. The primary focus for our agency was transitioning back to business as usual from the COVID-19 pandemic.

Since the end of SFY 2022 to the date of this report, a couple of major events have occurred that are worth noting. First is my appointment for the dual role of state Medicaid agent and senior administrator of the Division of Healthcare Financing effective February 6, 2023. Prior to this role, I have served in various leadership roles in the Department since 2011. I look forward to our continued work together in service of Wyoming Medicaid members and providers

With the expiration of the federal public health emergency declared in response to the COVID-19 pandemic, Wyoming Medicaid has been busy resuming standard business operations. Most notably, this meant resuming eligibility renewals for all Medicaid members beginning in March 2023 for the first time in approximately three years. This has been a historically large task for our Client Services team and a host of our agency's partners. Together, we have been laser focused on our common goal of ensuring Wyoming Medicaid continues to serve Wyomingites who remain eligible.

Additional Medicaid highlights:

- Extending postpartum coverage for pregnant women from 60 days to 12 months, effective July 1, 2023
- Increasing reimbursement rates for dental providers, effective April 1, 2023
- Increasing reimbursement rates for Wyoming's nursing facilities, effective July 1, 2023
- Adding podiatry as a covered benefit available to all Wyoming Medicaid members, effective July 1, 2023
- Began awarding technology innovation grants to providers of home and community-based services that will support the adoption of technology to foster greater independence for people with disabilities.

Many details, including expenditure and program utilization numbers, are provided for Medicaid programs in this report. Questions may be directed to the Wyoming Department of Health's Division of Healthcare Financing (307-777-7531).

Best regards,

Lee Grossman,
DHCF Senior Administrator and State Medicaid Agent

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MEDICAID SFY 2023 AT A GLANCE

ENROLLMENT

94,816

Medicaid members enrolled at any point during the SFY with 85,070 enrolled each month on average

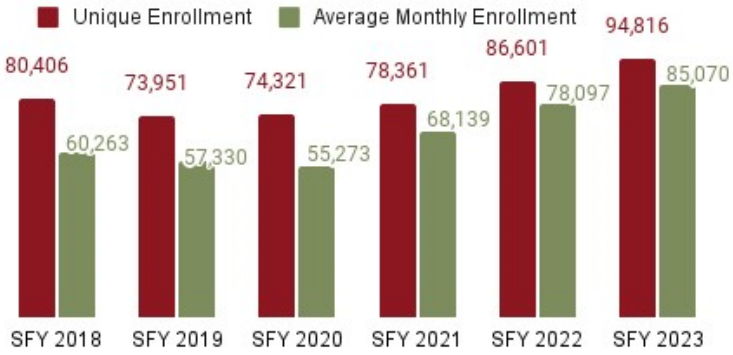


Figure 1. Medicaid Enrollment History: Monthly Average and Unique Enrollment

16.2% Wyoming residents enrolled in Medicaid

6.4% of members are children under age 21

43.3% of members reside in Laramie, Natrona, and Fremont counties

9.2 months of average enrollment per member

RECIPIENTS

79,072 enrolled members with claims paid

83% had a physician claim paid

58% had a prescription drug claim paid

69% had an outpatient hospital claim paid

EXPENDITURES

646.7M

paid to 3,700 Medicaid providers with over 28,431 providers actively enrolled at any point during the SFY

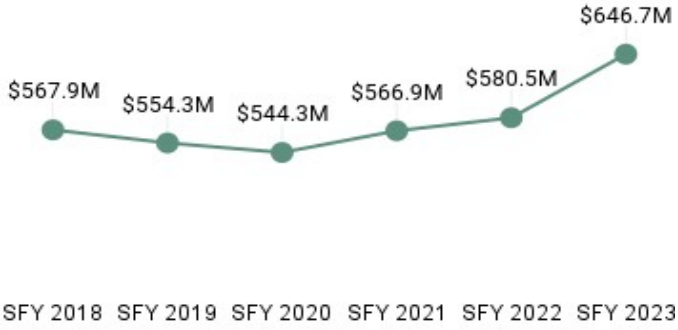


Figure 2. Medicaid Expenditure History

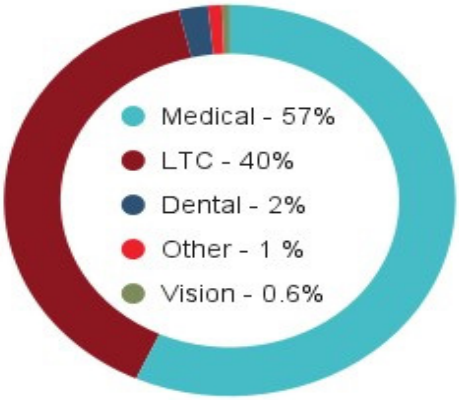


Figure 3. Medicaid Expenditures by Service Group

$633.54 preliminary Per Member Per Month

CHIP SFY 2023 AT A GLANCE

ENROLLMENT

4,361

Medicaid members enrolled at any point during the SFY with 3,824 enrolled each month on average

Figure 4. CHIP Enrollment History: Monthly Average and Unique Enrollment

EXPENDITURES

9.9M

paid to 1,226 providers.

Figure 5. CHIP Expenditure History

0.7%
Wyoming residents enrolled in CHIP

39.6%
of members reside in Laramie, Natrona, and Fremont counties

9.5
months of average enrollment per member

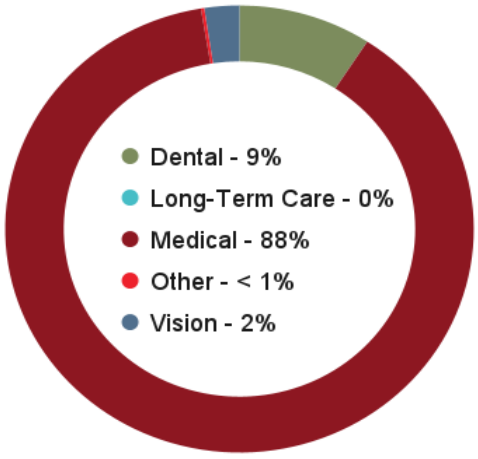


Figure 6. CHIP Expenditures by Service Group

RECIPIENTS

3,576 enrolled members with claims paid

$137 preliminary Per Member Per Month

75%
had a physician claim paid

56%
had a prescription drug claim paid

46%
had an outpatient hospital claim paid

BACKGROUND

4

Major Eligibility Categories

Children

Pregnant Women

Adults

Aged, Blind, or Disabled

Wyoming has not extended optional eligibility to adults under 133% of the Federal Poverty Level (FPL).

Wyoming Medicaid is a joint federal and state government program that pays for medical care for low-income individuals and families.

Medicaid eligibility is based on residency, citizenship and identity, social security eligibility as verified by social security number, family income, and, to a lesser extent, resources, and/or health care needs.

The Division of Healthcare Financing (DHCF) within the Wyoming Department of Health (WDH) is the state-appointed entity for the administration of Wyoming Medicaid. DHCF partners with the Fiscal Division for accounting and budgeting services.

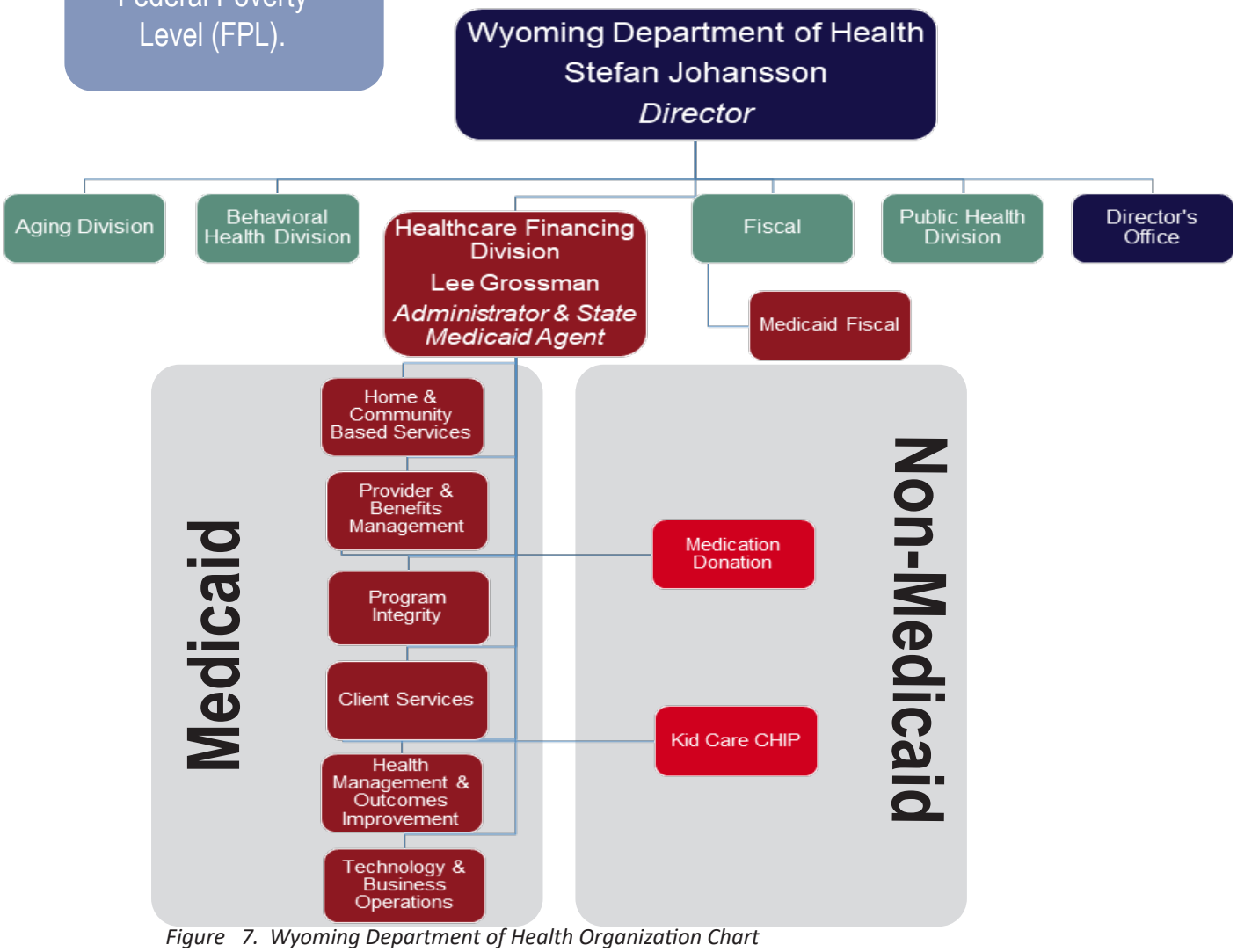


Figure 7. Wyoming Department of Health Organization Chart

FINANCIALS & FUNDING

Enrolled providers have one year to submit claims for reimbursement. Claims are processed through the Medicaid Management Information System (MMIS). During SFY 2022, a new vendor was contracted to process claims and began processing, and paying claims as of October 25, 2021. This Annual Report focuses on the members enrolled during SFY 2023 and claims paid during SFY 2023, regardless of when service was rendered.

Table 1. Division of Healthcare Financing Expenditures for SFY 2023

Medicaid Related Expenditures (in Millions)	
Annual Report Benefit Expenditures (this report)[1]	$646.7
Medicaid Administration	$47.6
Nursing Facilities Supplemental Payments	$54.0
Hospital Supplemental Payments	$41.0
Medicare Buy-in	$26.3
Medicare Clawback (Part D)	$16.8
Medicaid One-Time Capital Expenses for New Technology Systems (Medicaid modules, HIE, Other)	$5.4
Other[2]	-$2.2
Subtotal Medicaid Expenditures	**$835.6**
Drug Rebates	($48.7)
Total Medicaid Expenditures	**$789.6**
Non-Medicaid Expenditures (in Millions)	
Children's Health Insurance Program (CHIP)[3]	$9.9
State Only Foster Care and General Fund Foster Care (Court Orders)	$1.0
Supplemental Security Income Payments	$0.8
State Only Other	$0.9
Total Non-Medicaid Expenditures	**$12.6**
Total Division of Healthcare Financing Expenditures	**$646.7**

1. Includes reductions in expenditures due to recoveries processed through the MMIS.
2. Adjustment to reflect timing differences related to drug rebates and claims differences between WOLFS and MMIS.
3. The CHIP (Children's Health Insurance Program) has been administered in-house by Wyoming Medicaid since October 1, 2020. Prior to that it was administered by Blue Cross Blue Shield. Starting with SFY 2022, there are no administration costs.

HCF DIVISION EXPENDITURES HISTORY

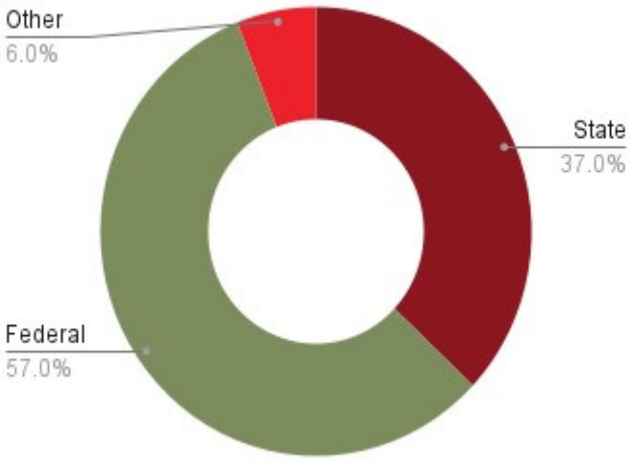


Figure 8. SFY 2023 DHCF Funding Sources

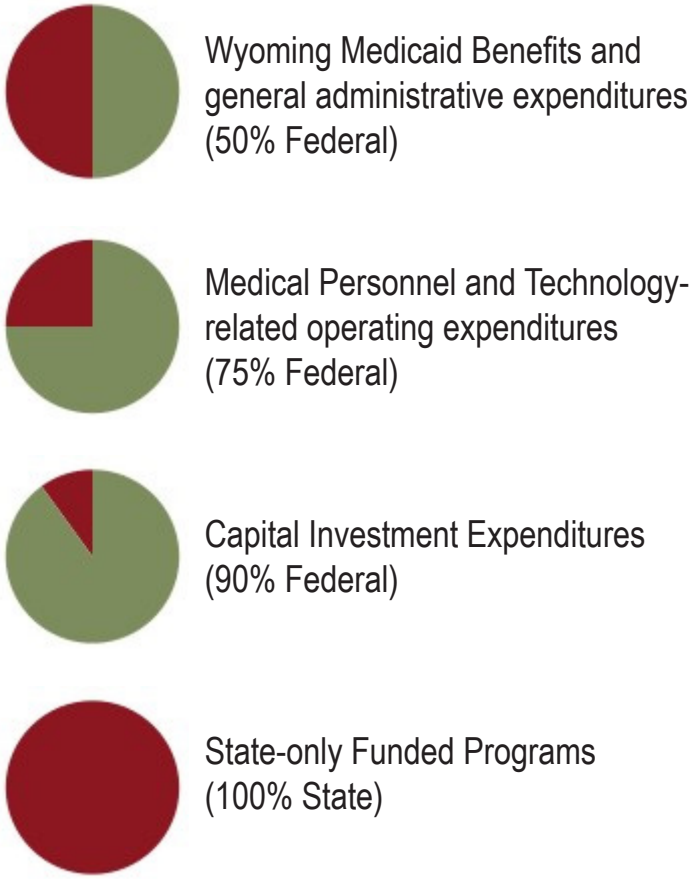


Figure 9. Medicaid Funding Breakdown

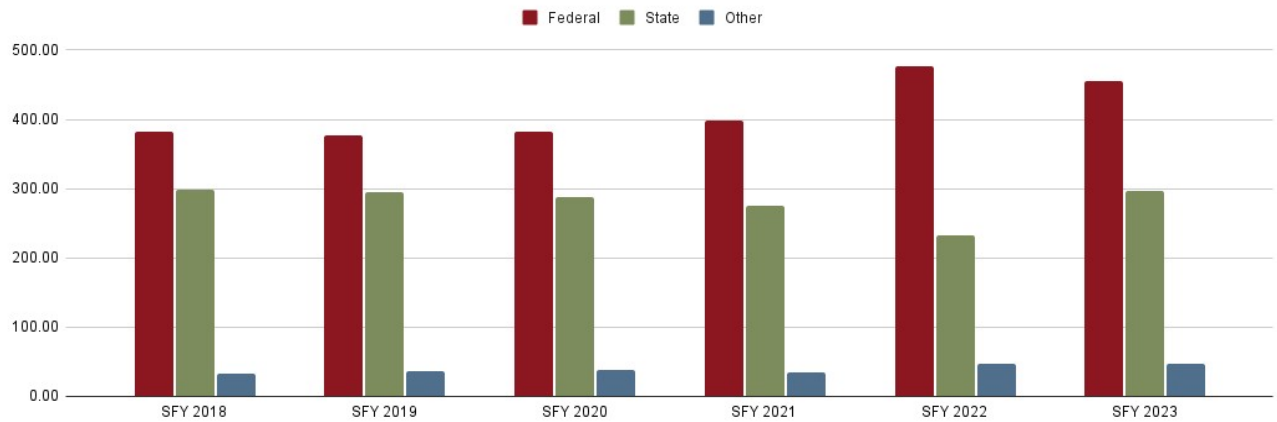


Figure 10. Division of Healthcare Funding History (in millions)

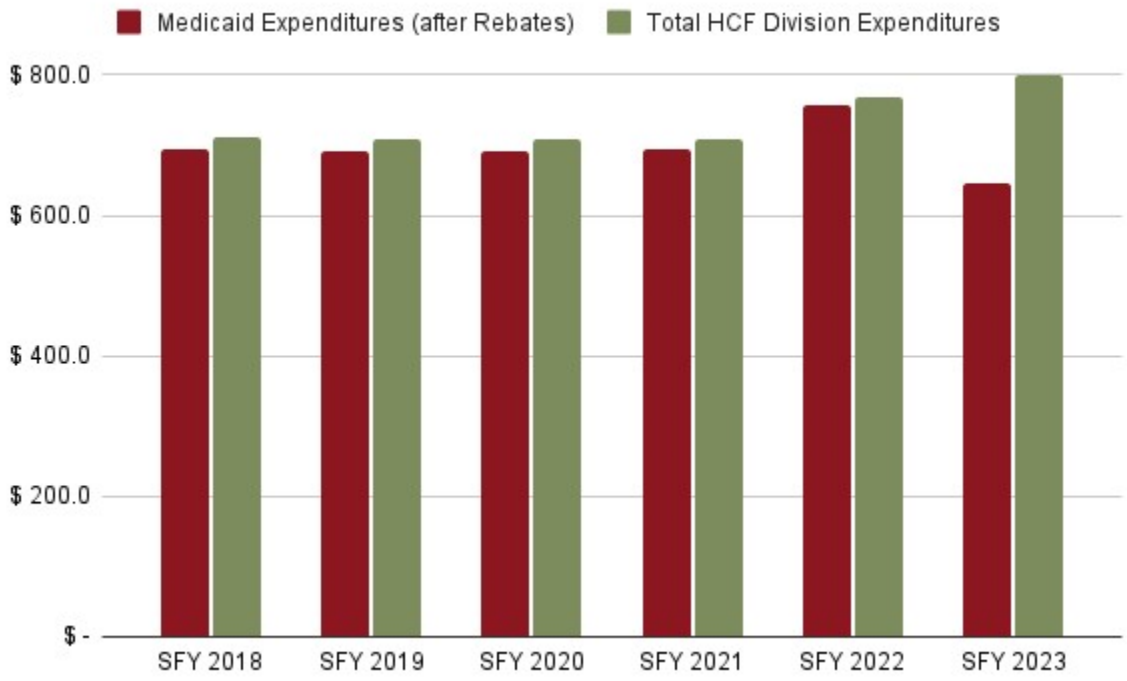


Figure 11. Division of Healthcare Expenditure History

ADVISORY GROUPS

Table 2. Wyoming Medicaid Advisory Groups and Committees

Advisory Group	Members	Description
Dental Advisory Group (DAG)	Two specialists, three general dentists, and representatives from Medicaid and its fiscal agent, Acentra.	Represents a wide range of interests, experience, dental specialties, and various areas of the state, while advising Medicaid regarding the administration of the dental program.
Long-Term Care Advisory Group	Nursing Home Association leadership, five nursing home providers, a home health provider, a hospice provider, an assisted living provider, a Long-Term Care waiver case manager, and an Independent Living Center representative	Focuses on issues and recommendations with institutional and community-based long-term care providers.
Medical Advisory Group (MAG)	Wyoming Hospital Association, Wyoming Medical Society, executives from hospitals throughout Wyoming, physicians, and medical practitioners	Focuses on new and upcoming issues within the healthcare industry, member concerns, and relevant presentations. Works to develop solutions to issues.
Pharmacy & Therapeutics Committee (P&T)	Six physicians, five pharmacists, and one allied health professional.	Provides recommendations regarding prospective drug utilization review, retrospective drug utilization review, and education activities to Medicaid.
Tribal Leadership Advisory Group	Tribal Business Council members, leadership, and executives from tribal health clinics and Indian Health Services, long-term care providers, and representatives from all of Wyoming Department of Health divisions	Focuses on new and upcoming issues within the healthcare industry, consultation with the Tribal leaders, updates from facilities, and work to develop solutions and programs to decrease barriers for this group.

PROGRAM INTEGRITY & THIRD-PARTY LIABILITY

Funds are recovered from third-party liability, estates, drugs, and credit balances.

Wyoming Medicaid reviews, audits, and investigates providers for claims lacking sufficient documentation or incorrect billing. To view the most current presentations of data for these two program areas, please refer to the Program Integrity HealthStat and TPL HealthStat reports.

DEMOGRAPHICS

16.2%

of Wyoming residents enrolled in Medicaid
(7.6% increase over SFY 2022)

27.8%

of Wyoming residents under the age of 18

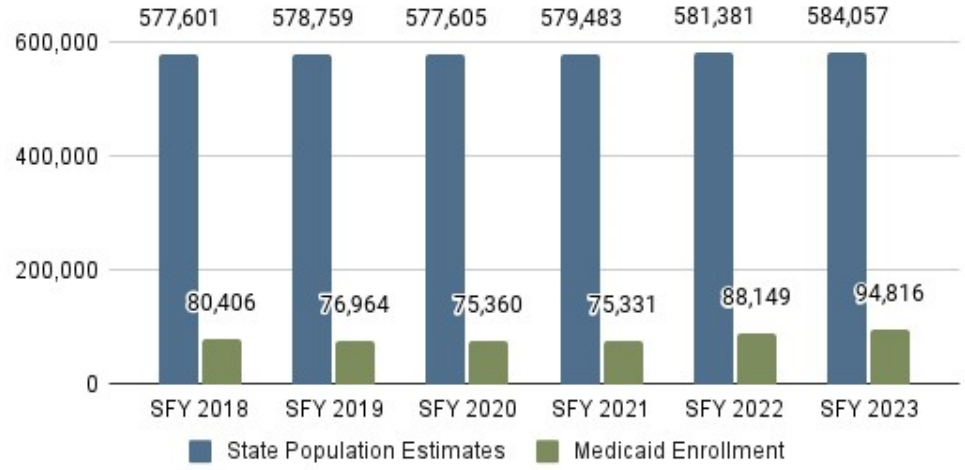


Figure 12. Medicaid Enrollment and State Population History

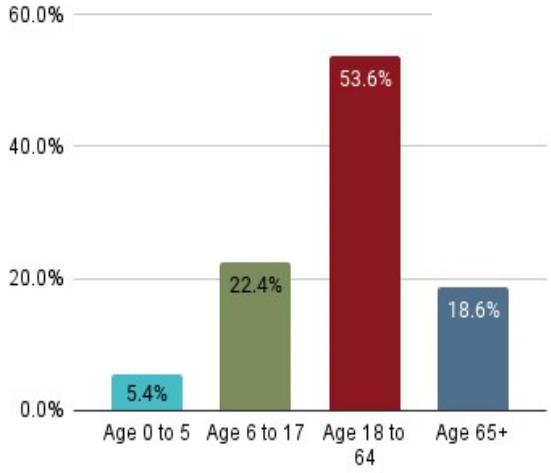


Figure 13. SFY 2023 State Population Age Percentages

0.4%

State Population[4] Increase
(from 2018 to 2023)

2.5%

Increase in Medicaid Enrollment
(from SFY 2018 to SFY 2023)

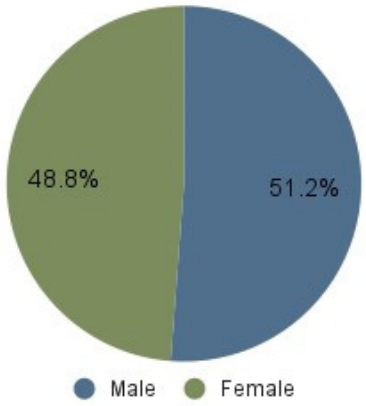


Figure 14. SFY 2023 State Population Gender Percentages

ECONOMY[5,6]

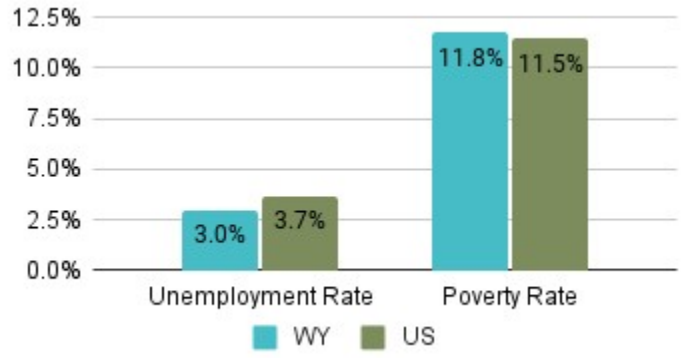


Figure 15. WY vs. US Unemployment and Poverty Rates

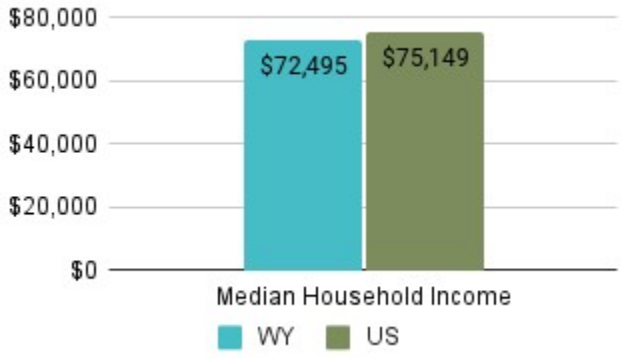


Figure 16. WY vs. US Median Income

4. 2023 forecasted population information prepared by the Wyoming Department of Administration & Information, Economic Analysis Division (http://eadiv.state.wy.us/pop/st-23est.htm). Prepared July 1, 2023.
5. US Census Bureau: S2301 EMPLOYMENT STATUS TABLE. https://www.census.gov/quickfacts/fact/table/WY#
6. US Census Bureau. UNITED STATES QUICK FACTS https://www.census.gov/quickfacts/fact/table/US/PST045222

ELIGIBILITY CATEGORIES

Per Federal statutes, individuals qualify for Medicaid coverage based on Federal Poverty Level guidelines, Supplemental Security Income standards, or the 1996 Family Care income standard.

AGED, BLIND, OR DISABLED

1. Employed Individuals with Disabilities (EID)
2. Individuals with Intellectual/ Developmental Disabilities or Acquired Brain Injury (ID/DD/ABI)
3. Institution
4. Long-Term Care (LTC)
5. Supplemental Security Income (SSI)
6. Adults
7. Children
8. Medicare Savings
9. Non-Citizens with Medical Emergencies
10. Pregnant Women
11. Screenings
12. Special Groups
13. State-Only Developmental Disability Program

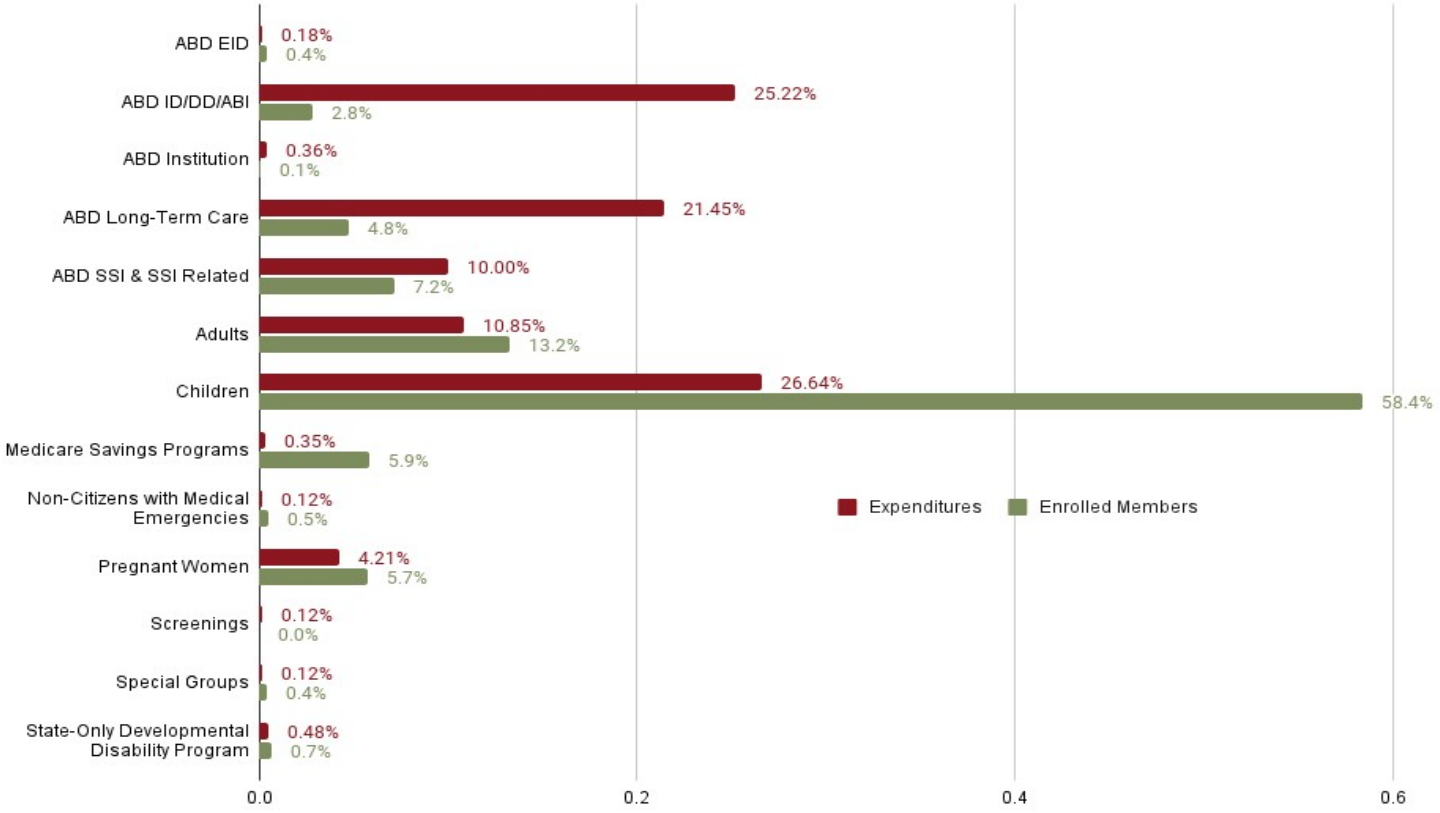


Figure 17. Enrolled members versus Expenditures by Eligibility Category

Table 3. Eligibility Category Summary

Eligibility Category	Enrolled Members	% Change from SFY 2022	SFY 2023 Unique Recipients[7]	% Change from SFY 2022	SFY 2023 Expenditures	% Change from SFY 2022
ABD EID	365	9.6%	358	12.6%	$ 1,155,239	543.1%
ABD ID/DD/ABI	2700	2.0%	2,736	2.9%	$ 163,097,648	8.7%
ABD Institution	52	2.0%	57	0.0%	$ 2,358,667	75.7%
ABD LTC	4624	-1.7%	5,300	6.5%	$ 138,730,104	9.2%
ABD SSI & SSI Related	6937	2.6%	6,348	6.7%	$ 64,664,701	3.2%
Adults	12816	11.5%	10,406	14.6%	$ 70,185,525	19.0%
Children	56611	11.2%	47,415	12.3%	$ 172,324,182	14.7%
Medicare Savings Program	5678	1.1%	3,061	13.9%	$ 2,248,566	18.1%
Non-Citizens with Medical Emergencies	468	47.2%	234	51.9%	$ 787,663	0.7%
Pregnant Women	5569	18.8%	5,111	19.9%	$ 27,244,487	13.2%
Special Groups	389	-41.7%	124	25.3%	$ 3,118,346	30.4%
Total	**94,490**	**7.2%**	**79,072**	**11.5%**	**$ 646,741,828**	**11.4%**

Table 4. Enrollment History by Eligibility Category

Eligibility Category	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
ABD EID	404	365	356	331	333	365	-9.7%
ABD ID/DD/ABI	2,603	2,550	2,618	2,614	2,646	2,700	3.7%
ABD Institution	55	46	65	57	51	52	-5.5%
ABD LTC	5,007	5,105	5,076	4,888	4,705	4,624	-7.6%
ABD SSI & SSI Related	6,609	6,737	6,661	6,437	6,764	6,937	5.0%
Adults	10,989	9,900	9,692	9,772	11,499	12,816	16.6%
Children	47,919	45,367	44,204	44,196	50,907	56,611	18.1%
Medicare Savings Program	4,978	5,082	5,150	4,997	5,615	5,678	14.1%
Non-Citizens with Medical Emergencies	195	167	158	177	318	468	140.0%
Pregnant Women	4,336	4,113	3,927	3,732	4,686	5,569	28.4%
Special Groups	121	97	88	91	667	389	221.5%
Total	**80,406**	**76,964**	**75,360**	**75,331**	**88,149**	**94,490**	**17.5%**

7. This column displays a distinct count of recipients for each eligibility category, as well as the total distinct count of recipients. Summing the recipients for each eligibility category will not match the total recipients as individuals may receive services under multiple eligibility categories throughout the SFY

Table 5. Expenditure History by Eligibility Category

Eligibility Category	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
ABD EID	$3,170,198	$2,201,872	$1,756,635	$3,168,949	($260,705)	$ 1,155,239	-63.6%
ABD ID/DD/ABI	$139,120,839	$148,210,163	$152,541,587	$155,360,814	$150,075,613	$ 163,097,648	17.2%
ABD Institution	$2,489,828	$1,683,641	$1,239,234	$4,139,118	$1,342,111	$ 2,358,667	-5.3%
ABD LTC	$137,811,401	$136,564,759	$144,976,414	$134,892,349	$127,024,117	$ 138,730,104	0.7%
ABD SSI & SSI Related	$57,608,075	$55,018,028	$54,412,195	$56,186,651	$62,668,792	$ 64,664,701	12.2%
Adults	$46,008,562	$42,819,380	$37,137,296	$52,267,090	$58,987,396	$ 70,185,525	52.5%
Children	$149,233,800	$134,481,804	$124,888,851	$134,266,458	$150,272,180	$ 172,324,182	15.5%
Medicare Savings Program	$1,654,936	$1,687,004	$1,743,633	$1,831,726	$1,904,049	$ 2,248,566	35.9%
Non-Citizens with Medical Emergencies	$713,218	$913,315	$568,871	$657,593	$781,986	$ 787,663	10.4%
Pregnant Women	$25,247,867	$22,579,721	$21,725,470	$22,087,873	$24,065,741	$ 27,244,487	7.9%
Special Groups	$1,459,944	$1,623,461	$1,826,629	$2,263,994	$2,391,243	$ 3,118,346	113.6
Total[11]	**$567,881,412**	**$554,283,771**	**$544,330,310**	**$566,928,245**	**$580,511,215**	**$646,741,828**	**13.9%**

Table 6. Unique Recipient History by Eligibility Category[8]

Eligibility Category	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
ABD EID	455	401	382	320	318	358	-21.3%
ABD ID/DD/ABI	2,633	2,584	2,665	2,633	2,659	2,736	3.9%
ABD Institution	88	68	76	71	57	57	-35.2%
ABD LTC	5,268	5,416	5,830	5,160	4,977	5,300	1.2%
ABD SSI & SSI Related	6,285	6,203	6,087	5,828	5,949	6,348	1.0%
Adults	9,958	8,706	8,098	8,308	9,083	10,406	4.5%
Children	44,835	41,770	39,420	39,256	42,216	47,415	5.8%
Medicare Savings Program	2,836	2,820	2,938	2,717	2,687	3,061	7.9%
Non-Citizens with Medical Emergencies	146	145	140	124	154	234	60.3%
Pregnant Women	5,146	4,386	4,336	3,753	4,264	5,111	-0.7%
Special Groups	116	85	84	86	99	124	6.9%
Total	**76,308**	**71,408**	**68,775**	**66,791**	**70,930**	**79,072**	**3.6%**

8. This column displays a distinct count of recipients for each eligibility category, as well as the total distinct count of recipients. Summing the recipients for each eligibility category will not match the total recipients as individuals may receive services under multiple eligibility categories throughout the SFY

HIGHLIGHTS & INITIATIVES

Table 7. SFY 2022 Medicaid Highlights and Initiatives

Area/Program	Category	Highlight/Initiative
Care Management Entity (CME)	Policy	• As of January 1, 2022, utilized ARPA funding to provide enhanced care coordination for children and youth with co-occurring issues who are receiving ID/DD waiver waitlist services.
Division of Healthcare Finance (DHCF), Wyoming Integrated Next Generation System (WINGS)	Technology	• Implemented a new claims processing module called Benefit Management Services (BMS) as part of the Medicaid Management Information System (MMIS) • Implemented a new electronic visit verification module (EVV) as part of the Medicaid Management Information System (MMIS).
Home & Community-Based Services (HCBS)	Program	• Increased CCW and DD waiver provider rates. • As of July 1, 2022, implemented new service plan requirements and processes in response to the Community Choices waiver renewal that went into effect on that day. • As of February 1, 2022, implemented a provider attestation process to ensure that provider rate increases are being applied to direct support worker compensation.
Home & Community-Based Services (HCBS)	Technology	• As of SFY 2023, Technology Innovation Grants have been awarded to HCBS providers to foster greater independence for people with disabilities.
Health Management Outcome Improvement (HMOI), Health Management - Utilization Management (HMUM)	Program	• The contract with Optum ended effective July 1, 2022. The new HM/UM vendor, Telligen, went live July 1, 2022.
Pharmacy Benefit Management Unit (PBMU)	Policy	• As of January 1, 2022, Immediate postpartum Long-Acting, Reversible Contraceptive (LARC) insertion will reimburse professional services for immediate postpartum IUD or contraceptive implant insertion procedures if billed separately from the professional global obstetric procedure. • Implemented a new policy for Speech-Generating Devices.
Pharmacy Benefit Management Unit (PBMU)	Legislation/ Policy	• Implemented a Professional Services Supplement Payment Program (PSSP).
Postpartum Care	Legislation/ Policy	• Postpartum coverage for pregnant women was extended from 60 days to 12 months effective July 1, 2023.

Area/Program	Category	Highlight/Initiative
Dental Care	Policy	● Reimbursement rates for dental providers were increased effective April 1, 2023.
Nursing Facilities	Policy	● Reimbursement rates for Wyoming nursing facilities were increased effective July 1, 2023.
Podiatry Care	Policy	● Podiatry care was added as a covered benefit for all Wyoming Medicaid Members, effective July 1, 2023.

WYOMING INTEGRATED NEXT GENERATION SYSTEM (WINGS)

The Wyoming Integrated Next Generation System (WINGS) project within the Division of Healthcare Finance has been, and continues to be, in the process of replacing the previous MMIS (all-in-one) system with modular units designed to work together to manage the Medicaid Program. The WINGS project will continue this modular approach, replacing modules as needed going forward, ensuring continued up-to-date technology for each Medicaid area.

Modules A & B are consulting services to support the WINGS project.

1 PBMS

Pharmacy Benefit Management System processes pharmacy point-of-sale claims and handles pharmacy-related prior authorizations

SI-ESB 2

System Integrator with Enterprise Service Bus connects all modules together into an enterprise system

3 DW-BI

Data Warehouse with Business Intelligence Tools serves as data storage for all other modules with tools used to compile reports and analyze the Medicaid program

FWA 4

Fraud, Waste, Abuse Analytics, and Case Tracking supports the identification, investigation, and collection of fraud, waste, & abuse of Medicaid services by providers and clients

5 BMS & TPL

Benefit Management System processes Medicaid claims and manages benefit plans. Third-Party Liability ensures proper coordination exists between Medicaid and any other entity/individual with an obligation to provide financial support for Medicaid services.

PRESM 6

Provider Enrollment Screening and Monitoring supports provider enrollment through an electronic self-service solution, verifies provider licensing, and reviews/maintains all provider enrollments

7 EVV

Electronic Visit Verification measures and validates service activity for personal care and home health programs, ensuring services billed are actually rendered.

CCMS 8

Care and Case Management System develops & monitors plans of care, captures & monitors assessments, screenings, treatment plans, and authorizes services

A

Testing & Quality Assurance Quality Control Services ensure each project module functions correctly.

B

Independent Verification & Validation certifies the system meets all requirements and fulfills the intended purpose.

Figure 18. WINGS Project

MEDICAID ENROLLMENT

85,070
Average monthly enrollment (10% increase over SFY 2022)

Individuals may gain and lose eligibility throughout the SFY. As such, the unique enrollment for a complete SFY may be greater than a point-in-time unique count

94,816
Unique annual enrollment (8% increase over SFY 2022)

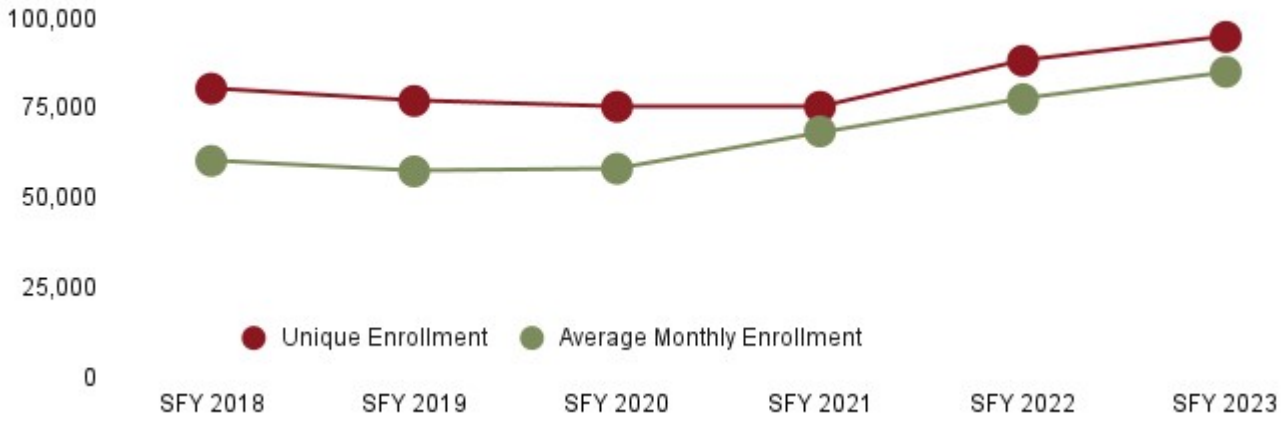


Figure 19. Medicaid Unique SFY and Average Monthly Enrollment History

Table 8. Change in Medicaid Enrollment

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Unique Enrollment	80,406	76,964	75,360	75,331	88,149	94,816
% Change from previous SFY	-5.2	-4.3	-2.1	-0.04	17	7.6
Average Monthly Enrollment	60,263	57,330	58,095	68,472	77,743	85,070
% Change from previous SFY	-4.7	-4.9	1.3	17.9	13.1	9.8
Average Length of Enrollment (months)	9.3	9.3	9.3	10.7	9.4	9.2

CHIP ENROLLMENT

3,824
Average monthly enrollment (4% increase over SFY 2022)

Individuals may gain and lose eligibility throughout the SFY. As such, the unique enrollment for a complete SFY may be greater than a point-in-time unique count

4,362
Unique annual enrollment (8% increase over SFY 2022)

Figure 20. CHIP Unique SFY and Average Monthly Enrollment History

Table 9. Change in CHIP Enrollment

	SFY 2021	SFY 2022	SFY 2023
Unique Enrollment	4,003	4,166	4,362
% Change from previous SFY	--	4.1%	4.7%
Average Monthly Enrollment	3,493	3,688	3,824
% Change from previous SFY	--	5.6%	3.7%
Average Length of Enrollment (months)	9.9	9.4	9.5

MEDICAID BY COUNTY

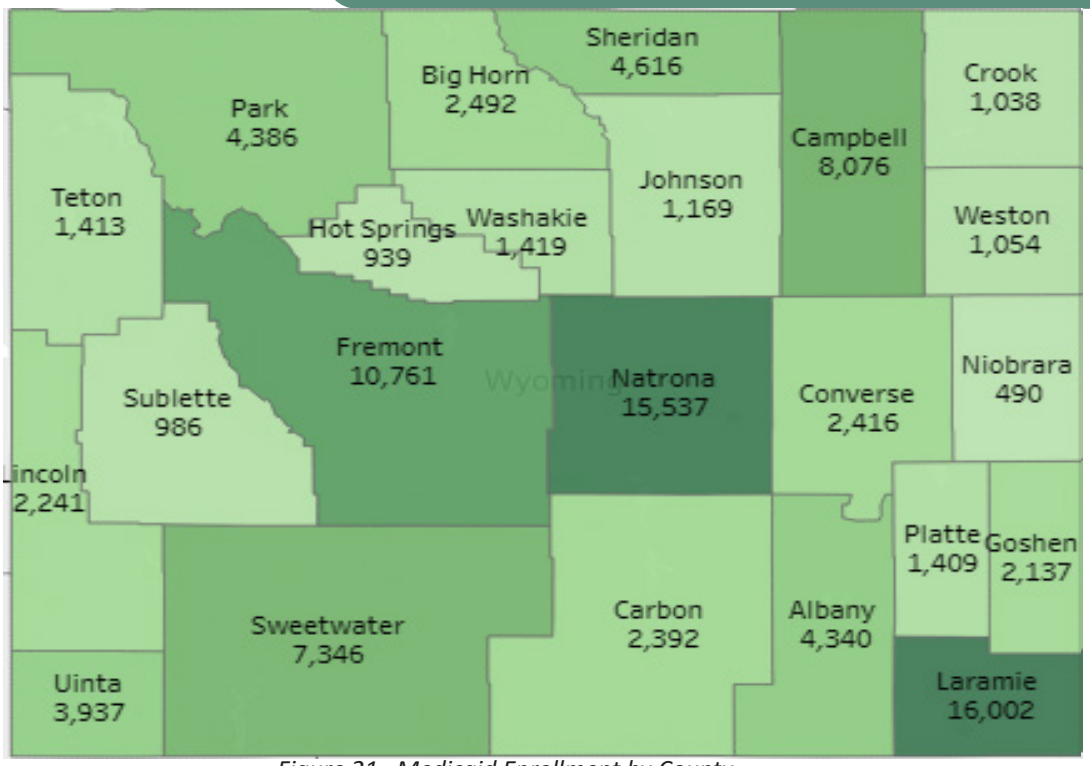


Figure 21. Medicaid Enrollment by County

CHIP BY COUNTY

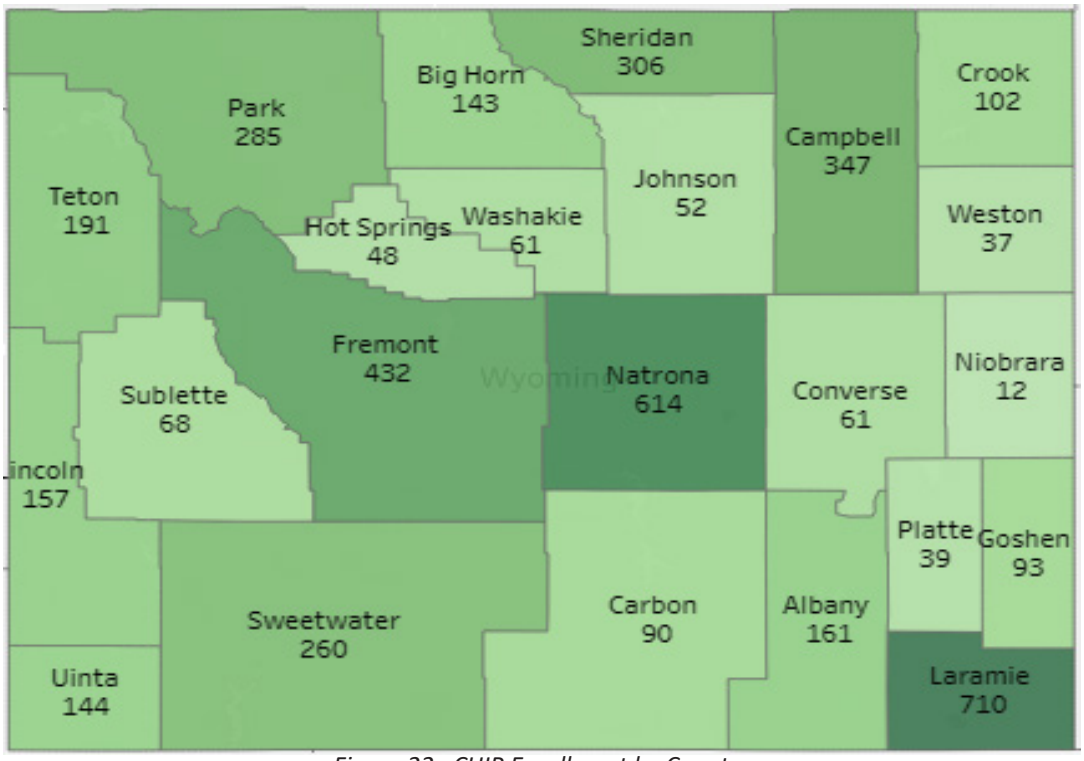


Figure 22. CHIP Enrollment by County

MEDICAID EXPENDITURES

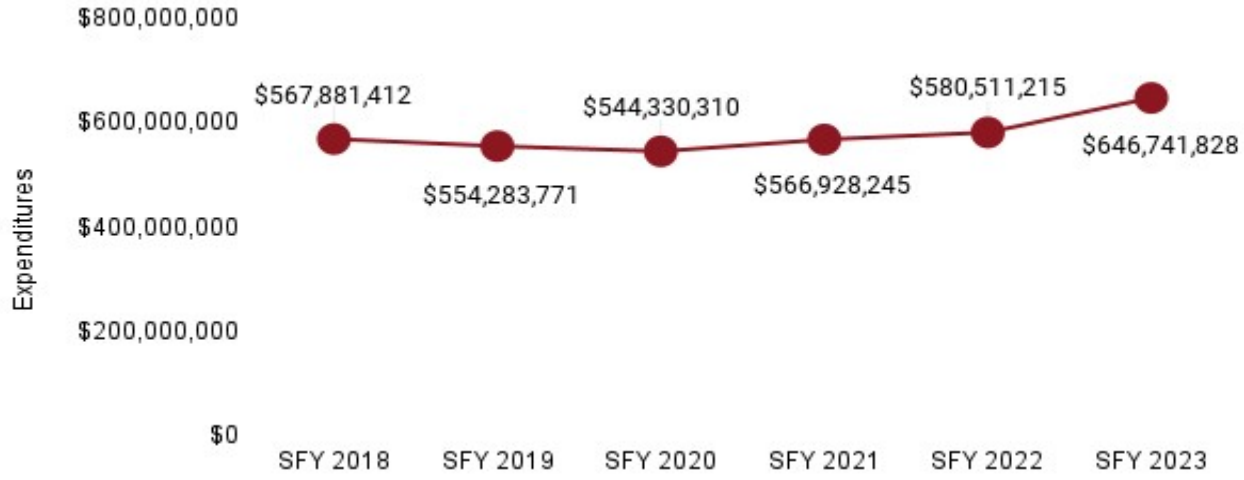


Figure 23. Medicaid Expenditure History

Table 10. Medicaid Expenditure History by Service Type

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Medical	$310,277,087	$288,794,695	$270,422,977	$293,681,490	$324,130,654	$373,580,276
Long Term Care	$241,030,693	$249,685,762	$260,153,810	$254,093,439	$240,541,733	$262,892,505
Dental	$11,847,581	$11,304,079	$9,893,628	$11,898,535	$11,937,162	$13,505,680
Vision	$3,712,855	$3,466,069	$2,977,070	$3,526,355	$3,402,928	$3,715,731
Other	$1,013,196	$1,033,166	$862,825	$728,426	$498,738	$639,038

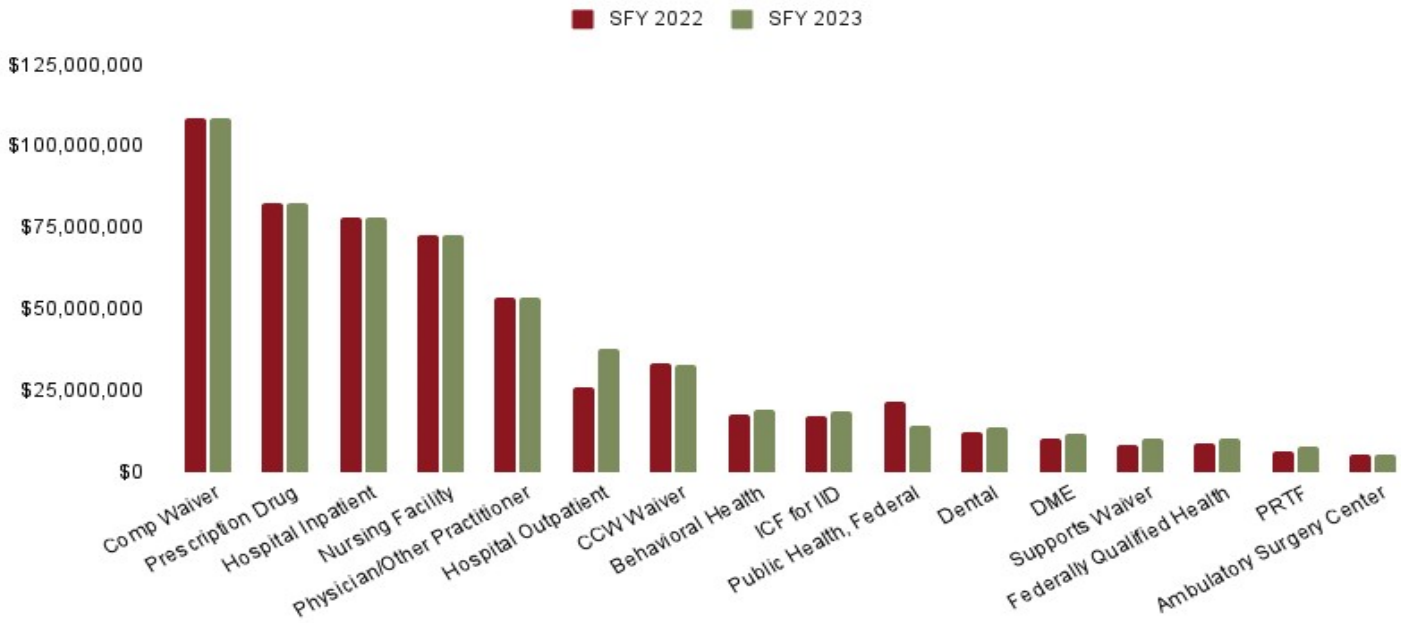


Figure 24. Comparison of Top Medicaid Services' Expenditures for SFY 2022 and SFY 2023.

CHIP EXPENDITURES

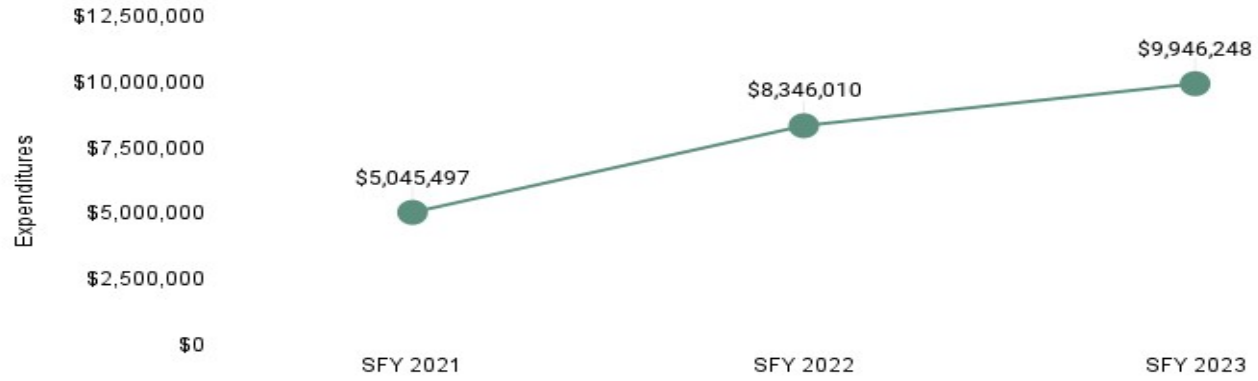


Figure 25. CHIP Expenditure History

Table 11. CHIP Expenditure History by Service Type

	SFY 2021	SFY 2022	SFY 2023
Dental	$ 4,225,754	$ 7,228,215	$8,713,580
Long-Term Care	$ 600,247	$ 862,900	$957,223
Medical	$ 200,405	$ 236,502	$251,094
Other	$ 17,258	$ 17,981	$23,857
Vision	$ 1,833	$ 412	$494

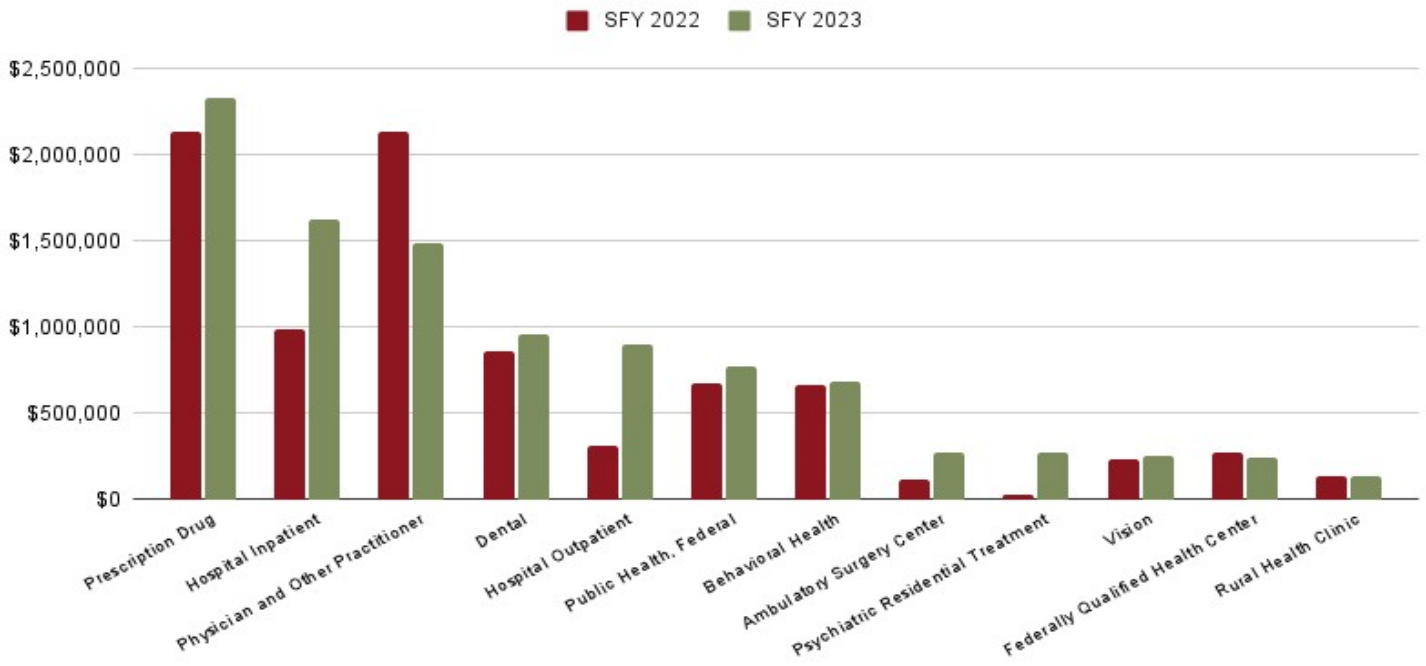


Figure 26. Comparison of Top CHIP Services' Expenditures for SFY 2022 and SFY 2023.

MEDICAID RECIPIENTS

79,072
enrolled members with claims paid (11.5 % increase over SFY 2022 & 3.6% increase over the past 5 years)

Figure 27. Medicaid Recipient History

Table 12. Medicaid Recipient History by Service Type

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Medical	73,286	68,230	65,460	63,016	67,482	75,237
Dental	28,789	27,524	24,732	27,609	28,561	30,867
Vision	15,821	14,790	12,680	15,016	14,895	15,945
Long Term Care	7,684	7,711	8,193	7,671	7,419	7,592
Other	3,363	3,475	3,325	2,987	1,619	2,666

95% of Medicaid Recipients had a Medical Claim, but these claims account for only 57% of total expenditures.

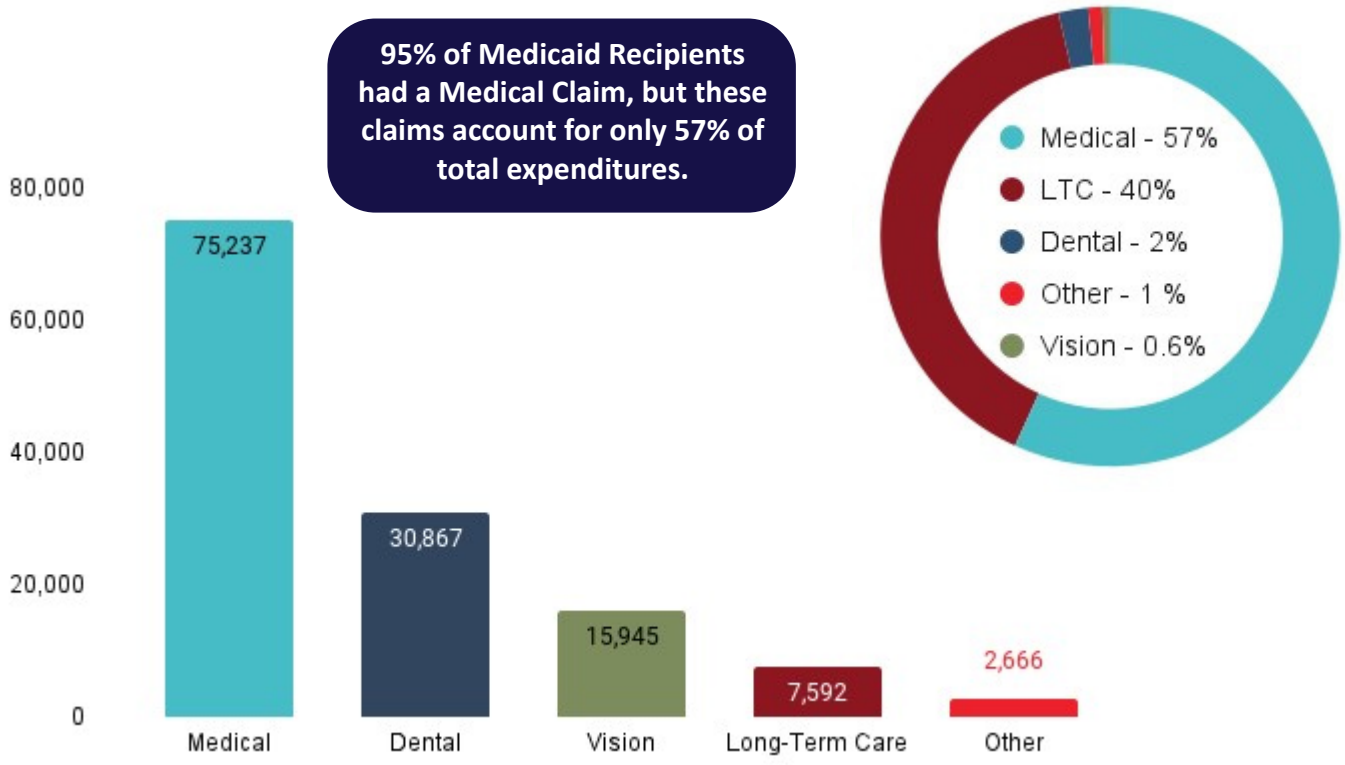


Figure 28. Medicaid Recipient Utilization versus Expenditure Breakdown by Service Type

CHIP RECIPIENTS

3,576
enrolled members with claims paid
(5.4 % increase over SFY 2022 & 21.7% increase over the past 2 years)

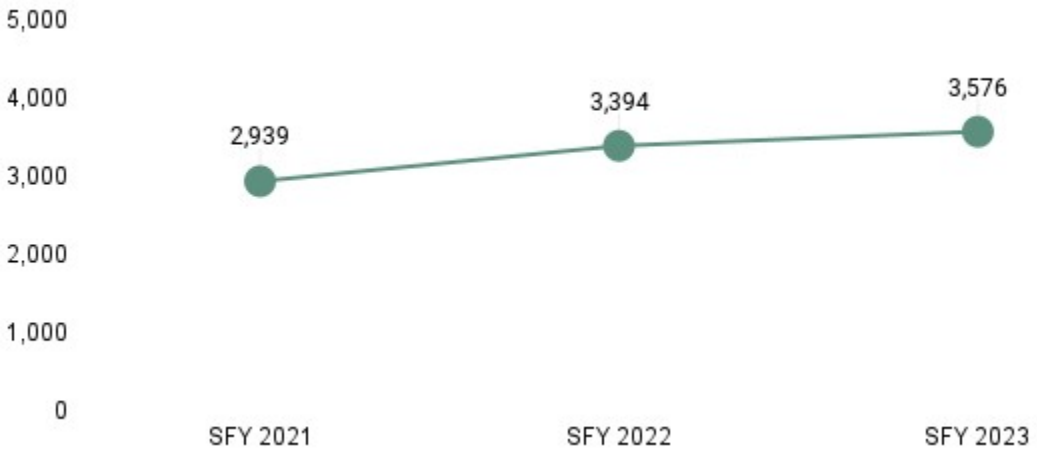
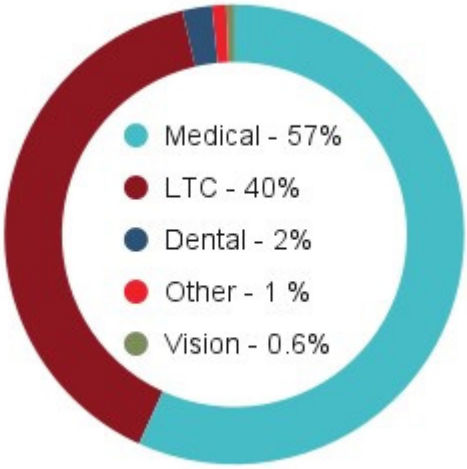


Figure 29. CHIP Recipient History

Table 13. CHIP Recipient History by Service Type

	SFY 2021	SFY 2022	SFY 2023
Medical	2,368	3,025	3,243
Dental	1,801	2,102	2,135
Vision	748	918	962
Long Term Care	97	68	79
Other	< 10	< 10	< 10

91% of CHIP Recipients had a Medical Claim, but these claims account for only 57% of total expenditures.



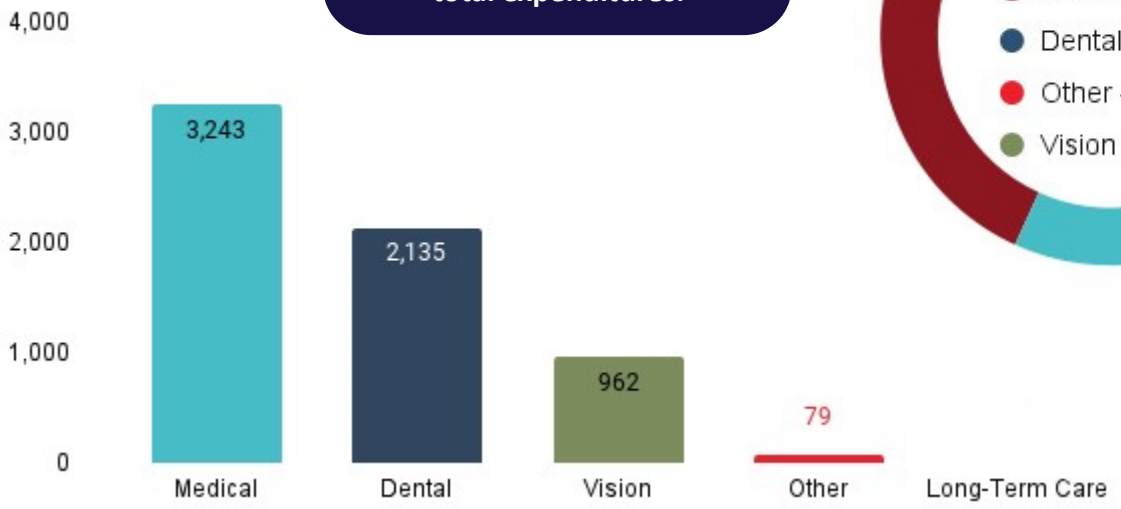


Figure 30. CHIP Recipient Utilization versus Expenditure Breakdown by Service Type

SERVICES

Medicaid provides a wide range of covered medical, behavioral, and long-term care services. Some recipients receive full benefits while others receive partial or limited benefits. Medicaid covers mandatory services as required by the federal government and optional services authorized by the Wyoming Legislature. Rate information and reimbursement methodology and history are available in Appendix B.

Table 14. Covered Services

Service	Adults	Children (Under Age 21)
Ambulance	Mandatory	Mandatory
Ambulatory Surgical Center	Optional	Mandatory (EPSDT)[9]
Behavioral Health[10]	Optional	Mandatory (EPSDT)
Care Management Entity / Children's Mental Health Waiver	N/A	Optional
Clinic Services	Optional	Mandatory (EPSDT)
Comprehensive and Supports Waivers for Persons with ID/DD/ABI[11]	Optional	Optional[12]
Community Choices Waiver	Optional	N/A
Dental	Optional	Mandatory (EPSDT)
Durable Medical Equipment	Optional	Mandatory (EPSDT)
End-State Renal Disease	Optional	Mandatory (EPSDT)
Federally Qualified Health Centers	Mandatory	Mandatory
Home Health	Mandatory	Mandatory
Hospice	Optional	Mandatory (EPSDT)
Hospital	Mandatory	Mandatory
Intermediate Care Facility for Individuals with Intellectual Disabilities	Optional	Optional
Laboratory/X-Ray	Mandatory	Mandatory
Nursing Facility	Mandatory	Mandatory
Pharmacy	Optional	Mandatory (EPSDT)
Physician and Other Practitioner	Optional	Mandatory (EPSDT)
Pregnant by Choice Waiver	Optional	N/A
Psychiatric Residential Treatment Facility (PRTF)	N/A	Mandatory (EPSDT)
Physical/Occupational/Speech Therapies[13]	Optional	Mandatory (EPSDT)
Public Health, Federal[14]	Optional	Mandatory (EPSDT)
Public Health or Welfare	Optional	Mandatory (EPSDT)
Rural Health Clinic	Optional	Mandatory (EPSDT)
Vision	Optional	Mandatory (EPSDT)

9. EPSDT: Early Periodic Screening Detection and Treatment program.
10. Excludes the Children's Mental Health Waiver and Psychiatric Residential Treatment Facility (PRTF).
11. ID/DD/ABI: Intellectual Disabilities/Developmental Disabilities/Acquired Brain Injury. Prior waiver programs (e.g., Acquired Brain Injury Waiver, Adult ID/DD Waiver) have been discontinued and recipients transitioned to these waivers. Additional details can be found in the detail section of this report.
12. Some Services in these waivers may be mandatory if the child is otherwise eligible for Medicaid without the waiver.
13. Physical/Occupational/Speech Therapies service detail is included in the Physician and Other Practitioner data in the detail section of this report.
14. Refers to Indian Health Services and Tribal 638 facilities.

MEDICAID SERVICES

Table 15. Medicaid Service Utilization Summary

Service	Expenditures	% Change from SFY 2022	Recipient[15]	% Change from SFY 2022	Expenditures per Recipient	% Change from SFY 2022
Ambulance	$4,506,405.24	38.7%	4,640	28.7%	$971	8%
Ambulatory Surgical Center	$6,492,409.80	26.9%	4,668	38.5%	$1,391	-8%
Behavioral Health	$18,107,791.83	3.5%	13,376	11.0%	$1,354	-7%
Care Management Entity (CME)	$3,943,909.35	21.5%	583	26.5%	$6,765	-4%
Clinic/Center	$1,051,849.28	33.0%	1,203	22.1%	$874	9%
Dental	$13,325,821.29	11.6%	30,867	8.1%	$432	3%
DME, Prosthetics/Orthodontics/ Supplies	$11,680,750.63	17.5%	9,539	7.5%	$1,225	9%
End-Stage Renal Disease	$1,974,982.92	-13.0%	143	-13.3%	$13,811	0.4%
Federally Qualified Health Center	$9,693,388.25	10.7%	9,282	10.3%	$1,044	0.4%
Home Health	$514,538.51	-48.0%	212	-13.8%	$2,427	-40%
Hospice	$1,442,367.34	56.5%	280	61.8%	$5,151	-3%
Hospital Total	**$115,132,993.81**	**10.6%**	**53,808**	**17.2%**	**$2,140**	**-6%**
Inpatient	$81,638,899.87	4.7%	8,331	-0.8%	$9,799	6%
Outpatient	$33,436,189.12	27.9%	44,937	20.6%	$744	6%
Other Hospital	$57,904.82	-291.1%	540	128.8%	$107	-184%
Intermediate Care Facility (IID)	$18,318,585.45	8.8%	49	-5.8%	$373,849	15%
Laboratory	$1,781,442.25	68.5%	7,953	2.6%	$224	65%
Nursing Facility	$79,301,664.62	9.2%	2,252	9.0%	$35,214	0.2%
Other	$639,037.64	28.1%	2,666	64.7%	$240	-22%
Physician & Other Practitioner	$61,079,253.39	13.8%	65,135	11.7%	$938	2%
Prescription Drug	$95,795,416.04	16.4%	45,209	7.5%	$2,119	8%
PRTF	$6,415,044.66	5.1%	181	20.7%	$35,442	-13%
Public Health or Welfare	$223,352.54	-37.4%	3,039	-30.6%	$73	-9%
Public Health, Federal	$23,240,720.89	9.4%	3,764	-15.1%	$6,174	29%
Rural Health Clinic	$3,325,194.70	-5.1%	7,639	5.6%	$435	-10%
Vision	$3,633,567.29	6.8%	15,945	7.0%	$228	-0.1%
Waiver Total	**$165,121,340.67**	**10.0%**	**5,597**	**1.1%**	**$29,502**	**9%**
Community Choices	$37,240,095.18	11.5%	2,949	0.2%	$12,628	11%
Comprehensive	$117,851,552.28	8.7%	1,839	-1.4%	$64,085	10%
Supports	$10,029,693.21	22.3%	809	11.6%	$12,398	10%
TOTAL	**$646,741,828.39[16]**	**11.4%**	**79,072**	**11.5%**	**$8,179**	**-0.1%**

15. This table displays a unique count of recipients for each service area, as well as the total unique count of recipients for all of Medicaid. Summing the recipients across all service areas will not equal the total recipients shown as recipients often receive multiple services throughout the SFY.
16. Expenditures for screenings and gross adjustments are included in the Total Expenditures. The SFY 2023 expenditures for screenings and gross adjustments are displayed in Table 9.

CHIP SERVICES

Table 16. CHIP Service Utilization Summary

Service	Expenditures	% Change from SFY 2022	Recipient[17]	% Change from SFY 2022	Expenditures per Recipient	% Change from SFY 2022
Ambulance	$72,790.88	194.1%	59	103.4%	$1,234	45%
Ambulatory Surgical Center	$245,490.49	40.0%	133	146.3%	$1,846	-43%
Behavioral Health	$672,066.16	0.0%	484	5.7%	$1,389	-5%
Clinic/Center	$23,090	-20.1%	29	-3.3%	$796	-17%
Dental	$953,734	10.5%	2,135	2.3%	$447	8%
DME, Prosthetics/Orthodontics/ Supplies	$83,930	34.5%	147	-1.3%	$571	36%
Federally Qualified Health Center	$243,881	-9.7%	263	-7.1%	$927	-3%
Home Health	$494	20.0%	1	0.0%	$494	20%
Hospital Total	**$2,369,807**	**52.4%**	**1,627**	**97.2%**	**$1,457**	**-23%**
Inpatient	$1,674,830	54.4%	1,438	2337.3%	$1,165	-94%
Outpatient	$694,511	47.7%	5	-99.3%	$138,902	22,529%
Other Hospital	$465	--	184	--	$3	--
Laboratory	$36,510	69.1%	79	17.9%	$462	287%
Other	$22,513	25.2%	79	9.9%	$285	6%
Physician & Other Practitioner	$1,463,713	2.5%	2,689	8.1%	$544	-7%
Prescription Drug	$2,332,868	9.3%	2,003	600.0%	$1,165	1%
PRTF	$270,307	933.2%	7	-16.2%	$38,615	48%
Public Health or Welfare	$8,438	-12.3%	150	-5.4%	$56	5%
Public Health, Federal	$774,665	14.4%	159	6.6%	$4,872	21%
Rural Health Clinic	$124,143	-12.6%	337	5.6%	$368	-18%
Vision	$247,808	4.8%	962	7.0%	$258	-1%
TOTAL	**$9,946,248**	**0.5%**	**79,072**	**11.5%**	**$126**	**-9.9%**

17. This table displays a unique count of recipients for each service area, as well as the total unique count of recipients for all of Medicaid. Summing the recipients across all service areas will not equal the total recipients shown as recipients often receive multiple services throughout the SFY.

AMBULANCE

Emergency ground and air transportation and limited non-emergent ground transportation.

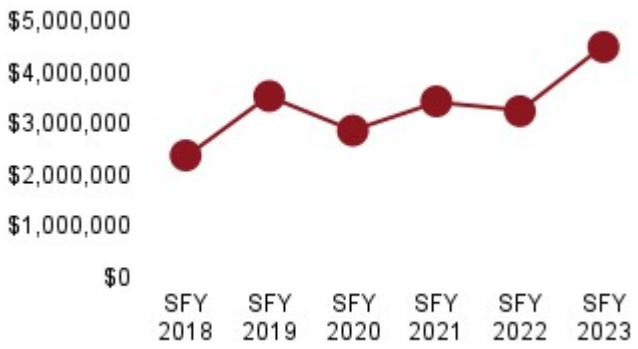
EXPENDITURES

MEDICAID

$4,506,405

38.7% increase from SFY 2022

0.7% of Total Medicaid Expenditures



CHIP

$72,791

194.1% increase from SFY 2022

0.7% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

4,689

30% increase from SFY 2022

5.9% of Total Medicaid Recipients

CHIP

59

96.7% increase from SFY 2022

1.6% of Total Medicaid Recipients

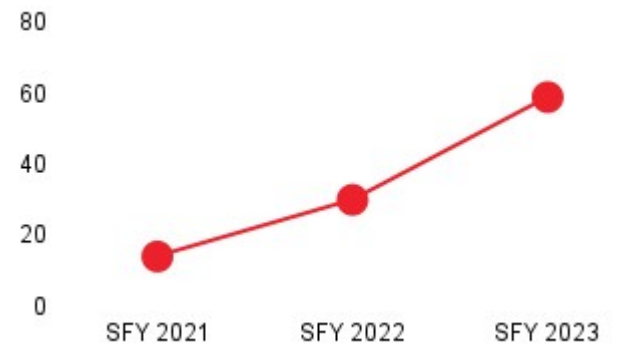


Table 17. Ambulance Services Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$2,381,969	$3,543,958	$2,869,734	$3,441,088	$3,249,255	$4,506,405	89%
Recipients	3,200	3,528	3,276	3,420	3,606	4,689	47%
Expenditures per Recipient	$744	$1,005	$876	$1,006	$901	$961	29%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$11,207	$24,752	$72,791	550%
Recipients	--	--	--	14	30	59	321%
Expenditures per Recipient	--	--	--	$801	$825	$1,234	54%

AMBULATORY SURGICAL CENTER

Surgical procedures that do not require overnight inpatient hospital care. It encompasses all surgical procedures covered by Medicare, as well as procedures Medicaid has approved for provision as outpatient services. Ambulatory Surgical Center (ASC) services may also be provided in an outpatient hospital setting.

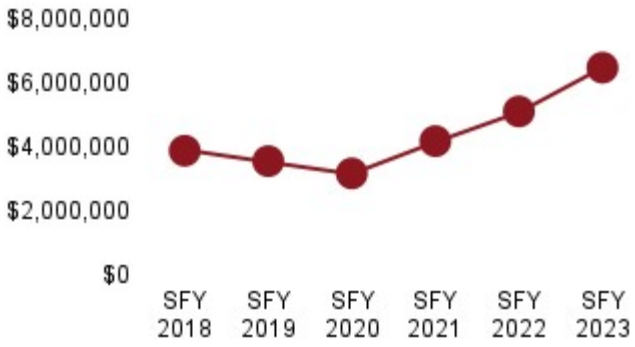
EXPENDITURES

MEDICAID

$6,492,410

27% increase from SFY 2022

1.0% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

5,177

53.6% increase from SFY 2022

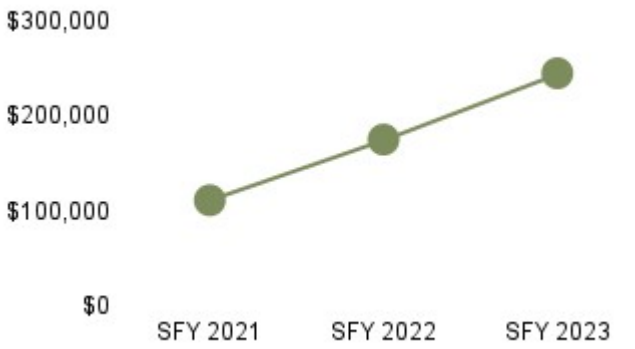
6.5% of Total Medicaid Recipients

CHIP

$245,490

40.0% increase from SFY 2022

2.5% of Total CHIP Expenditures



CHIP

151

64.1% increase from SFY 2022

4.2% of Total CHIP Recipients

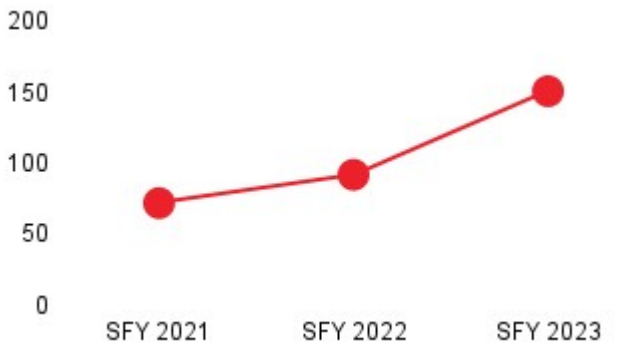


Table 18. Ambulatory Surgery Center Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$3,881,705	$3,555,184	$3,170,249	$4,183,523	$5,117,524	$6,492,410	67%
Recipients	3,202	2,710	2,710	2,714	3,370	5,177	62%
Expenditures per Recipient	$1,212	$1,312	$1,170	$1,541	$1,519	$1,254	3%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$110,986	$175,300	$245,490	121%
Recipients	--	--	--	72	92	151	110%
Expenditures per Recipient	--	--	--	$1,541	$1,905	$1,626	6%

BEHAVIORAL HEALTH

Outpatient and community-based behavioral health services for Wyoming Medicaid clients who are experiencing mental health and/or substance use symptoms.

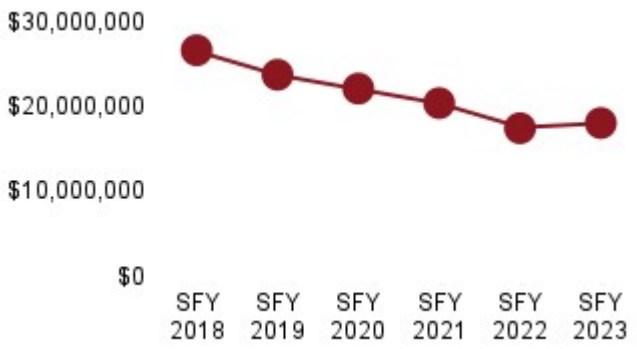
EXPENDITURES

MEDICAID

$18,107,792

3.5% increase from SFY 2022

2.8% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

13,396

11.2% increase from SFY 2022

16.9% of Total Medicaid Recipients

CHIP

$672,066

0.01% decrease from SFY 2022

6.8% of Total CHIP Expenditures

CHIP RECIPIENTS

485

5.7% increase from SFY 2022

13.6% of Total CHIP Recipients

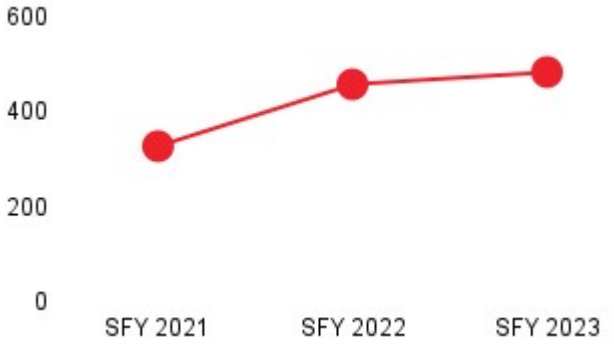


Table 19. Behavioral Health Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$26,738,799	$23,837,713	$22,191,112	$20,469,559	$17,494,012	$18,107,792	-32%
Recipients	13,266	12,667	11,789	11,510	12,048	13,396	1%
Expenditures per Recipient	$2,016	$1,882	$1,882	$1,778	$1,452	$1,352	-33%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$381,684	$672,132	$672,066	76%
Recipients	--	--	--	328	459	485	48%
Expenditures per Recipient	--	--	--	$1,164	$1,464	$1,386	19%

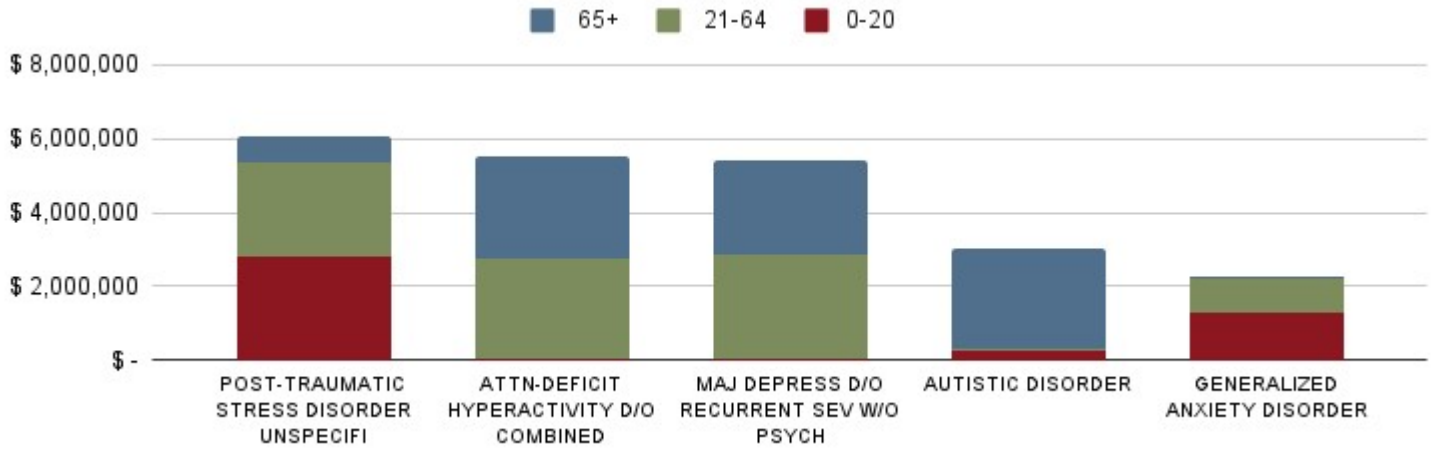


Figure 31. Top Five Behavioral Health Diagnosis Codes by Expenditures for All Provider Types, (excluding Alzheimer's and Other Types of Dementia)

Table 20. Top Five Behavioral Health Diagnosis Codes by Expenditures for all Provider Types[18]

Diagnosis Description	Age 0-20	Age 21-64	Age 65+	Total
POST-TRAUMATIC STRESS DISORDER UNSPECIFI	$2,835,512	$2,547,979	$677,065	$6,060,556
ATTN-DEFICIT HYPERACTIVITY D/O COMBINED	$37,399	$2,731,977	$2,765,178	$5,534,554
MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH	$52,235	$2,835,512	$2,547,979	$5,435,726
AUTISTIC DISORDER	$267,517	$37,399	$2,731,977	$3,036,893
GENERALIZED ANXIETY DISORDER	$1,275,586	$931,986	$55,309	$2,262,881
Totals	**$4,468,248**	**$9,084,854**	**$8,777,509**	**$22,330,611**

18. See Appendix B for additional information regarding the types of providers who provide Behavioral Health services.

On January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) required Medicaid programs to provide medically necessary diagnostic and treatment services to beneficiaries with Autism Spectrum Disorder (ASD) under the age of 21 years. Applied Behavior Analysis (ABA) treatment was implemented.

Table 21. Applied Behavior Analysis Treatment Summary

Applied Behavior Analysis Services	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Expenditures	$239,369	$888,167	$1,661,511	$1,445,297	$474,900.21
Recipients	46	75	71	53	47
Expenditures per Recipient	$5,204	$11,842	$23,402	$27,270	$10,104
Providers	4	7	6	7	6

CARE MANAGEMENT ENTITY

Provides intensive care coordination to children and youth with complex behavioral health conditions and their families, using a High Fidelity Wrap-around model to support their success in their homes, schools, and communities.

EXPENDITURES

MEDICAID

$3,943,909

21.5% increase from SFY 2022

0.6% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

594

28.9% increase from SFY 2022

0.8% of Total Medicaid Recipients

Table 22. Care Management Entity (CME) Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$7,599,455	$3,290,255	$3,928,461	$3,083,353	$3,245,019	$3,943,909	-48%
Recipients	606	897	927	494	461	594	-2%
Expenditures per Recipient	$12,540	$3,668	$4,238	$6,242	$7,039	$6,640	-47%

CLINIC / CENTER (DEVELOPMENTAL CENTERS)

Services for clients with developmental disabilities who qualify for programs, training, care, treatment, and supervision in a structured setting, provided by state or privately funded facilities. Services include diagnostic evaluations and assessments, physical, occupational, and speech therapies, and mental health services for clients age 5 and younger.

EXPENDITURES

MEDICAID

$1,051,849

33.0% increase from SFY 2022

0.2% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

1,205

22.3% increase from SFY 2022

1.5% of Total Medicaid Recipients

CHIP

$23,090

20.1% decrease from SFY 2022

0.2% of Total CHIP Expenditures

CHIP RECIPIENTS

29

3.3% decrease from SFY 2022

0.8% of Total CHIP Recipients

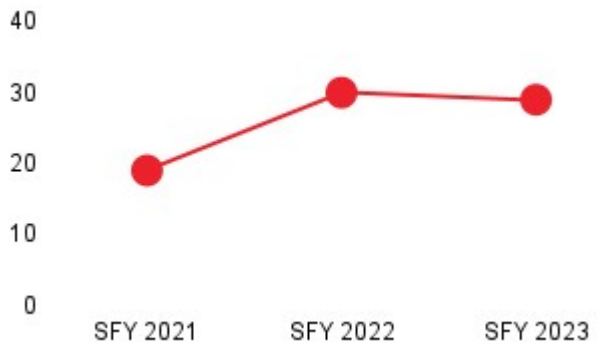


Table 23. Clinic/Center (Developmental Centers) Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$972,701	$815,334	$435,776	$712,388	$790,699	$1,051,849	8%
Recipients	1,256	1,142	860	920	985	1,205	-4%
Expenditures per Recipient	$774	$714	$507	$774	$803	$873	13%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$8,440	$28,889	$23,090	174%
Recipients	--	--	--	19	30	29	53%
Expenditures per Recipient	--	--	--	$444	$963	$796	79%

DENTAL

Dental services are covered based on enrolled members' age, with the goal of ensuring access to dental care so recipients may avoid emergency dental situations by receiving preventive and routine dental services for overall oral health.

EXPENDITURES

MEDICAID

$13,325,821

11.6% increase from SFY 2022

2.1% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

30,902

8.2% increase from SFY 2022

39.1% of Total Medicaid Recipients

CHIP

$953,734

10.5% decrease from SFY 2022

9.6% of Total CHIP Expenditures

CHIP

2,136

1.6% increase from SFY 2022

59.7% of Total CHIP Recipients

Table 24. Dental Services Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$11,847,581	$11,304,079	$9,893,628	$11,898,535	$11,937,162	$13,325,821	13%
Recipients	28,789	27,524	24,732	27,609	28,561	30,902	7%
Expenditures per Recipient	$412	$411	$400	$431	$418	$431	5%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$600,247	$862,900	$953,734	59%
Recipients	--	--	--	1,801	2,102	2,136	19%
Expenditures per Recipient	--	--	--	$333	$411	$447	34%

DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, & SUPPLIES (DME)

Services are covered when ordered by a physician or other licensed practitioner for home use to reduce an individual's physical disability and restore the individual to a functional level.

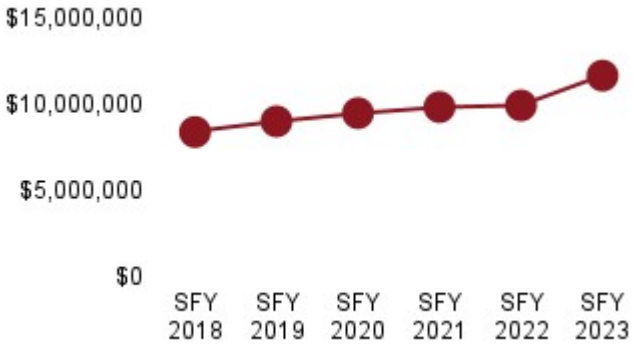
EXPENDITURES

MEDICAID

$11,680,751

18.0% increase from SFY 2022

1.8% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

9,604

8.0% increase from SFY 2022

12.0% of Total Medicaid Recipients

CHIP

$83,930

34.5% increase from SFY 2022

0.8% of Total CHIP Expenditures

CHIP

148

1.3% decrease from SFY 2022

4.1% of Total CHIP Recipients

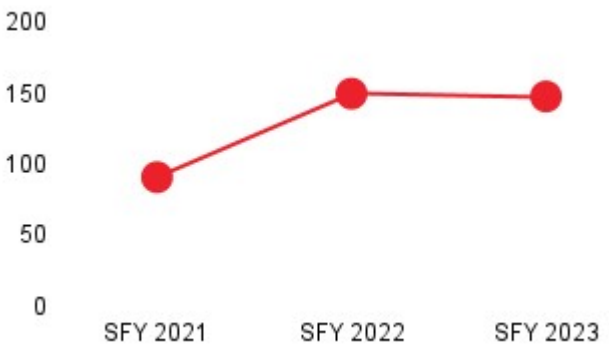


Table 25. DME Services Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$8,390,660	$9,013,400	$9,490,752	$9,846,339	$9,940,527	$11,680,751	39%
Recipients	7,367	7,497	7,712	8,197	8,876	9,604	30%
Expenditures per Recipient	$1,139	$1,202	$1,231	$1,201	$1,120	$1,216	7%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$50,691	$62,391	$83,930	66%
Recipients	--	--	--	91	150	148	63%
Expenditures per Recipient	--	--	--	$557	$416	$567	2%

END-STAGE RENAL DISEASE

All medically necessary services related to renal disease care, including inpatient renal dialysis and outpatient services related to end-stage renal disease (ESRD) treatment, as well as treatment if Medicare denies coverage for an enrolled member on a home dialysis program. A hospital or free-standing facility must be a certified ESRD facility. Personal care attendants are not covered by this program. The majority of ESRD recipients are dual individuals, those enrolled in both Medicare and Medicaid. Medicare is the primary payer for End-Stage Renal Disease (ESRD) services for dual individuals, and therefore most Medicaid ESRD expenditures are for Medicaid-only individuals.

EXPENDITURES

MEDICAID

$1,974,983

12.2% decrease from SFY 2022

0.3% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

157

4.8% decrease from SFY 2022

0.2% of Total Medicaid Recipients

Table 26. End-Stage Renal Disease Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$1,012,427	$1,063,315	$1,595,216	$2,172,271	$2,249,469	$1,974,983	95%
Recipients	158	150	171	151	165	157	-1%
Expenditures per Recipient	$6,408	$7,089	$9,329	$14,386	$13,633	$12,580	96%

FEDERALLY QUALIFIED HEALTH CENTER

Provides preventive primary health services when medically necessary and provided by or under the direction of a physician, physician assistant, nurse practitioner, nurse midwife, dentist, orthodontist, licensed clinical psychologist, or licensed clinical social worker. The facility is designated as an FQHC by Medicare if it is located in an area designated as a “shortage area”, a geographic area designated by HHS as having either a shortage of personal health services or of primary medical care professionals.

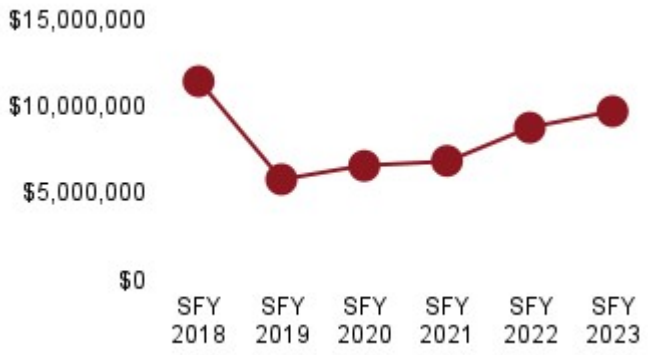
EXPENDITURES

MEDICAID

$9,693,388

10.7% increase from SFY 2022

1.5% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

9,415

11.9% increase from SFY 2022

11.9% of Total Medicaid Recipients

CHIP

$243,881

9.7% decrease from SFY 2022

2.5% of Total CHIP Expenditures

CHIP

266

7.3% decrease from SFY 2022

7.4% of Total CHIP Recipients

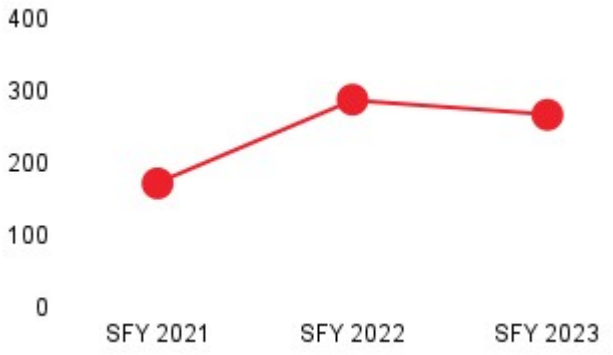


Table 27. Federally Qualified Health Center Utilization History[19]

Medicaid							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**5 Year % Change**
Expenditures	$11,418,874	$5,776,571	$6,554,011	$6,839,456	$8,752,799	$9,693,388	-15%
Recipients	8,927	6,340	7,421	7,408	8,415	9,415	6%
Expenditures per Recipient	$1,279	$911	$883	$923	$1,040	$1,030	-20%
CHIP							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**2 Year % Change**
Expenditures	--	--	--	$115,366	$270,176	$243,881	111%
Recipients	--	--	--	171	287	266	56%
Expenditures per Recipient	--	--	--	$675	$941	$917	36%

19. Comparison of the Rural Health Clinic and Federally Qualified Health Center Programs, US Department of Health and Human Services Health Resources Services Administration. Revised June 2006.

HOME HEALTH

Services are intended to be a temporary transitional program to assist Members with care required after an acute health incident or an institutional stay. The services are intermittent and assist with medical support and education to the Member and any caregiver regarding the Member's new medical needs. Services must be medically necessary, ordered by a physician, and documented in a signed/dated treatment plan to be reviewed and revised as medically necessary by the attending physician at least every 60 days.

EXPENDITURES

MEDICAID

$514,539

48.0% decrease from SFY 2022

0.08% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

266

8.1% increase from SFY 2022

0.3% of Total Medicaid Recipients

Home Health agencies must provide at least two of the following services to be a licensed provider in the state of Wyoming:	The following are NOT covered Home Health services:
• skilled nursing • home health aide supervised by a qualified professional • physical therapy provided by a qualified and licensed physical therapist • speech therapy provided by a qualified therapist • occupational therapy provided by a qualified, registered, or certified therapist • medical social services provided by a qualified and licensed Master of Social Work (MSW) or a Bachelor of Social Work (BSW)-prepared person supervised by an MSW	• homemaking • respite care • Meals on Wheels or home-delivered meals • services deemed inappropriate or not cost-effective in a home setting

Table 28. Home Health Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$4,012,083	$570,570	$1,004,397	$994,656	$990,420	$515,033	-87.2%
Recipients	496	163	239	244	247	267	-46.2%
Expenditures per Recipient	$8,089	$3,500	$4,202	$4,076	$4,010	$1,929	-76.2%

HOSPICE

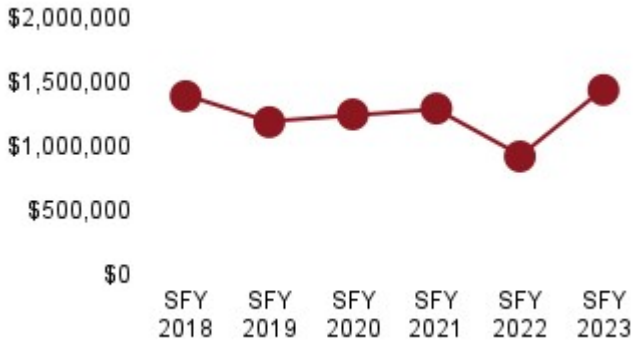
EXPENDITURES

MEDICAID

$1,442,367

56.5% increase from SFY 2022

0.2% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

281

62.4% increase from SFY 2022

0.4% of Total Medicaid Recipients

Table 29. Hospice Services Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$1,394,149	$1,190,302	$1,251,068	$1,297,041	$921,529	$1,442,367	4%
Recipients	232	245	196	181	173	281	21%
Expenditures per Recipient	$6,009	$4,858	$6,383	$7,166	$5,327	$5,133	-15%

HOSPITAL - INPATIENT

Medicaid covers inpatient hospital services with the exception of alcohol and chemical rehabilitation services, cosmetic surgery, and experimental services. Surgical procedures must be medically necessary, and may not be covered if there is a non-surgical alternative or if a provider performs the surgery only for the convenience of the individual.

EXPENDITURES

MEDICAID

$81,638,900

4.7% increase from SFY 2022

12.6% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

8,651

3.0% increase from SFY 2022

10.9% of Total Medicaid Recipients

CHIP

$1,674,830

54.4% increase from SFY 2022

16.8% of Total CHIP Expenditures

CHIP

86

41.0% increase from SFY 2022

2.4% of Total CHIP Recipients

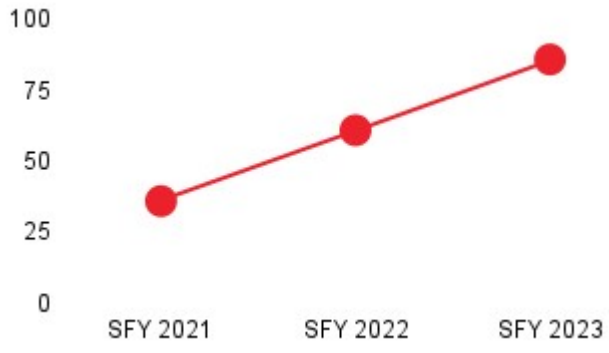


Table 30. Hospital Inpatient Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$72,073,654	$71,923,532	$63,651,012	$71,378,127	$77,988,519	$81,638,900	13%
Recipients	9,281	8,810	10,736	8,312	8,396	8,651	-7%
Expenditures per Recipient	$7,766	$8,164	$5,929	$8,587	$9,289	$9,437	22%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$285,068	$1,084,966	$1,674,830	488%
Recipients	--	--	--	36	61	86	139%
Expenditures per Recipient	--	--	--	$7,919	$17,786	$19,475	146%

HOSPITAL - OUTPATIENT

Medicaid covers outpatient hospital services, including emergency room, surgery, laboratory, radiology, and other testing services. For individuals over age 21, visits to hospital outpatient departments are limited to a maximum of 12 per calendar year. There are no limits for Medicare crossovers, children under age 21, visits for family planning, Health Check services, and emergency room.

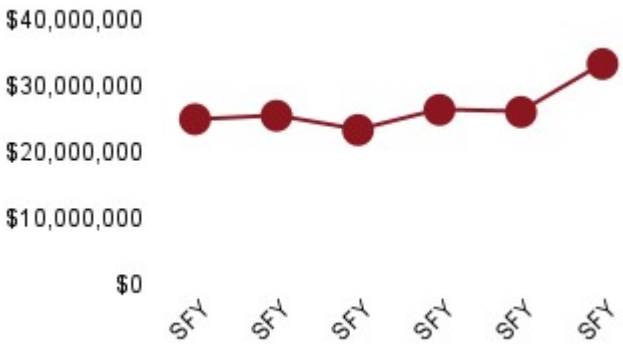
EXPENDITURES

MEDICAID

$33,436,189

28.0% increase from SFY 2022

5.2% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

47,540

27.5% increase from SFY 2022

60.1% of Total Medicaid Recipients

CHIP

$694,511

47.7% increase from SFY 2022

7.0% of Total CHIP Expenditures

CHIP

1,558

33.0% increase from SFY 2022

43.6% of Total CHIP Recipients

Table 31. Hospital Outpatient Utilization History

Medicaid							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**5 Year % Change**
Expenditures	$25,021,868	$25,558,107	$23,383,212	$26,453,299	$26,125,069	$33,436,189	34%
Recipients	37,872	35,932	33,953	33,133	37,274	47,540	26%
Expenditures per Recipient	$661	$711	$689	$798	$701	$703	7%
CHIP							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**2 Year % Change**
Expenditures	--	--	--	$642,943	$470,180	$694,511	8%
Recipients	--	--	--	788	1,171	1,558	98%
Expenditures per Recipient	--	--	--	$816	$402	$446	-45%

EMERGENCY ROOM SERVICES

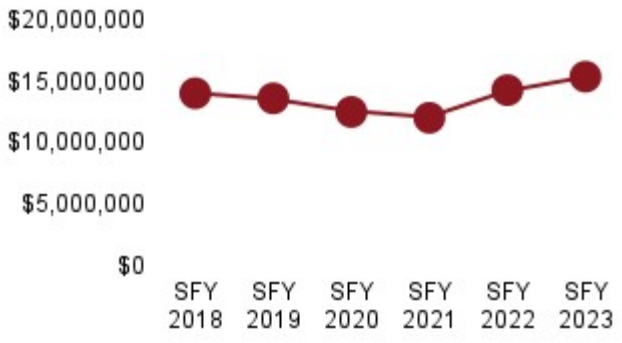
EXPENDITURES

MEDICAID

$15,390,424

7.7% increase from SFY 2022

2.4% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

31,034

33.6% increase from SFY 2022

39.2% of Total Medicaid Recipients

CHIP

$354,818

2.0% decrease from SFY 2022

3.6% of Total CHIP Expenditures

CHIP

969

45.1% increase from SFY 2022

27.1% of Total CHIP Recipients

Table 32. Emergency Room Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$14,035,612	$13,619,756	$12,511,151	$12,030,079	$14,290,525	$15,390,424	10%
Recipients	24,648	23,442	21,251	19,232	23,233	31,034	26%
Expenditures per Recipient	$569	$581	$589	$626	$615	$496	-13%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$180,415	$362,127	$354,818	97%
Recipients	--	--	--	360	668	969	169%
Expenditures per Recipient	--	--	--	$501	$542	$366	-27%

Table 33. Emergency Room Utilization Summary by Eligibility Category

Eligibility Category	Expenditures	% Change from SFY 2022	Recipients[20]	% Change from SFY 2022	Expenditures per Recipient	% Change from SFY 2022
ABD EID	$67,682	85.53	528	359.13	$128	0.13
ABD ID/DD/ABI	$255,992	-6.78	2,163	204.22	$118	0.08
ABD Institution	$972	-90.28	34	88.89	$29	0.01
ABD Long-Term Care	$619,267	11.37	6,210	259.38	$100	0.10
ABD SSI & SSI Related	$2,117,816	5.12	9,707	303.62	$218	0.03
Adults	$3,935,330	10.65	13,241	251.50	$297	0.03
Children	$6,817,968	15.36	30,086	160.98	$227	0.09
Medicare Savings Programs	$122,279	-0.18	3,138	226.53	$39	0.24
Non-Citizens with Medical Emergencies	$39,254	-7.36	121	108.62	$324	0.06
Pregnant Women	$1,360,477	32.33	4,735	254.95	$287	0.05
Special Groups	$51,545	115.01	22	0.00	$2,343	0.20
TOTAL	**$15,390,424**	**7.70**	**31,034**	**33.58**	**$615**	**0.16**

20. This column displays a distinct count of recipients for each eligibility category, as well as the total distinct count of recipients. Summing the recipients for each eligibility category will not match the total recipients as individuals may receive services under multiple eligibility categories throughout the SFY.

INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF-IID)

Services are covered only in a residential facility licensed and certified by the state survey agency as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). The Wyoming Life Resource Center is the sole facility in the state. This service is unique to Medicaid and is not commonly covered by other payers.

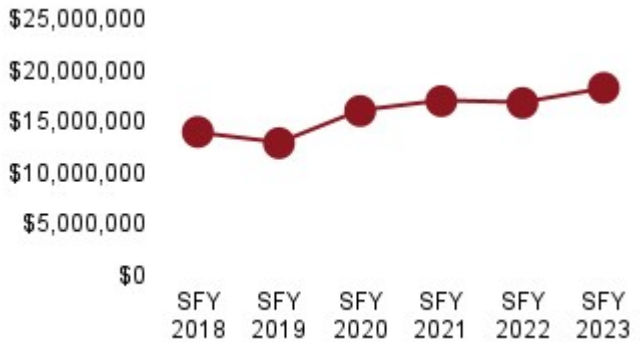
EXPENDITURES

MEDICAID

$18,318,585

8.8% increase from SFY 2022

2.8% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

49

5.8% decrease from SFY 2022

0.1% of Total Medicaid Recipients

Table 34. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$13,999,444	$12,901,888	$16,058,915	$17,024,561	$16,842,461	$18,318,585	31%
Recipients	61	54	58	53	52	49	-20%
Expenditures per Recipient	$229,499	$238,924	$276,878	$321,218	$323,893	$373,849	63%

LABORATORY

Medicaid covers professional and technical laboratory services ordered by a practitioner that are directly related to the diagnosis and treatment of the individual as specified in the treatment plan developed by the ordering practitioner.

EXPENDITURES

MEDICAID

$1,781,442

68.5% increase from SFY 2022

0.3% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

7,989

3.1% increase from SFY 2022

10.1% of Total Medicaid Recipients

CHIP

$36,510

69.1% increase from SFY 2022

0.4% of Total CHIP Expenditures

CHIP

186

2.2% increase from SFY 2022

5.2% of Total CHIP Recipients

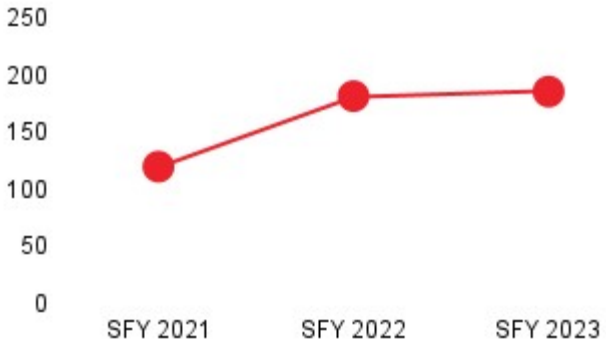


Table 35. Laboratory Utilization History

Medicaid							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**5 Year % Change**
Expenditures	$1,020,356	$719,701	$585,977	$797,433	$1,057,050	$1,781,442	75%
Recipients	8,334	6,789	5,967	7,159	7,751	7,989	-4%
Expenditures per Recipient	$122	$106	$98	$111	$136	$223	82%
CHIP							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**2 Year % Change**
Expenditures	--	--	--	$13,062	$21,594	$36,510	180%
Recipients	--	--	--	120	182	186	55%
Expenditures per Recipient	--	--	--	$109	$119	$196	80%

NURSING FACILITY

Medicaid covers nursing facility services for individuals who are no longer able to live in the community. The nursing facility is an institution, or a distinct part of an institution, which is not primarily for the care and treatment of mental diseases, and provides skilled nursing care and related services to residents who require medical or nursing care, rehabilitation services for injured, disabled or sick individuals, and health-related care and services to individuals who, because of their mental or physical condition, require care and services (above the level of room and board) which is available to them only through institutional facilities.

EXPENDITURES

MEDICAID

$79,301,665

9.2% increase from SFY 2022

12.3% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

2,265

9.6% increase from SFY 2022

2.9% of Total Medicaid Recipients

Table 36. Nursing Facility Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$87,304,589	$84,440,433	$89,426,962	$78,447,126	$72,640,321	$79,301,665	-9%
Recipients	2,569	2,516	2,826	2,317	2,067	2,265	-12%
Expenditures per Recipient	$33,984	$33,561	$31,644	$33,857	$35,143	$35,012	3%

Table 37. Nursing Facility Programs Rates and Payments

Rate/Payment	Definition
GAP	Supplemental payment for non-State-government-owned nursing facilities. The total funds available for the distribution will equal the UPL gap remaining after the UPL distributions are made under the existing authority. The undistributed balance will remain available for this distribution program. The state shall distribute the funds based on the percentage total of each provider's calculation of the difference between what Medicaid paid and what Medicare would have paid, less the original supplemental PL payment, as calculated on the annual UPL demonstration. If this calculation results in the provider having a negative UPL gap, that provider will not qualify for the payment.
Provider Assessment and Upper Limit Payment (UPL)	Supplemental payment for qualified nursing facilities. Based on calculations from most recent cost reports & comparisons to what would have been paid for Medicaid services under Medicare's payment principles Assessment collected on all non-Medicare days & UPL payment paid on Medicaid days once corresponding federal matching dollars are obtained.
Per Diem Rate	Based on facility-specific cost reports May not exceed the maximum rate established by Medicaid Includes: Routine services (room, dietary, laundry, nursing, minor-medical surgical supplies, non-legend pharmaceutical items, use of equipment & facilities) Therapy services Excludes: Physician visits, hospitalizations, laboratory, x-rays, and prescription drugs which are reimbursed separately
Extraordinary Care Per Diem Rate	Paid for services provided to a resident with extraordinary needs Medicaid determines per-case rates for extraordinary care based on relevant cost and a review of medical records
Enhanced Adult Psychiatric Reimbursement	Provided to encourage nursing facilities to accept adults who require individualized psychiatric care

PHYSICIAN & OTHER PRACTITIONER

Services provided by physicians and other practitioners, with the following limits:

- Hospital outpatient departments, physician offices, and optometrist offices - maximum of 12 visits per calendar year for individuals over age 21.
- Physical, occupational, and speech therapy - maximum of 20 visits each per calendar year for individuals over age 21, with additional visits approved after review for medical necessity.

There is no limit for Medicare crossovers or children under age 21; also no limit for family planning visits, Health Check services, or emergency services.

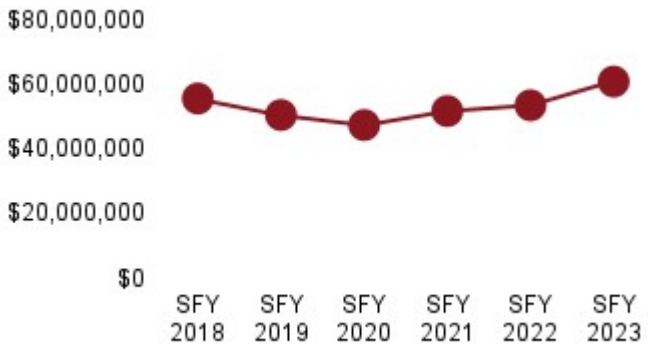
EXPENDITURES

MEDICAID

$61,079,253

13.8% increase from SFY 2022

9.4% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

65,395

12.1% increase from SFY 2022

82.7% of Total Medicaid Recipients

CHIP

$1,463,713

2.5% increase from SFY 2022

14.7% of Total Medicaid Expenditures

CHIP

2,706

9.6% increase from SFY 2022

75.7% of Total Medicaid Recipients

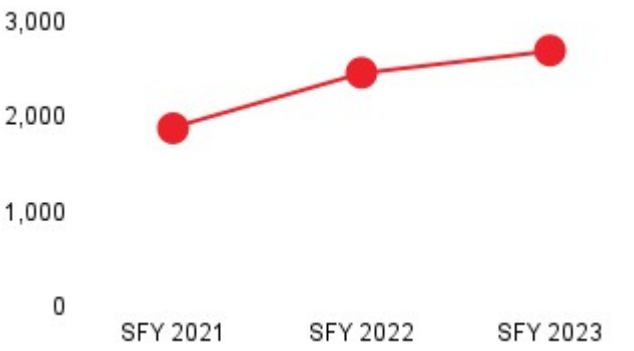


Table 38. Physician and Other Practitioner Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$55,798,175	$50,659,864	$47,547,833	$51,893,375	$53,685,510	$61,079,253	10%
Recipients	62,674	58,644	55,463	54,573	58,335	65,395	4%
Expenditures per Recipient	$890	$864	$857	$951	$920	$934	5%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$758,176	$1,427,736	$1,463,713	93%
Recipients	--	--	--	1,883	2,470	2,706	44%
Expenditures per Recipient	--	--	--	$403	$578	$541	34%

Other Practitioners Include:

- Physical Therapists
- Occupational Therapists
- Speech-Language Pathologists
- Podiatrists
- Nurse Practitioners
- Nurse Midwives
- Nurse Anesthetists
- Audiologists

Resource-based Relative Value Scale

Used to reimburse medical services provided by physicians, physician assistants, physical and occupational therapists, ophthalmologists, and nurse practitioners. Based on estimates of the costs of resources required to provide physician services using a relative value unit (RVU) and conversion factor.

RVU x Conversion Factor = fee schedule rate

RVU reflects the resources used by a physician to deliver a service, compared to resources used for other physicians' services, taking into consideration the time and intensity of the physician's effort, and the physician's practice and malpractice expenses. Services provided by anesthesiologists are reimbursed using RVUs developed and published by the American Society of Anesthesiologists.

PRESCRIPTION DRUGS

Medicaid covers most prescription drugs and specific over-the-counter drugs. A prescription and co-payment are required for all drugs for most individuals. Exceptions may apply for specific products or conditions.

EXPENDITURES

MEDICAID

$95,795,416

16.4% increase from SFY 2022

14.8% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

46,184

9.8% increase from SFY 2022

58.4% of Total Medicaid Recipients

CHIP

$2,332,868

9.3% increase from SFY 2022

23.5% of Total CHIP Expenditures

CHIP

2,058

9.2% increase from SFY 2022

57.6% of Total CHIP Recipients

Table 39. Prescription Drug Utilization History [21]

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$57,642,641	$61,612,808	$60,473,215	$66,453,925	$82,303,272	$95,795,416	66%
Recipients	42,667	40,798	36,991	34,290	42,053	46,184	8%
Expenditures per Recipient	$1,351	$1,510	$1,635	$1,938	$1,957	$2,074	54%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$1,416,890	$2,134,770	$2,332,868	65%
Recipients	--	--	--	1,244	1,884	2,058	65%
Expenditures per Recipient	--	--	--	$1,139	$1,133	$1,134	-0.5%

133

specific drug classes designated as preferred drugs in SFY 2023

Drug Utilization Review (DUR) program ensures individuals receive appropriate, medically necessary medications. More information is available in the Subprograms section of this report.

Table 40. Pharmacy Cost Avoidance - SFY 2023

Program Area	Cost Avoidance
Prior Authorization (PA) Preferred Drug List (PDL)	$13,506.785
State Maximum Allowable Cost (SMAC)	$1,577,631
Program Integrity Cost Avoidance	$1,451,583
Total	**$16,535,999**

Table 41. Prescription Drug Rebates History

	Rebate (millions)
SFY 2013	$19.4
SFY 2014	$21.4
SFY 2015	$20.1
SFY 2016	$31.4
SFY 2017	$27.7
SFY 2018	$30.4
SFY 2019	$29.3
SFY 2020	$27.2
SFY 2021	$33.5
SFY 2022	$38.6
SFY 2023	$43.3

DRUG REBATE PROGRAM

Created by the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990). Requires drug manufacturers have national rebate agreement with HHS Secretary. For a prescription drug to be covered, Medicaid must receive an OBRA rebate for it. This federal mandate provides Medicaid the opportunity to receive greatly discounted products, similar to those offered to large purchases in the marketplace.

Medicaid is a member of the Sovereign States Drug Consortium (SSDC), a collaborative of state Medicaid programs that negotiate and acquire rebates from drug manufacturers, supplemental to the Medicaid Drug Rebate Program. Supplemental rebates augment the Medicaid Drug Rebate Program savings that the SSDC states realize because of OBRA.

$5.4 MILLION

collected in J-Code rebates[22] from drug man manufacturers for physician-administered or injectable drugs

21. Data includes expenditures for pharmacies only and does not take into account rebate amounts.
22. J code rebates are mandated by the Deficit Reducation Act of 2005..

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Medicaid covers psychiatric residential treatment for individuals under the age of 21 at a Psychiatric Residential Treatment Facility (PRTF), a stand-alone entity providing a range of comprehensive services to treat the psychiatric conditions of residents under the direction of a physician, with a goal of improving the resident's condition, or preventing further regression so services will no longer be needed.

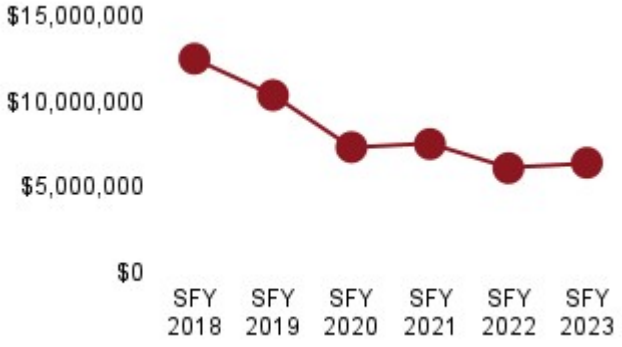
EXPENDITURES

MEDICAID

$6,415,045

5.1% increase from SFY 2022

1.0% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

191

27.3% increase from SFY 2022

0.2% of Total Medicaid Recipients

Table 42. PRTF Utilization History [23]

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$12,537,788	$10,391,372	$7,334,441	$7,517,488	$6,101,319	$6,415,045	-49%
Recipients	298	309	221	202	150	191	-36%
Expenditures per Recipient	$42,073	$33,629	$33,188	$37,215	$40,675	$33,587	-20%

23. State General Funds (SGF) are only used after a clinical review and determination that the PRTF placement no longer meets medical necessity. A transition period of up to thirty (30) days may be authorized permitting time for the necessary court hearings, multidisciplinary team meetings, and court orders to be updated. Upon expiration of an approved transition, no further reimbursement shall be authorized.

PUBLIC HEALTH OR WELFARE

Physician and mid-level practitioner services are provided in a clinic designated by the Department of Health as a public health clinic. These services must be provided directly by a physician or a public health nurse under a physician's immediate supervision, such as when the physician has seen the client and ordered the service.

EXPENDITURES

MEDICAID

$223,353

37.4% decrease from SFY 2022

0.03% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

3,069

29.9% decrease from SFY 2022

3.9% of Total Medicaid Recipients

CHIP

$8,438

12.3% decrease from SFY 2022

0.08% of Total CHIP Expenditures

CHIP

150

23.1% decrease from SFY 2022

4.2% of Total CHIP Recipients

Table 43. Public Health or Welfare Utilization History

Medicaid							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**5 Year % Change**
Expenditures	$881,419	$917,659	$898,521	$694,880	$356,804	$223,353	-75%
Recipients	8,074	7,594	7,490	6,245	4,381	3,069	-62%
Expenditures per Recipient	$109	$121	$120	$111	$81	$73	-33%
CHIP							
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**	**2 Year % Change**
Expenditures	--	--	--	$3,321	$9,622	$8,438	154%
Recipients	--	--	--	109	195	150	38%
Expenditures per Recipient	--	--	--	$30	$49	$56	85%

PUBLIC HEALTH, FEDERAL

These services are provided to the American Indian/Alaskan Native population by Tribal Contract Health Centers and Indian Health Centers. Tribal Contract Health Centers are outpatient health care programs and facilities owned or operated by the Tribes or Tribal organizations. The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing comprehensive primary care and related services to the American Indian/Alaska Native Population. Services provided by these facilities are claimed by the state at 100% Federal Financial Participation (FFP).

EXPENDITURES

MEDICAID

$23,240,721

9.4% increase from SFY 2022

3.6% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

4,406

0.6% decrease from SFY 2022

5.6% of Total Medicaid Recipients

CHIP

$774,665

14.4% increase from SFY 2022

7.8% of Total CHIP Expenditures

CHIP

159

5.4% decrease from SFY 2022

4.4% of Total CHIP Recipients

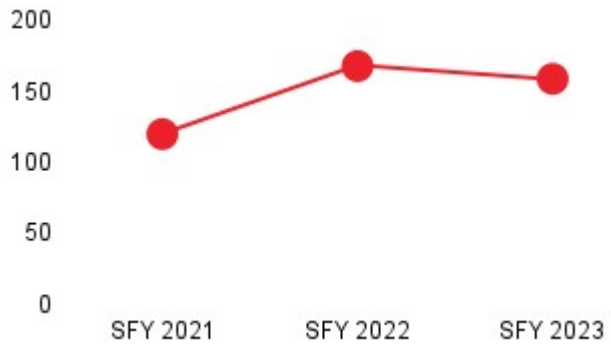


Table 44. Public Health, Federal Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$19,625,445	$12,488,676	$11,864,895	$17,453,190	$21,248,347	$23,240,721	18%
Recipients	4,138	4,135	3,696	3,934	4,432	4,406	7%
Expenditures per Recipient	$4,743	$3,020	$3,210	$4,436	$4,794	$5,275	11%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$290,885	$677,280	$774,665	166%
Recipients	--	--	--	120	168	159	33%
Expenditures per Recipient	--	--	--	$2,424	$4,031	$4,872	101%

RURAL HEALTH CLINIC

Primary care services are provided at a Rural Health Clinic, as designated by Medicare if it is located in a “shortage area”, a geographic area designated by the HHS as having a shortage of personal health services or primary medical care professionals. Medicaid covers services provided by a physician, nurse practitioner, certified nurse midwife, clinical psychologist, certified social worker, dentist, orthodontist, and physician assistant, as well as services and supplies incident to a physician’s service.

EXPENDITURES

MEDICAID

$3,325,195

5.1% decrease from SFY 2022

0.5% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

7,821

8.1% increase from SFY 2022

9.9% of Total Medicaid Recipients

CHIP

$124,143

12.6% decrease from SFY 2022

1.2% of Total CHIP Expenditures

CHIP

352

5.4% increase from SFY 2022

9.8% of Total CHIP Recipients

Table 45. Rural Health Clinic Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$1,894,505	$2,283,377	$2,377,607	$2,708,379	$3,505,158	$3,325,195	76%
Recipients	5,541	6,113	5,560	5,967	7,232	7,821	41%
Expenditures per Recipient	$342	$374	$428	$454	$485	$425	24%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$67,654	$142,110	$124,143	84%
Recipients	--	--	--	183	334	352	92%
Expenditures per Recipient	--	--	--	$370	$425	$353	-5%

VISION

Medicaid covers vision services provided by opticians, optometrists, and ophthalmologists, with services dependent on recipient age. Children receive services to correct and maintain healthy vision, including eyeglasses (frames, frame parts, and lenses) and vision therapy based on diagnosis codes. Adults may receive services to treat an eye injury or eye disease. Vision services provided by ophthalmologists are included in the Physician and Other Practitioners section of this report.

EXPENDITURES

MEDICAID

$3,633,567

6.8% increase from SFY 2022

0.6% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

15,975

7.3% increase from SFY 2022

20.2% of Total Medicaid Recipients

CHIP

$247,808

4.8% increase from SFY 2022

2.5% of Total CHIP Expenditures

CHIP

965

5.1% increase from SFY 2022

27.0% of Total CHIP Recipients

Table 46. Vision Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$3,712,855	$3,466,069	$2,977,070	$3,526,355	$3,402,928	$3,633,567	-2%
Recipients	15,821	14,790	12,680	15,016	14,895	15,975	1%
Expenditures per Recipient	$235	$234	$235	$235	$228	$227	-3%
CHIP							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	2 Year % Change
Expenditures	--	--	--	$200,405	$236,502	$247,808	24%
Recipients	--	--	--	748	918	965	29%
Expenditures per Recipient	--	--	--	$268	$258	$257	-4%

WAIVERS - COMMUNITY CHOICES

This waiver provides in-home services and assisted living services to Medicaid enrollees 19 years of age and older who are aged, blind, or disabled and require services equivalent to nursing home level of care. This waiver was formerly the Long-Term Care waiver.

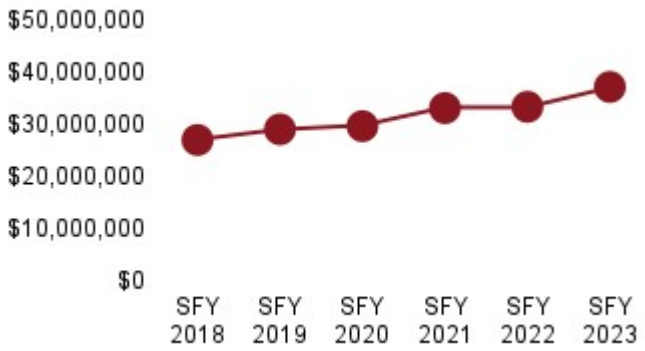
EXPENDITURES

MEDICAID

$37,240,095

11.5% increase from SFY 2022

5.8% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

2,959

0.5% increase from SFY 2022

3.7% of Total Medicaid Recipients

Table 47. Community Choices Waiver Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$26,994,541	$29,049,920	$29,665,602	$33,153,023	$33,400,970	$37,240,095	38%
Recipients	2,623	2,832	2,875	2,958	2,943	2,959	13%
Expenditures per Recipient	$10,291	$10,258	$10,318	$11,208	$11,349	$12,585	22%

WAIVERS - COMPREHENSIVE

This Medicaid waiver, started in SFY 2014, funds services for individuals with intellectual or developmental disability based on assessed need, as measured by the standardized Inventory for Client and Agency Planning (ICAP) tool.

EXPENDITURES

MEDICAID

$117,851,552

8.7% increase from SFY 2022

18.2% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

1,840

1.4% decrease from SFY 2022

2.3% of Total Medicaid Recipients

Table 48. Comprehensive Waiver Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$94,568,471	$112,673,503	$113,532,461	$114,273,065	$108,465,328	$117,851,552	25%
Recipients	1,962	1,959	1,932	1,892	1,866	1,840	-6%
Expenditures per Recipient	$48,200	$57,516	$58,764	$60,398	$58,127	$64,050	33%

WAIVERS - SUPPORTS

This Medicaid waiver, started in SFY 2014, provides more flexible, although capped, funding for supportive services for individuals with intellectual or developmental disability.

EXPENDITURES

MEDICAID

$10,029,693

22.3% increase from SFY 2022

1.6% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID

809

11.6% increase from SFY 2022

1.0% of Total Medicaid Recipients

Table 49. Supports Waiver Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$5,795,651	$6,432,694	$6,882,850	$8,056,846	$8,200,858	$10,029,693	73%
Recipients	565	568	644	674	725	809	43%
Expenditures per Recipient	$10,258	$11,325	$10,688	$11,954	$11,312	$12,398	21%

WAIVERS - PREGNANT BY CHOICE

Medicaid provides pregnancy planning services through this Section 1115 waiver with the goal of reducing the incidence of closely spaced pregnancies and decreasing the number of unintended pregnancies in order to reduce health risks to women and children and achieve cost savings. These services are available to women who have received Medicaid benefits under the Pregnant Women eligibility program and would otherwise lose Medicaid eligibility 60 days postpartum.

EXPENDITURES

MEDICAID[24]

$1,697

14.6% decrease from SFY 2022

0.0003% of Total Medicaid Expenditures

RECIPIENTS

MEDICAID[25]

< 10

25.0% increase from SFY 2022

0.01% of Total Medicaid Recipients

< 10 Medicaid Recipients

Table 50. Pregnancy by Choices Utilization History

Medicaid							
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Expenditures	$3,399	$888	$1,428	$0	$1,988	$1,697	-50%
Recipients	15	< 10	< 10	< 10	< 10	<10	-67%

24. Pregnant by Choice waiver services are included in the individual service sections in this report and are thus excluded from the service overview tables earlier in the report.
25. Values less than 10 are not shown in order to protect the privacy of recipients.

SUBPROGRAMS

DRUG UTILIZATION REVIEW

The Drug Utilization Review (DUR) program reviews the utilization of outpatient prescription drugs to ensure individuals are receiving appropriate, medically necessary medications which are not likely to result in adverse effects. The program was established in 1992 in response to requirements outlined in OBRA 90 and defined in the Code of Federal Regulations (42 CFR 456 Subpart K). Medicaid has contracted with the University of Wyoming to administer the program, which includes a number of activities, as described below.

Pharmacy & Therapeutics Committee

Six physicians, five pharmacists, and one allied health professional along with the Medicaid Medical Director, Pharmacy Program Manager, Pharmacist Consultant, and a drug information specialist from the University of Wyoming School of Pharmacy. Meets quarterly to provide recommendations regarding prospective drug utilization review, retrospective drug utilization review, and education activities to Medicaid.

Prospective DUR

Required review of prescription claims for appropriateness prior to dispensing at the pharmacy. This review takes prior authorization policies into consideration when identifying potential issues, including, but not limited to, therapeutic duplication, drug-disease contraindications, drug-drug interactions, and potential adverse effects.

Retrospective DUR

Ongoing review of aggregate claims data to uncover trends and review individual patient profiles to aid in monitoring for therapeutic appropriateness, over-and under-utilization, therapeutic duplication, drug-disease contraindications, drug-drug interactions, and other issues. This can lead to recommendations for prospective DUR policy, including prior authorizations, to encourage appropriate utilization at the program level. Reviewing individual patient profiles may result in educational letters to the prescriber when the reviewing Committee members determine the issue to be clinically significant to a specific patient.

Input from Medical Committee

Actively solicits feedback about prior authorization policies from prescribers in Wyoming through direct mailings. Letters are sent to all specialists in affected areas, as well as a random sample of fifty general practitioners. The P&T Committee reviews all comments that are received prior to giving final approval of the policy. This allows providers an opportunity to participate in the decision-making process. Providers are encouraged to submit comments and concerns to the committee for review through public comment forms available on the DUR website. Providers may use this method to comment on both existing and new policy.

Education

Quarterly newsletters are sent to all Wyoming providers. Targeted education letters regarding duplicate benzodiazepine utilization, long and short-acting opiate utilization, and high-dose opiate utilization are also sent.

Review Clinical Evidence

The P&T Committee reviews evidence regarding the comparative safety and efficacy of medications, making recommendations to Medicaid for each reviewed class and providing input on clinical considerations included in the creation of the Medicaid Preferred Drug List (PDL).

WYOMING FRONTIER INFORMATION (WYFI) HEALTH EXCHANGE

The WYFI Health Information Exchange (HIE) system enables and supports Medicaid providers in promoting a healthier Wyoming by developing a secure, connected, and coordinated statewide health IT system that supports effective and efficient healthcare. For additional information refer to the WYFI HealthStat documentation.

Table 51. WYFI Health Exchange Outcomes Summary

WYFI Outcomes							
		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Facilities	Data Contributing	⬆	54	92	189	217	227
	View Only		15	100	157	165	123
WYFI Users	Unique Providers	⬆	27	386	3,556	3,551	3,486
	Total Users		170	939	5,446	5,552	5,555
Covered Lives in the HIE	WY Covered Lives	⬆	N/A[26]	210,576	357,359	452,915	556,602
	All Covered Lives		N/A*[27]	311,198	402,304	550,651	678,739
	Medicaid Covered Lives		N/A*	N/A*	34,171	43,145	62,013
# of Patient Encounters in the HIE		⬆	N/A**[28]	2,485,938	3,668,561	5,525,435	7,927,907
Notify Users - ADTs (Alert, Discharge, Transfer Notifications)		⬆	0	8	62	63	69

26. N/A Reporting tool was not available until SFY 2019.
27. N/A* Indicates no data since the program did not start until late SFY 2018.
28. N/A** indicates this data was not tracked prior to SFY 2019.

ADMINISTRATIVE TRANSPORTATION

Medicaid covers the cost of transportation to and from medical appointments if the appointment is medically necessary, it is approved by WDH at least 3 business days in advance, and the least costly mode of transportation is selected. Retrospective transportation reimbursement is allowed if the request is made within 30 days of travel and all required documentation is provided. Per diem expenses are reimbursable to family/legal guardian for recipients under age 21 for expanded services. This covers meals and commercial lodging at $25/day for inpatient and $50/day for outpatient.

Table 52. Administrative Transportation Utilization History

Medicaid						
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Expenditures	$130,495	$191,305	$158,432	$133,191	$156,368	$173,718
Recipients	359	410	412	297	190	278
Expenditures per Recipient	$363	$467	$385	$448	$823	$625
CHIP						
Claim Paid Date SFY	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Expenditures	--	--	--	$135	$1,260	$4,500
Recipients	--	--	--	< 10	< 10	12

PATIENT-CENTERED MEDICAL HOME

The PCMH program promotes high-value care using a value-based purchasing model in which health care is coordinated through a primary care physician/practitioner, with a focus on quality and safety. Participating providers are paid a per member per month rate based on their patient volume.

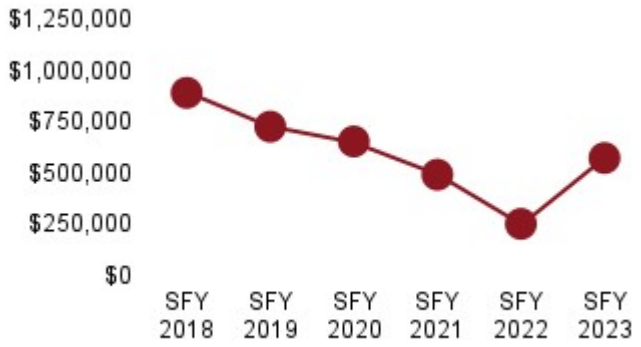
EXPENDITURES

MEDICAID

$573,078

128.7% increase from SFY 2022

0.1% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

12,400

27.4% increase from SFY 2022

15.7% of Total Medicaid Recipients

CHIP

$19,356

112.9% increase from SFY 2022

0.2% of Total CHIP Expenditures

CHIP

445

48.3% increase from SFY 2022

12.4% of Total CHIP Recipients

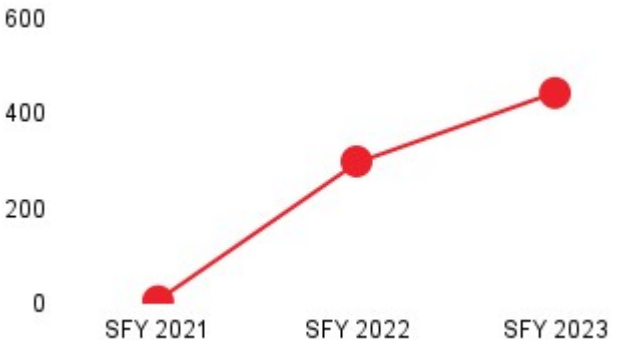


Table 53. Patient-Centered Home Utilization History

Medicaid						
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**
Expenditures	$892,319	$726,704	$654,155	$491,342	$250,610	$573,078
Recipients	19,293	18,248	15,542	11,147	9,731	12,400
Expenditures per Recipient	$46	$40	$42	$44	$26	$46
CHIP						
Claim Paid Date SFY	**SFY 2018**	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**
Expenditures	--	--	--	$33	$9,090	$19,356
Recipients	--	--	--	< 10	300	445
Expenditures per Recipient	--	--	--	< 10 Recipients	$30	$43

HEALTH CHECK

This program provides the following services for children under the age of 21 under the authority of Early Periodic Screening Detection and Treatment (EPSDT). Medicaid reimburses all Health Check screening exams and authorized follow-up care and treatment as long as the child is enrolled in Medicaid.

- Physical exams
- Immunizations
- Lab tests
- Growth/development check
- Nutrition check
- Vision/Hearing/Dental screenings

- Behavioral health assessment
- Health information
- Teen health education
- Transportation (ambulance & administrative)
- Other healthcare prescribed by a physician and approved by Medicaid

SPECIAL POPULATIONS

MEDICAID/MEDICARE DUAL ENROLLED

Individuals with Medicare coverage may also be eligible for Medicaid services, dependent on income. These individuals are referred to as dual enrolled. For these members, Medicare pays first for services covered by both programs, while Medicaid covers additional payments through crossover claims. Non-Medicare-covered services are entirely funded by Medicaid, up to Wyoming's payment limit. This section includes information on both crossover claims services and those services funded entirely by Medicaid. Premium assistance for QMB, SLMB, and QI enrollees is excluded, as these are considered administrative costs.

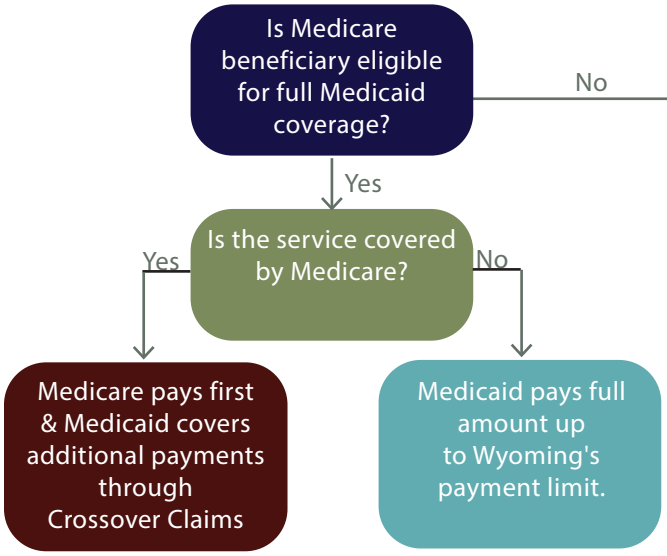


Figure 32. Dual Enrolled Claims Coverage Process

For Medicare beneficiaries who do not qualify for full Medicaid coverage, there are three programs available, as described below:

Qualified Medicare Beneficiaries (QMB)

Provides assistance with Medicare premiums, deductibles, and coinsurance. For individuals with:

- Resources not exceeding 3 times the SSI resource limit adjusted annually by the increase in the consumer price index
- Income less than or equal to 100% FPL

Specified Low-Income Medicare Beneficiaries (SLMB)

Provides assistance with Medicare Part B premiums. For individuals with:

- Resources not exceeding 3 times the SSI resource limit adjusted annually by the increase in the consumer price index
- Income between 100% and 120% FPL

Qualified Individuals (QI)

Provides assistance with Medicare Part B premiums. For individuals with:

- Resources not exceeding 3 times the SSI resource limit adjusted annually by the increase in the consumer price index
- Income between 121% and 135% FPL

Premiums for these individuals are paid with 100% federal funds

Table 54. Medicaid/Medicare Dual Enrollment Summary

Medicaid/Medicare Dual Enrollment	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
Dual Enrolled Members	13,134	13,294	13,122	12,986	13,751	13,884	6%
Expenditures	$210,224,425	$209,430,025	$221,115,931	$215,140,771	$202,706,496	$218,285,460	4%
Recipients (unduplicated)	11,271	11,447	11,879	11,066	10,888	11,753	4%
Expenditures per Recipient	$18,652	$18,296	$18,614	$19,442	$18,617	$ 18,573	-0.4%
Crossover Claims Expenditures	$7,751,187	$8,008,235	$7,996,566	$7,457,024	$8,025,391	$9,970,826	29%
Crossover Claims Expenditures as Percent of Total Dual Expenditures	3.69	3.82	3.62	3.47	3.96	4.57	24%

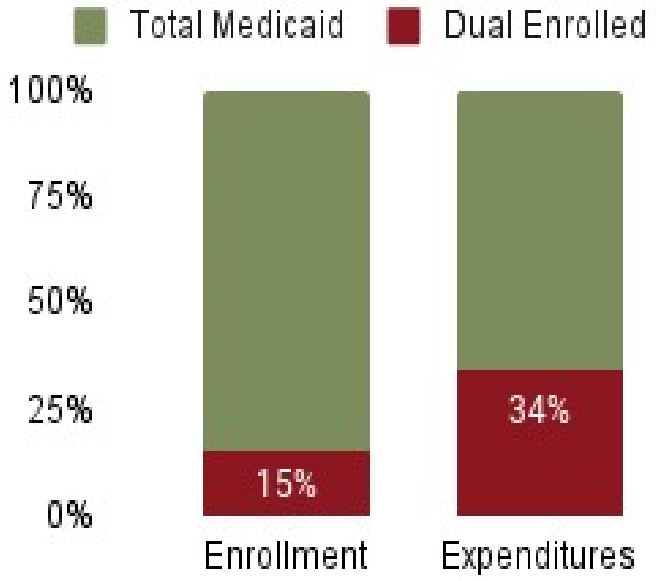


Figure 33. Dual Enrolled as Percent of Total Medicaid in SFY 2023

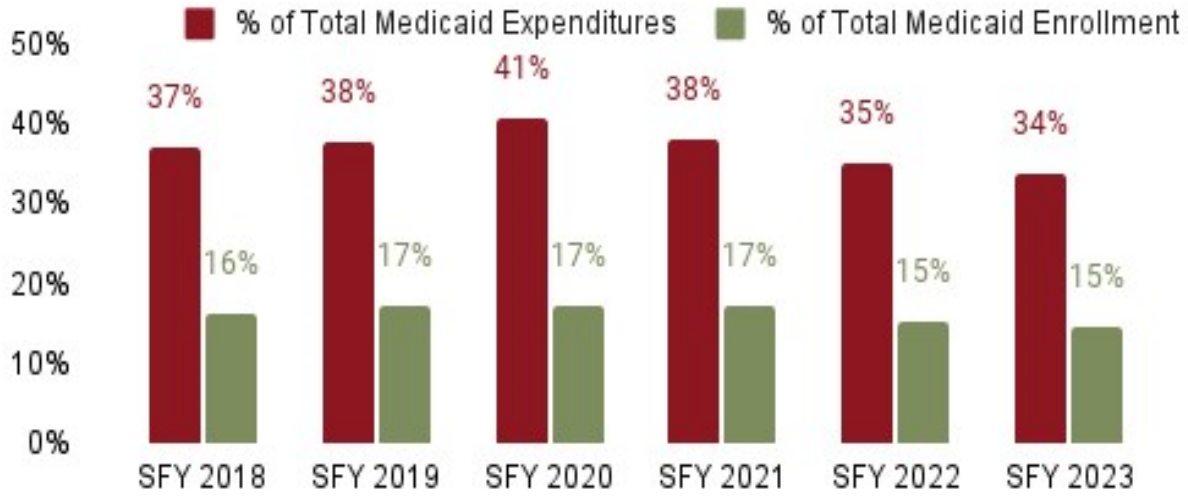


Figure 34. History of Dual Enrollment and Expenditures as Percent of Total Medicaid

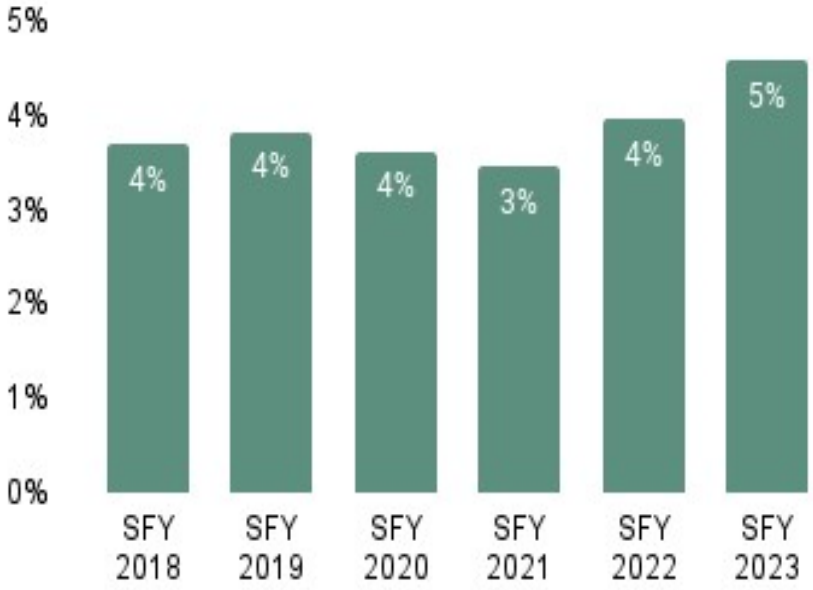


Figure 35. History of Crossover Expenditures as Percent of Total Dual Expenditures

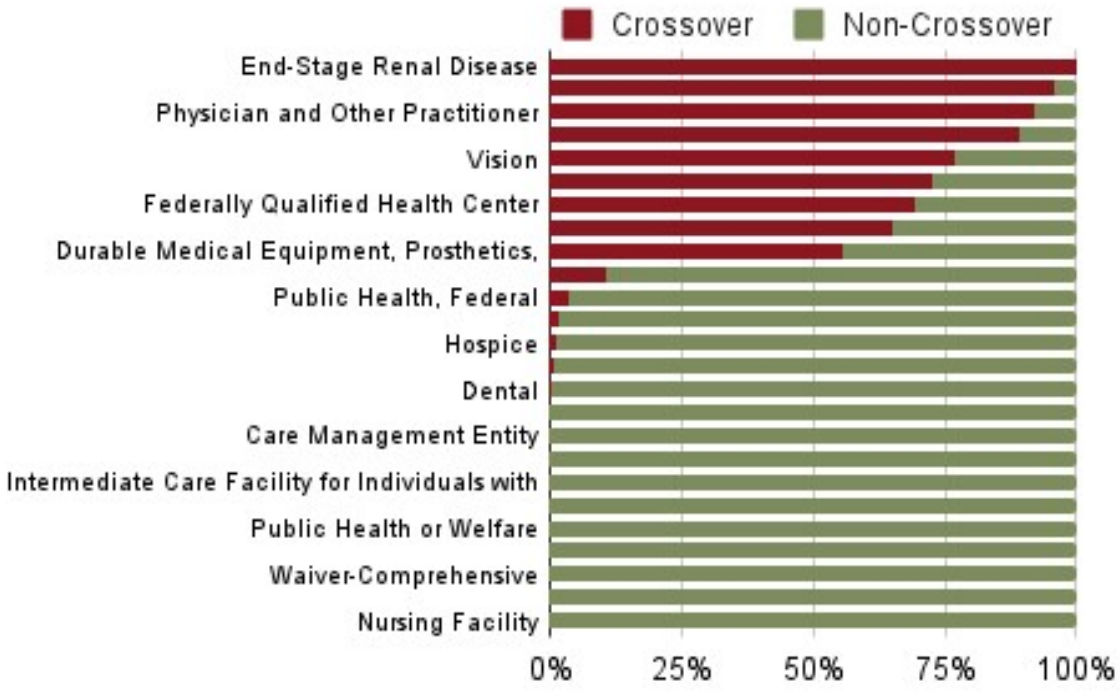


Figure 36. Crossover Expenditures as Percent of Dual Expenditures by Service Area for SFY 2023

Table 55. Dual Enrolled Member Service Utilization History[29]

Service Area	Total Dual Enrolled			Crossovers		
	Expenditures	Recipients[30]	Expenditures per Recipient	Expenditures	Recipients	Expenditures per Recipient
Ambulance	$13,416	1,811	$7	-$30,755	1,775	-$17
Ambulatory Surgery Center	$199,975	929	$215	$191,222	907	$211
Behavioral Health	$1,623,579	2,497	$650	$174,058	1,359	$128
Care Management Entity	$14,604	< 10[31]	$7,302	--	--	--
Dental	$476,399	1,825	$261	$66	< 10	$66
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	$3,044,296	4,582	$664	$1,689,099	3,567	$474
End-Stage Renal Disease	$296,935	129	$2,302	$330,357	122	$2,708
Federally Qualified Health Center	$361,741	1,571	$230	$251,251	1,380	$182
Home Health	-$21,265	142	-$150	-$56,553	131	-$432
Hospice	$745,580	264	$2,824	$10,306	111	$93
Hospital Total	$3,931,098	10,980	$358	$3,510,263	8,540	$411
Intermediate Care Facility for Individuals with Intellectual Disabilities	$13,382,504	38	$352,171	--	--	--
Laboratory	$22,966	1,581	$15	$14,123	1,554	$9
Nursing Facility	$72,750,562	3,113	$23,370	$177,267	976	$182
Other	$4,120,043	864	$4,769	$14,060	234	$60
Physician and Other Practitioner	$4,069,706	10,802	$377	$3,194,913	8,811	$363
Prescription Drug	$1,433,607	1,901	$754	$16,918	313	$54
Psychiatric Residential Treatment Facility	$69,503	< 10	$69,503	--	--	--
Public Health or Welfare	$2,931	552	$5	$0	461	$0
Public Health, Federal	$311,428	267	$1,166	$11,319	163	$69
Rural Health Clinic	$49,459	1,261	$39	$35,892	1,240	$29
Vision	$87,552	1,818	$48	$67,371	1,632	$41
Waiver-Community Choices	$28,353,847	2,540	$11,163	--	--	--
Waiver-Comprehensive	$79,594,547	1,160	$68,616	--	--	--
Waiver-Supports	$3,350,447	239	$14,019	--	--	--
Totals	**$218,285,460**	**11,753**	**$18,573**	**$9,970,826**	**10,918**	**$913**

29. Claims data for dual-enrolled members was included in the service area detail provided earlier in this report.
30. This table displays a unique count of recipients for each service area, as well as the total unique count of all dual enrolled recipients. Summing the recipients for each year across all service areas will not equal the total recipients shown as recipients often receive multiple services through the SFY.
31. Values less than 10 are not shown in order to protect the privacy of recipients.

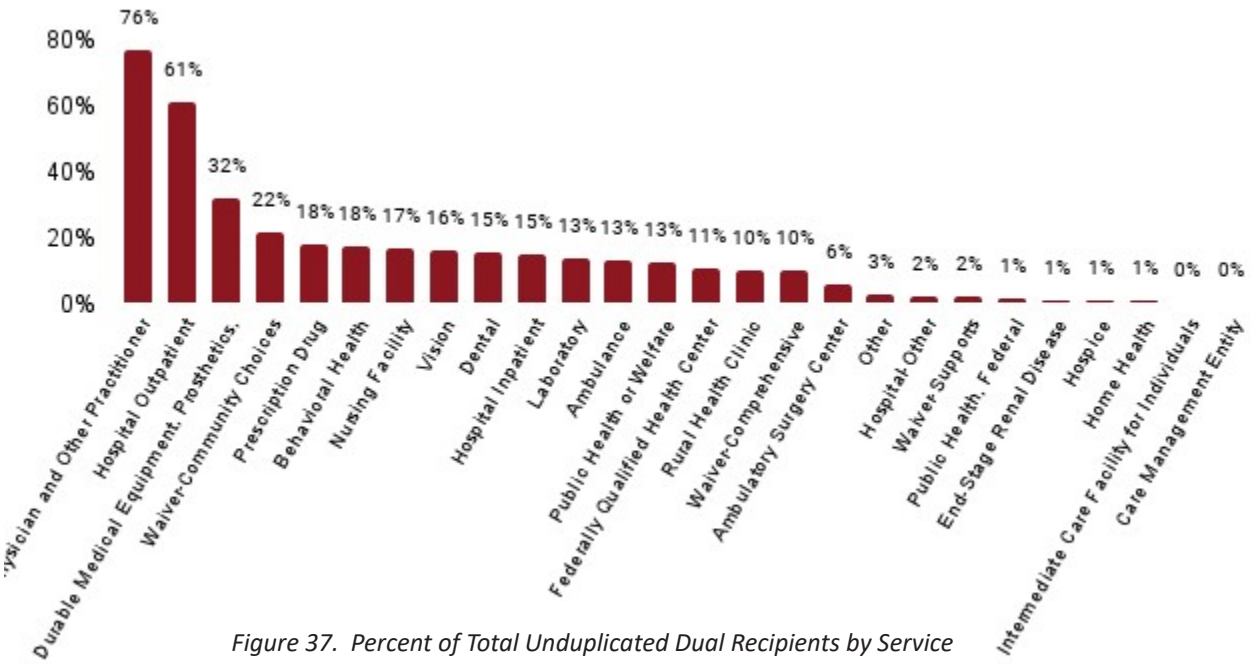


Figure 37. Percent of Total Unduplicated Dual Recipients by Service

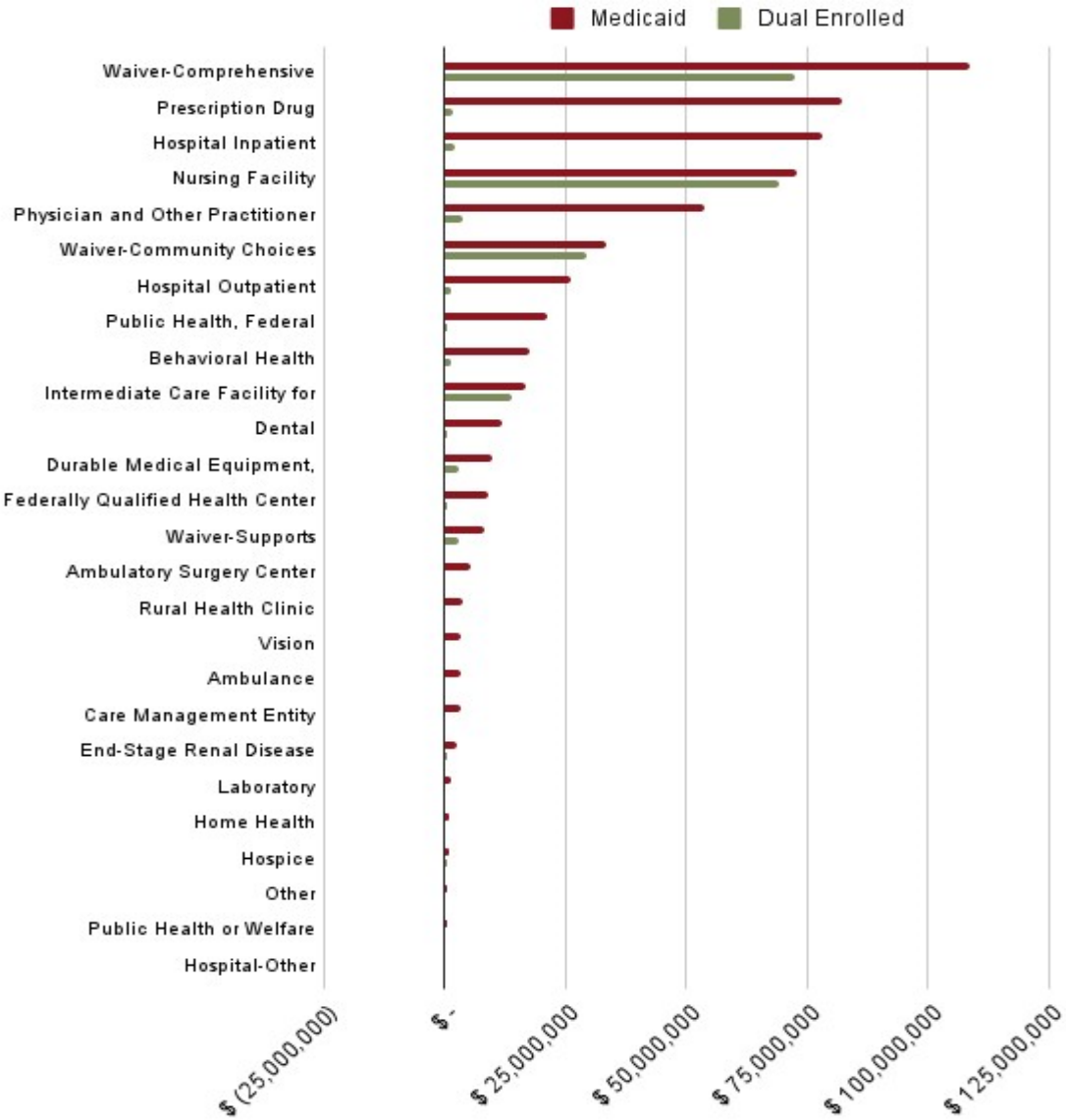


Figure 38. Dual Expenditures as Percent of Total Medicaid Expenditures by Service

FOSTER CARE

The foster care program is administered through the Department of Family Services (DFS), providing for a child until a more permanent plan for the child's well-being can be implemented. Medical coverage under foster care is intended to provide for the medical needs of the children while in DFS custody. Two types of medical coverage are available:

Medicaid Foster Care
For children eligible for Medicaid. Foster children covered under Title IV-E of the Social Security Act and some children receiving federally reimbursed adoption subsidies must be covered by Medicaid. Wyoming also uses existing Medicaid eligibility groups to extend coverage to non-Title IV-E eligible foster children and adopted children supported by state-funded subsidies.

State Foster Care
For children ineligible for Medicaid. Includes children who do not meet income or citizenship requirements or are institutionalized.

238 children enrolled

$1,022,954 in claims expenditures

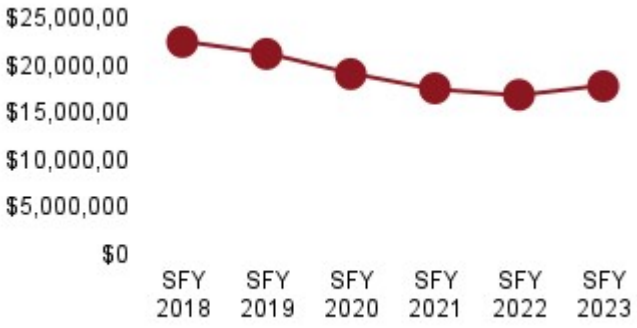
EXPENDITURES

MEDICAID

$18,848,988

5.7% increase from SFY 2022

2.9% of Total Medicaid Expenditures



RECIPIENTS

MEDICAID

3,672

7.5% increase from SFY 2022

4.6% of Total Medicaid Recipients

Table 56. Foster Care Summary[32]

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
Medicaid Foster Cares							
Enrolled Members	4,159	3,995	3,881	3,516	3,738	3,809	-8%
Expenditures	$22,534,237	$21,259,813	$19,115,700	$17,599,763	$16,902,823	$17,826,034	-21%
Recipients	3,946	3,802	3,621	3,197	3,210	3,432	-13%
Expenditures per Recipient	$5,711	$5,592	$5,279	$5,505	$5,266	$5,194	-9%
State-Only Foster Care							
Enrolled Members	318	286	251	323	422	238	-25%
Expenditures	$1,787,501	$1,736,824	$1,214,600	$944,427	$922,914	$1,022,954	-43%
Recipients	324	322	256	205	205	240	-26%
Expenditures per Recipient	$5,517	$5,394	$4,745	$4,607	$4,502	$4,262	-23%

32. As claims data shown is based on paid date, not service date, the number of recipients may exceed the count of enrolled members as individuals may have claims paid up to one year after services are rendered, at which time they may no longer be enrolled in the program.

Table 57. Foster Care Summary by Services - Medicaid vs. State-Only[33]

Service Area	Medicaid Foster Care			State-Only Foster Care		
	Expenditures	Recipients	Expenditures per Recipient	Expenditures	Recipients	Expenditures per Recipient
Ambulance	$266,639	156	$1,709	$28,812	14	$2,058
Ambulatory Surgery Center	$243,592	158	$1,542	$10,820	< 10[34]	$2,705
Behavioral Health	$2,609,415	1,377	$1,895	$382,540	182	$2,102
Care Management Entity	--	--	--	--	--	--
Clinic/Center	$100,006	124	$807	--	--	--
Dental	$765,453	1,734	$441	$52,258	110	$475
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	$304,575	211	$1,443	$797	< 10	$133
Federally Qualified Health Center	$377,098	331	$1,139	$6,765	12	$564
Home Health	$4,202	< 10	$1,401	--	--	--
Hospital Total	$3,922,472	1,943	$2,019	$120,758	140	$863
Hospital Inpatient	$3,015,766	212	$14,225	$45,439	14	$3,246
Hospital Outpatient	$906,706	1,731	$524	$75,319	126	$598
Hospital Other	$1,068	10	$107	--	--	--
Laboratory	$42,526	205	$207	$3,014	< 10	$335
Other	$39,371	171	$230	$2,404	21	$114
Physician and Other Practitioner	$1,926,465	2,668	$722	$89,716	145	$619
Prescription Drug	$3,017,515	2,100	$1,437	$131,612	153	$860
Psychiatric Residential Treatment Facility	$2,591,732	79	$32,807	$139,419	10	$13,942
Public Health or Welfare	$8,878	141	$63	$1,160	36	$32
Public Health, Federal	$1,185,823	251	$4,724	$29,448	< 10	$3,272
Rural Health Clinic	$159,216	368	$433	$2,885	13	$222
Vision	$259,987	1,092	$238	$20,545	77	$267
Totals	**$17,826,034**	**3,432**	**$5,194**	**$1,022,954**	**240**	**$4,262**

33. As claims data shown is based on paid date, not service date, the number of recipients may exceed the count of enrolled members as individuals may have claims paid up to one year after services are rendered, at which time they may no longer be enrolled in the program.
34. Values less than 10 are not shown in order to protect the privacy of recipients.

APPENDICES

APPENDIX A: SUPPLEMENTAL TABLES

SERVICES

Table 58. Behavioral Health Services by Provider Type

Provider	Services Provided
Behavioral Health Providers	
Mental health and substance abuse treatment professionals through Community Mental Health Centers (CMHCs) and Substance Abuse Treatment Centers (SACs)	Mental health assessments Individual group therapy Rehabilitation services Peer specialists services Targeted case management
Physicians, including psychiatrists, or other behavioral health practitioners who work under a physician, including: - Physician Assistants	Medically necessary psychiatric services
Advanced practice mental health nurse practitioners Independently practicing clinical psychologists Masters level counselors (e.g. Licensed Addictions Therapists (LATs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs), or Licensed Clinical Social Workers (LCSWs))	Behavioral health services
Non-Behavioral Health Providers	
Psychiatric Residential Treatment Facility	Psychiatric residential treatment for individuals under age 21
Wyoming State Hospital	Admits patients considered to be a danger to themselves or others pursuant to Wyoming Statue on involuntary hospitalization Patients who are psychiatrically and medically fragile Persons whom the legal system placed in the hospital after classifying them as not competent to stand trial or who were found guilty of committing crimes due to mental illness
Stand-alone Inpatient Psychiatric Hospital	Behavioral health services

Table 59. Waiver Services by Waiver

Waiver Service	Comprehensive	Supports	Community Choices	Children's Mental Health
Case Management	X	X	X	X
Functional assessments	X	X	X	X
Respite	X	X	X	X
Personal care	X	X	X	
Skilled nursing	X	X	X	
Dietitian	X	X	X[35]	
Homemaker	X	X	X	
Special family habilitation home	X			
Day habilitation	X	X		
Child habilitation	X	X		
Residential habilitation training	X	X		
Specialized equipment	X	X		
Environmental modifications	X	X		
Supported living	X	X		
Community integrated employment	X	X		
Employment supports	X	X		
Companion	X	X		
Occupational, physical, and Speech therapies	X	X		
Cognitive retraining				
Self-directed / Consumer-directed available	X	X	X	
High Fidelity Wraparound				X
Family and Youth Peer Support Services				X

BIRTHS

Table 60. Wyoming and Medicaid Birth[36]

Calendar Year	Wyoming Births[64]	Medicaid Births	Medicaid % of Total
2008	8,015	3,353	42%
2009	7,841	3,401	43%
2010	7,541	3,395	45%
2011	7,339	3,166	43%
2012	7,576	3,071	41%
2013	7,617	3,026	40%
2014	7,693	2,857	37%
2015	7,715	2,784	36%
2016	7,384	2,696	37%
2017	6,904	2,448	35%
2018	6,549	2,232	34%
2019	6,566	2,152	33%
2020	6,133	2,001	33%
2021	6,235	1,906	31%
2022	6,063	1,774	29%

35. Service available for Assisted Living recipients only
36. Provisional statistics for statewide births were supplied by Vital Records.

COUNTY DATA

Table 61. Medicaid County Summary

County	Enrolled Members[37]	% of Total Enrolled Members	Recipients[38]	% of Total Recipients	Expenditures	% of Total Expenditures
Albany	4,052	4.3%	3,501	4.2%	$26,721,458	4%
Big Horn	2,382	2.5%	2,122	2.6%	$17,478,871	3%
Campbell	7,750	8.2%	6,749	8.2%	$37,460,238	6%
Carbon	2,289	2.4%	1,916	2.3%	$9,349,514	1%
Converse	2,320	2.5%	2,106	2.5%	$14,510,102	2%
Crook	1,007	1.1%	850	1.0%	$4,237,580	1%
Fremont	10,476	11.1%	9,645	11.7%	$136,619,786	21%
Goshen	2,043	2.2%	1,792	2.2%	$13,060,051	2%
Hot Springs	887	0.9%	811	1.0%	$6,986,545	1%
Johnson	1,120	1.2%	947	1.1%	$7,405,111	1%
Laramie	15,446	16.3%	13,158	15.9%	$100,964,895	16%
Lincoln	2,160	2.3%	1,745	2.1%	$12,962,386	2%
Natrona	15,038	15.9%	13,440	16.3%	$99,247,338	15%
Niobrara	453	0.5%	378	0.5%	$1,995,042	0.3%
Other[39]	1,610	1.7%	1,426	1.7%	$11,417,207	2%
Park	4,207	4.4%	3,641	4.4%	$24,813,101	4%
Platte	1,339	1.4%	1,195	1.4%	$7,273,885	1%
Sheridan	4,465	4.7%	3,950	4.8%	$25,929,709	4%
Sublette	955	1.0%	723	0.9%	$3,544,837	1%
Sweetwater	7,096	7.5%	6,097	7.4%	$36,380,180	6%
Teton	1,367	1.4%	1,060	1.3%	$5,272,575	1%
Uinta	3,805	4.0%	3,351	4.1%	$28,132,317	4%
Washakie	1,377	1.5%	1,233	1.5%	$10,053,721	2%
Weston	1,016	1.1%	850	1.0%	$4,925,382	1%
Overall	**94,682**		**82,686**		**$646,741,828**	

37. Enrollment is based on Complete SFY.
38. Recipients and Expenditures are based on the recipient county of residence on file at the time the claim was processed in the MMIS. As recipients may move between counties, summing the county totals will not match the total recipient count shown.
39. Recipients in "Other" county have moved out of the state prior to their claim being processed.

PROVIDERS

Table 62. SFY 2023 Provider Taxonomy Summary

Provider Taxonomy	Providers	Recipients[40]	Expenditures
Advanced Practice Midwife (367A00000X)	3	27	$40,106
Allergy & Immunology, Allergy (207KA0200X)	6	384	$136,399
Ambulance (341600000X)	67	4,689	$4,506,405
Anesthesiology (207L00000X)	51	7,053	$2,231,518
Audiologist (231H00000X)	12	468	$259,231
Behavior Analyst (103K00000X)	8	54	$582,295
Case Management (251B00000X)	124	2,990	$32,473,528
Chiropractor (111N00000X)	30	309	$53,233
Clinic/Center (261Q00000X)	11	1,205	$1,051,849
Clinic/Center, Ambulatory Family Planning Facility (261QA0005X)	6	278	$68,323
Clinic/Center, Ambulatory Surgical (261QA1903X)	37	5,177	$6,492,410
Clinic/Center, End-Stage Renal Disease (ESRD) Treatment (261QE0700X)	15	157	$1,974,983
Clinic/Center, Federally Qualified Health Center (FQHC) (261QF0400X)	23	9,415	$9,693,388
Clinic/Center, Mental Health (Including Community Mental Health Center) (261QM0801X)	33	4,068	$3,077,439
Clinic/Center, Public Health, Federal (261QP0904X)	4	4,406	$23,240,721
Clinic/Center, Radiology, Mobile (261QR0208X)	1	4	$164
Clinic/Center, Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF) (261QR0401X)	1	83	$23,310
Clinic/Center, Rehabilitation, Substance Use Disorder (261QR0405X)	41	1,507	$2,172,118
Clinic/Center, Rural Health (261QR1300X)	31	7,821	$3,325,195
Clinical Medical Laboratory (291U00000X)	88	7,989	$1,781,442
Clinical Nurse Specialist, Psychiatric/Mental Health (364SP0808X)	15	796	$259,036
Community/Behavioral Health (251S00000X)	39	594	$3,943,909
Counselor, Addiction (Substance Use Disorder) (101YA0400X)	4	22	$14,498
Counselor, Professional (101YP2500X)	171	3,719	$4,873,036
Day Training, Developmentally Disabled Services (251C00000X)	566	3,009	$119,594,391
Dentist (122300000X)	30	3,518	$1,323,407
Dentist, Endodontics (1223E0200X)	3	101	$79,749
Dentist, General Practice (1223G0001X)	104	12,107	$4,141,384
Dentist, Oral and Maxillofacial Surgery (1223S0112X)	12	1,571	$1,202,071
Dentist, Orthodontics and Dentofacial Orthopedics (1223X0400X)	9	334	$286,368
Dentist, Pediatric Dentistry (1223P0221X)	33	15,700	$6,292,842
Dermatology (207N00000X)	15	2,558	$395,457
Dietitian, Registered (133V00000X)	3	15	$3,912

40. This table displays a unique count of recipients for each provider taxonomy. Summing the recipients across all taxonomies will not equal the total recipients shown as recipients often receive multiple services throughout the SFY.

Provider Taxonomy	Providers	Recipients[68]	Expenditures
Durable Medical Equipment & Medical Supplies (332B00000X)	218	9,037	$10,951,300
Emergency Medicine (207P00000X)	30	21,706	$4,814,051
Family Medicine (207Q00000X)	85	23,794	$5,911,588
General Acute Care Hospital (282N00000X)	124	41,011	$97,559,226
General Acute Care Hospital, Rural (282NR1301X)	40	12,821	$16,606,272
Hearing Aid Equipment (332S00000X)	2	100	$124,377
Home Health (251E00000X)	24	266	$514,539
Hospice Care, Community Based (251G00000X)	15	281	$1,442,367
Intermediate Care Facility, Intellectually Disabled (315P00000X)	1	49	$18,318,585
Internal Medicine (207R00000X)	62	16,374	$7,816,316
Internal Medicine, Cardiovascular Disease (207RC0000X)	14	2,486	$473,365
Internal Medicine, Endocrinology, Diabetes & Metabolism (207RE0101X)	4	155	$18,990
Internal Medicine, Gastroenterology (207RG0100X)	7	1,964	$715,421
Internal Medicine, Geriatric Medicine (207RG0300X)	6	415	$87,157
Internal Medicine, Medical Oncology (207RX0202X)	6	14	$2,402
Internal Medicine, Nephrology (207RN0300X)	8	612	$77,501
Internal Medicine, Pulmonary Disease (207RP1001X)	7	388	$137,117
Internal Medicine, Rheumatology (207RR0500X)	2	174	$19,559
Interpreter (171R00000X)	3	88	$18,557
Local Education Agency (LEA) (251300000X)	1	44	$40,310
Lodging (177F00000X)	4	255	$166,022
Marriage & Family Therapist (106H00000X)	15	345	$521,528
Medical Genetics, Clinical Genetics (M.D.) (207SG0201X)	1	22	$3,728
Medicare Defined Swing Bed Unit (275N00000X)	12	46	$959,118
Midwife (176B00000X)	5	38	$32,686
Neurological Surgery (207T00000X)	9	518	$2,915,224
Nurse Anesthetist, Certified Registered (367500000X)	15	753	$119,508
Nurse Practitioner (363L00000X)	17	2,490	$624,325
Nurse Practitioner, Adult Health (363LA2200X)	2	68	$34,817
Nurse Practitioner, Family (363LF0000X)	22	2,623	$519,142
Nurse Practitioner, Pediatrics (363LP0200X)	3	320	$49,596
Obstetrics & Gynecology (207V00000X)	28	4,537	$4,186,047
Obstetrics & Gynecology, Gynecology (207VG0400X)	2	195	$80,639
Obstetrics & Gynecology, Obstetrics (207VX0000X)	3	40	$53,591
Occupational Therapist (225X00000X)	17	696	$1,428,429
Ophthalmology (207W00000X)	30	1,909	$633,298
Optometrist (152W00000X)	77	15,834	$3,607,252
Orthopedic Surgery (207X00000X)	25	4,985	$1,632,624
Otolaryngology (207Y00000X)	16	2,725	$802,627
Pathology, Clinical Pathology/Laboratory Medicine (207ZP0105X)	12	2,080	$330,310
Pediatrics (208000000X)	72	12,806	$4,808,564
Pediatrics, Neonatal-Perinatal Medicine (2080N0001X)	7	264	$292,582
Pharmacy (333600000X)	211	46,184	$95,795,416

Provider Taxonomy	Providers	Recipients[68]	Expenditures
Pharmacy, Community/Retail Pharmacy (3336C0003X)	4	36	$26,952
Pharmacy, Home Infusion Therapy Pharmacy (3336H0001X)	2	2	$263
Pharmacy, Long Term Care Pharmacy (3336L0003X)	1	21	$0
Physical Medicine & Rehabilitation (208100000X)	15	316	$249,888
Physical Therapist (225100000X)	84	4,453	$3,757,033
Physician Assistant (363A00000X)	2	99	$20,030
Physician, General Practice (208D00000X)	68	22,826	$8,774,851
Plastic Surgery, Plastic Surgery Within the Head and Neck (2082S0099X)	4	57	$15,619
Podiatrist (213E00000X)	11	1,067	$39,972
Preventive Medicine, Public Health & General Preventive Medicine (2083P0901X)	1	1	$69
Private Vehicle (347C00000X)	2	23	$7,696
Prosthetic/Orthotic Supplier (335E00000X)	28	798	$605,073
Psychiatric Hospital (283Q00000X)	6	31	$255,834
Psychiatric Residential Treatment Facility (323P00000X)	8	191	$6,415,045
Psychiatry & Neurology, Neurology (2084N0400X)	20	1,672	$480,291
Psychiatry & Neurology, Psychiatry (2084P0800X)	21	894	$1,258,594
Psychologist, Clinical (103TC0700X)	48	2,274	$2,270,439
Public Health or Welfare (251K00000X)	22	3,069	$223,353
Radiology, Diagnostic Radiology (2085R0202X)	46	19,535	$4,657,650
Rehabilitation Hospital (283X00000X)	2	70	$711,661
Skilled Nursing Facility (314000000X)	47	2,237	$78,342,547
Social Worker, Clinical (1041C0700X)	110	2,771	$3,078,810
Specialist (174400000X)	2	498	$66,606
Speech-Language Pathologist (235Z00000X)	14	454	$467,995
Supports Brokerage (251X00000X)	2	1,051	$13,184,427
Surgery (208600000X)	26	1,623	$594,403
Surgery, Pediatric Surgery (2086S0120X)	4	86	$52,295
Surgery, Vascular Surgery (2086S0129X)	5	82	$40,915
Technician/Technologist, Optician (156FX1800X)	6	231	$26,316
Thoracic Surgery (Cardiothoracic Vascular Surgery) (208G00000X)	2	16	$3,792
Urology (208800000X)	11	1,224	$273,220
Total	**3,484**	**401,348**	**$646,741,829**

Table 63. Top 20 Provider Taxonomies by Expenditures

Provider Taxonomy	Expenditures	Percent of Total Medicaid Expenditures
Day Training, Developmentally Disabled Services (251C00000X)	$119,594,391	19%
General Acute Care Hospital (282N00000X)	$97,559,226	15%
Pharmacy (333600000X)	$95,795,416	15%
Skilled Nursing Facility (314000000X)	$78,342,547	12%
Case Management (251B00000X)	$32,473,528	5%
Clinic/Center, Public Health, Federal (261QP0904X)	$23,240,721	4%
Intermediate Care Facility, Intellectually Disabled (315P00000X)	$18,318,585	3%
General Acute Care Hospital, Rural (282NR1301X)	$16,606,272	3%
Supports Brokerage (251X00000X)	$13,184,427	2%
Durable Medical Equipment & Medical Supplies (332B00000X)	$10,951,300	2%
Clinic/Center, Federally Qualified Health Center (FQHC) (261QF0400X)	$9,693,388	2%
Physician, General Practice (208D00000X)	$8,774,851	1%
Internal Medicine (207R00000X)	$7,816,316	1%
Clinic/Center, Ambulatory Surgical (261QA1903X)	$6,492,410	1%
Psychiatric Residential Treatment Facility (323P00000X)	$6,415,045	1%
Dentist, Pediatric Dentistry (1223P0221X)	$6,292,842	1%
Family Medicine (207Q00000X)	$5,911,588	1%
Counselor, Professional (101YP2500X)	$4,873,036	1%
Emergency Medicine (207P00000X)	$4,814,051	1%
Pediatrics (208000000X)	$4,808,564	1%

Table 64. Pay-to-Provider Count History by Taxonomy

Pay-to-Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Advanced Practice Midwife (367A00000X)	8	4	4	3	3	3	-63%
Allergy & Immunology, Allergy (207KA0200X)	5	5	5	6	7	6	20%
Ambulance (341600000X)	63	73	66	67	72	67	6%
Anesthesiology (207L00000X)	78	73	56	56	55	51	-35%
Audiologist (231H00000X)	12	13	12	13	13	12	0%
Behavior Analyst (103K00000X)	5	3	7	5	6	8	60%
Case Management (251B00000X)	114	120	128	129	129	124	9%
Chiropractor (111N00000X)	52	54	54	55	37	30	-42%
Clinic/Center (261Q00000X)	23	12	12	11	10	11	-52%
Clinic/Center, Ambulatory Family Planning Facility (261QA0005X)	7	7	5	5	5	6	-14%
Clinic/Center, Ambulatory Surgical (261QA1903X)	28	31	27	30	31	37	32%
Clinic/Center, End-Stage Renal Disease (ESRD) Treatment (261QE0700X)	15	16	15	15	15	15	0%
Clinic/Center, Federally Qualified Health Center (FQHC) (261QF0400X)	11	11	16	15	16	23	109%
Clinic/Center, Mental Health (Including Community Mental Health Center) (261QM0801X)	26	26	27	27	32	33	27%
Clinic/Center, Public Health, Federal (261QP0904X)	4	5	4	5	4	4	--

Pay-to-Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Clinic/Center, Radiology, Mobile (261QR0208X)	--	--	1	--	1	1	--
Clinic/Center, Rehabilitation, Comprehensive Outpatient						1	--
Rehabilitation Facility (CORF) (261QR0401X)	1	1	1	1	1	--	--
Clinic/Center, Rehabilitation, Substance Use Disorder (261QR0405X)	32	33	33	32	36	41	28%
Clinic/Center, Rural Health (261QR1300X)	24	32	31	34	31	31	29%
Clinical Medical Laboratory (291U00000X)	74	71	70	76	83	88	19%
Clinical Neuropsychologist (103G00000X)	4	4	5	1	1	--	--
Clinical Nurse Specialist, Psychiatric/Mental Health (364SP0808X)	12	9	10	10	12	15	25%
Community/Behavioral Health (251S00000X)	1	1	1	29	40	39	3,800%
Counselor, Addiction (Substance Use Disorder) (101YA0400X)	3	3	3	4	2	4	33%
Counselor, Professional (101YP2500X)	138	145	155	154	164	171	24%
Day Training, Developmentally Disabled Services (251C00000X)	649	657	659	623	605	566	-13%
Dentist (122300000X)	27	29	31	31	29	30	11%
Dentist, Endodontics (1223E0200X)	3	2	4	3	3	3	0%
Dentist, General Practice (1223G0001X)	130	129	121	109	110	104	-20%
Dentist, Oral and Maxillofacial Surgery (1223S0112X)	11	13	11	9	9	12	9%
Dentist, Orthodontics and Dentofacial Orthopedics (1223X0400X)	15	17	14	14	13	9	-40%
Dentist, Pediatric Dentistry (1223P0221X)	34	32	33	30	33	33	-3%
Dermatology (207N00000X)	15	17	16	16	16	15	0%
Dietitian, Registered (133V00000X)	2	2	2	2	2	3	50%
Durable Medical Equipment & Medical Supplies (332B00000X)	231	222	202	204	215	218	-6%
Emergency Medical Technician, Basic (146N00000X)	--	--	--	--	1	--	--
Emergency Medicine (207P00000X)	32	32	29	32	31	30	-6%
Family Medicine (207Q00000X)	84	93	86	80	83	85	1%
General Acute Care Hospital (282N00000X)	114	112	103	107	115	124	9%
General Acute Care Hospital, Rural (282NR1301X)	30	27	26	32	32	40	33%
Home Health (251E00000X)	25	23	23	20	23	24	-4%
Hospice Care, Community-Based (251G00000X)	13	12	13	14	14	15	15%
Intermediate Care Facility, Intellectually Disabled (315P00000X)	1	1	1	1	1	1	0%
Internal Medicine (207R00000X)	57	60	57	59	57	62	9%
Internal Medicine, Cardiovascular Disease (207RC0000X)	18	19	20	17	16	14	-22%
Internal Medicine, Endocrinology, Diabetes & Metabolism (207RE0101X)	4	4	4	3	4	4	0%
Internal Medicine, Gastroenterology (207RG0100X)	6	6	6	7	7	7	17%
Internal Medicine, Geriatric Medicine (207RG0300X)	4	5	5	4	6	6	50%
Internal Medicine, Medical Oncology (207RX0202X)	6	4	4	4	6	6	0%
Internal Medicine, Nephrology (207RN0300X)	6	7	6	6	6	8	33%
Internal Medicine, Pulmonary Disease (207RP1001X)	9	10	8	8	7	7	-22%
Internal Medicine, Rheumatology (207RR0500X)	2	2	2	3	2	2	0%
Interpreter (171R00000X)	2	3	2	2	2	3	50%
Local Education Agency (LEA) (251300000X)	--	--	--	--	--	1	--
Lodging (177F00000X)	3	2	2	4	4	4	33%

Pay-to-Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Marriage & Family Therapist (106H00000X)	13	15	10	12	15	15	15%
Medical Genetics, Clinical Genetics (M.D.) (207SG0201X)	1	1	1	1	1	1	0%
Medicare Defined Swing Bed Unit (275N00000X)	15	11	12	13	13	12	-20%
Midwife (176B00000X)	--	--	3	3	5	5	--
Neurological Surgery (207T00000X)	10	10	9	11	10	9	-10%
Nurse Anesthetist, Certified Registered (367500000X)	13	14	13	12	14	15	15%
Nurse Practitioner (363L00000X)	9	14	14	17	14	17	89%
Nurse Practitioner, Adult Health (363LA2200X)	1	1	1	1	1	2	100%
Nurse Practitioner, Family (363LF0000X)	12	16	23	23	18	22	83%
Nurse Practitioner, Pediatrics (363LP0200X)	2	2	3	3	3	3	50%
Obstetrics & Gynecology (207V00000X)	33	28	27	27	28	28	-15%
Obstetrics & Gynecology, Gynecology (207VG0400X)	5	3	4	2	2	2	-60%
Obstetrics & Gynecology, Obstetrics (207VX0000X)	5	5	4	4	3	3	-40%
Occupational Therapist (225X00000X)	20	17	14	14	14	17	-15%
Ophthalmology (207W00000X)	30	32	32	35	31	30	0%
Optometrist (152W00000X)	89	80	77	83	81	77	-14%
Orthopedic Surgery (207X00000X)	34	32	30	29	27	25	-27%
Otolaryngology (207Y00000X)	19	18	15	15	13	16	-16%
Pathology, Clinical Pathology/Laboratory Medicine (207ZP0105X)	17	16	14	13	13	12	-29%
Pediatrics (208000000X)	76	67	69	65	60	72	-5%
Pediatrics, Neonatal-Perinatal Medicine (2080N0001X)	5	3	4	5	4	7	40%
Pharmacy (333600000X)	208	206	205	215	218	211	1%
Pharmacy, Community/Retail Pharmacy (3336C0003X)	--	--	--	--	--	4	--
Pharmacy, Home Infusion Therapy Pharmacy (3336H0001X)	--	--	--	--	1	2	--
Pharmacy, Long Term Care Pharmacy (3336L0003X)	--	--	--	--	1	1	--
Physical Medicine & Rehabilitation (208100000X)	12	15	14	12	14	15	25%
Physical Therapist (225100000X)	62	67	66	75	80	84	36%
Physician Assistant (363A00000X)	1	3	5	2	3	2	100%
Physician, General Practice (208D00000X)	62	58	61	58	60	68	10%
Plastic Surgery, Plastic Surgery Within the Head and Neck (2082S0099X)	11	7	8	5	4	4	-64%
Podiatrist (213E00000X)	11	15	14	12	13	11	0%
Preventive Medicine, Public Health & General Preventive Medicine (2083P0901X)	--	--	--	--	--	1	--
Private Vehicle (347C00000X)	4	6	3	2	1	2	-50%
Program of All-Inclusive Care for the Elderly (PACE) Provider	--	--	--	--	--	--	--
Organization (251T00000X)	1	1	1	1	--	--	--
Prosthetic/Orthotic Supplier (335E00000X)	31	28	28	27	28	28	-10%
Psychiatric Hospital (283Q00000X)	3	3	4	3	3	6	100%
Psychiatric Residential Treatment Facility (323P00000X)	13	16	13	14	6	8	-39%
Psychiatry & Neurology, Neurology (2084N0400X)	19	22	21	19	18	20	5%
Psychiatry & Neurology, Psychiatry (2084P0800X)	26	25	21	20	20	21	-19%
Psychologist, Clinical (103TC0700X)	69	60	59	53	49	48	-30%

Pay-to-Provider Taxonomy (continued)	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5 Year % Change
Public Health or Welfare (251K00000X)	24	24	24	25	25	22	-8%
Radiology, Diagnostic Radiology (2085R0202X)	49	46	44	41	38	46	-6%
Rehabilitation Hospital (283X00000X)	3	3	2	3	3	2	-33%
Skilled Nursing Facility (314000000X)	52	56	56	48	48	47	-10%
Social Worker, Clinical (1041C0700X)	77	84	94	96	110	110	43%
Specialist (174400000X)	7	7	4	3	2	2	-71%
Speech-Language Pathologist (235Z00000X)	9	10	10	13	14	14	56%
Supports Brokerage (251X00000X)	1	1	1	1	1	2	100%
Surgery (208600000X)	30	30	31	32	26	26	-13%
Surgery, Pediatric Surgery (2086S0120X)	2	2	5	5	4	4	100%
Surgery, Vascular Surgery (2086S0129X)	4	5	4	4	5	5	25%
Taxi (344600000X)	1	1	1	2	1	--	--
Technician/Technologist, Optician (156FX1800X)	6	6	6	5	6	6	0%
Thoracic Surgery (Cardiothoracic Vascular Surgery) (208G00000X)	2	2	2	1	1	2	0%
Unclassified	1	1	1	1	--	--	--
Urology (208800000X)	13	13	12	10	11	11	-15%

Table 65. Provider Expenditure History by Taxonomy

Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
Advanced Practice Midwife (367A00000X)	$64,608	$31,747	$27,464	$16,866	$30,193	$40,106	-37.9
Allergy & Immunology, Allergy (207KA0200X)	$396,665	$282,684	$210,462	$121,800	$130,965	$136,399	-65.6
Ambulance (341600000X)	$2,381,969	$3,543,958	$2,869,734	$3,441,088	$3,249,255	$4,506,405	89.2
Anesthesiology (207L00000X)	$2,488,633	$2,449,632	$2,387,211	$2,372,652	$2,410,054	$2,231,518	-10.3
Audiologist (231H00000X)	$229,847	$141,981	$344,821	$175,435	$165,975	$259,231	12.8
Behavior Analyst (103K00000X)	$167,595	$533,209	$831,883	$1,673,558	$1,499,933	$582,295	247.4
Case Management (251B00000X)	$27,226,271	$29,146,077	$29,686,195	$33,151,973	$33,421,019	$32,473,528	19.3
Chiropractor (111N00000X)	$347,441	$406,862	$368,608	$337,670	$20,634	$53,233	-84.7
Clinic/Center (261Q00000X)	$972,701	$815,334	$435,776	$712,388	$790,699	$1,051,849	8.1
Clinic/Center, Ambulatory Family Planning Facility (261QA0005X)	$51,449	$51,977	$48,668	$41,326	$64,565	$68,323	32.8
Clinic/Center, Ambulatory Surgical (261QA1903X)	$3,881,705	$3,555,184	$3,170,249	$4,183,523	$5,117,524	$6,492,410	67.3
Clinic/Center, End-Stage Renal Disease (ESRD) Treatment (261QE0700X)	$1,012,427	$1,063,315	$1,595,216	$2,172,271	$2,268,909	$1,974,983	95.1
Clinic/Center, Federally Qualified Health Center (FQHC) (261QF0400X)	$11,418,874	$5,776,571	$6,554,011	$6,839,456	$8,752,845	$9,693,388	-15.1
Clinic/Center, Mental Health (Including Community Mental Health Center) (261QM0801X)	$6,196,355	$5,381,394	$3,951,005	$2,961,942	$2,844,818	$3,077,439	-50.3
Clinic/Center, Public Health, Federal (261QP0904X)	$19,625,445	$12,488,676	$11,864,895	$17,453,190	$21,248,347	$23,240,721	18.4
Clinic/Center, Radiology, Mobile (261QR0208X)			$0		$158	$164	--
Clinic/Center, Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF) (261QR0401X)	$29,156	$26,024	$22,394	$26,454	$30,677	$23,310	-20.1
Clinic/Center, Rehabilitation, Substance Use Disorder (261QR0405X)	$2,940,116	$2,793,311	$3,065,233	$2,228,012	$1,953,063	$2,172,118	-26.1
Clinic/Center, Rural Health (261QR1300X)	$1,894,505	$2,283,377	$2,377,607	$2,708,379	$3,505,312	$3,325,195	75.5
Clinical Medical Laboratory (291U00000X)	$1,020,356	$719,701	$585,977	$797,433	$1,057,050	$1,781,442	74.6
Clinical Neuropsychologist (103G00000X)	$79,582	$50,843	$37,580	$23,900	$23	--	--
Clinical Nurse Specialist, Psychiatric/Mental Health (364SP0808X)	$363,266	$326,066	$278,963	$275,019	$204,114	$259,036	-28.7
Community/Behavioral Health (251S00000X)	$7,599,455	$3,290,255	$3,928,461	$3,083,353	$3,244,965	$3,943,909	-48.1
Counselor, Addiction (Substance Use Disorder) (101YA0400X)	$207,018	$210,373	$62,187	$15,045	$3,223	$14,498	-93.0
Counselor, Professional (101YP2500X)	$5,024,798	$4,176,857	$4,184,775	$4,642,838	$4,112,145	$4,873,036	-3.0
Day Training, Developmentally Disabled Services (251C00000X)	$100,815,145	$113,694,991	$114,398,383	$115,425,234	$109,621,235	$119,594,391	18.6
Dentist (122300000X)	$1,051,336	$962,164	$867,521	$1,299,378	$1,225,145	$1,323,407	25.9

Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
Dentist, Endodontics (1223E0200X)	$52,582	$49,611	$52,182	$64,620	$65,452	$79,749	51.7
Dentist, General Practice (1223G0001X)	$4,331,962	$3,985,182	$3,089,844	$3,596,275	$3,492,491	$4,141,384	-4.4
Dentist, Oral and Maxillofacial Surgery (1223S0112X)	$1,106,227	$879,442	$873,145	$1,144,135	$1,211,377	$1,202,071	8.7
Dentist, Orthodontics and Dentofacial Orthopedics (1223X0400X)	$368,831	$420,012	$261,832	$283,798	$333,693	$286,368	-22.4
Dentist, Pediatric Dentistry (1223P0221X)	$4,936,642	$5,007,670	$4,749,104	$5,510,329	$5,609,003	$6,292,842	27.5
Dermatology (207N00000X)	$300,262	$271,678	$254,356	$288,837	$318,659	$395,457	31.7
Dietitian, Registered (133V00000X)	$1,803	$617	$697	$385	$2,647	$3,912	116.9
Durable Medical Equipment & Medical Supplies (332B00000X)	$6,944,732	$7,850,643	$8,174,435	$8,742,496	$9,209,090	$10,951,300	57.7
Emergency Medical Technician, Basic (146N00000X)					$46	--	--
Emergency Medicine (207P00000X)	$4,026,740	$3,855,001	$3,400,286	$3,446,604	$4,323,385	$4,814,051	19.6
Family Medicine (207Q00000X)	$6,424,856	$5,746,907	$5,163,045	$4,727,108	$4,666,113	$5,911,588	-8.0
General Acute Care Hospital (282N00000X)	$84,380,731	$84,697,383	$75,855,320	$84,960,939	$90,552,390	$97,559,226	15.6
General Acute Care Hospital, Rural (282NR1301X)	$11,942,563	$12,195,829	$11,589,064	$11,513,676	$12,891,842	$16,606,272	39.1
Hearing Aid Equipment (332S00000X)	$831,358	$567,915	$775,873	$493,176	$163,922	$124,377	-85.0
Home Health (251E00000X)	$4,012,083	$570,570	$1,004,397	$992,823	$990,008	$514,539	-87.2
Hospice Care, Community Based (251G00000X)	$1,394,149	$1,190,302	$1,251,068	$1,297,041	$921,529	$1,442,367	3.5
Intermediate Care Facility, Intellectually Disabled (315P00000X)	$13,999,444	$12,901,888	$16,058,915	$17,024,561	$16,842,461	$18,318,585	30.9
Internal Medicine (207R00000X)	$7,076,336	$7,075,072	$6,517,068	$7,014,980	$7,139,871	$7,816,316	10.5
Internal Medicine, Cardiovascular Disease (207RC0000X)	$291,341	$302,157	$326,970	$354,478	$403,466	$473,365	62.5
Internal Medicine, Endocrinology, Diabetes & Metabolism (207RE0101X)	$18,807	$21,509	$23,002	$20,203	$20,504	$18,990	1.0
Internal Medicine, Gastroenterology (207RG0100X)	$550,096	$479,940	$423,968	$736,866	$718,558	$715,421	30.1
Internal Medicine, Geriatric Medicine (207RG0300X)	$12,796	$43,908	$43,886	$42,598	$61,393	$87,157	581.1
Internal Medicine, Medical Oncology (207RX0202X)	$2,756,577	$1,914,670	$2,155,922	$647,946	($1,573)	$2,402	-99.9
Internal Medicine, Nephrology (207RN0300X)	$37,495	$64,890	$73,053	$62,204	$94,006	$77,501	106.7
Internal Medicine, Pulmonary Disease (207RP1001X)	$102,784	$121,574	$91,720	$114,401	$124,173	$137,117	33.4
Internal Medicine, Rheumatology (207RR0500X)	$13,849	$13,841	$8,389	$18,004	$16,983	$19,559	41.2
Interpreter (171R00000X)	$22,119	$5,799	$9,096	$17,094	$18,652	$18,557	-16.1
Local Education Agency (LEA) (251300000X)	--	--	--	--	--	$40,310	--
Lodging (177F00000X)	$85,915	$127,715	$108,735	$105,625	$150,329	$166,022	93.2
Marriage & Family Therapist (106H00000X)	$510,758	$391,014	$376,927	$512,977	$553,964	$521,528	2.1

Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
Medical Genetics, Clinical Genetics (M.D.) (207SG0201X)	$6,455	$3,266	$3,083	$4,482	$4,923	$3,728	-42.2
Medicare Defined Swing Bed Unit (275N00000X)	$620,073	$479,918	$557,037	$633,663	$287,091	$959,118	54.7
Midwife (176B00000X)			$14,782	$36,514	$43,060	$32,686	--
Neurological Surgery (207T00000X)	$69,210	$75,191	$88,516	$3,911,236	$2,461,141	$2,915,224	4,112.2
Nurse Anesthetist, Certified Registered (367500000X)	$65,899	$78,819	$86,639	$133,402	$144,861	$119,508	81.4
Nurse Practitioner (363L00000X)	$142,851	$200,823	$277,571	$330,772	$506,610	$624,325	337.0
Nurse Practitioner, Adult Health (363LA2200X)	$2,582	$2,284	$2,958	$1,862	$1,020	$34,817	1,248.3
Nurse Practitioner, Family (363LF0000X)	$246,169	$251,881	$338,367	$365,288	$447,153	$519,142	110.9
Nurse Practitioner, Pediatrics (363LP0200X)	$20,745	$15,922	$16,328	$19,309	$50,433	$49,596	139.1
Obstetrics & Gynecology (207V00000X)	$4,563,484	$3,814,652	$3,657,589	$3,708,849	$3,990,789	$4,186,047	-8.3
Obstetrics & Gynecology, Gynecology (207VG0400X)	$134,985	$93,676	$94,634	$97,463	$91,906	$80,639	-40.3
Obstetrics & Gynecology, Obstetrics (207VX0000X)	$534,587	$503,347	$474,269	$253,688	$998	$53,591	-90.0
Occupational Therapist (225X00000X)	$2,904,323	$1,884,711	$1,630,049	$1,606,782	$1,349,513	$1,428,429	-50.8
Ophthalmology (207W00000X)	$584,656	$574,291	$542,002	$652,329	$640,473	$633,298	8.3
Optometrist (152W00000X)	$3,656,808	$3,409,020	$2,930,037	$3,477,790	$3,360,475	$3,607,252	-1.4
Orthopedic Surgery (207X00000X)	$1,534,594	$1,222,153	$1,344,579	$1,399,881	$1,652,443	$1,632,624	6.4
Otolaryngology (207Y00000X)	$795,300	$679,438	$523,531	$702,197	$786,603	$802,627	0.9
Pathology, Clinical Pathology/Laboratory Medicine (207ZP0105X)	$142,709	$83,620	$80,615	$67,961	$274,907	$330,310	131.5
Pediatrics (208000000X)	$4,878,853	$4,681,066	$3,931,424	$4,388,608	$4,443,868	$4,808,564	-1.4
Pediatrics, Neonatal-Perinatal Medicine (2080N0001X)	$295,963	$208,703	$283,124	$332,879	$307,005	$292,582	-1.1
Pharmacy (333600000X)	$57,006,524	$61,385,109	$60,432,330	$66,364,286	$82,303,272	$95,795,416	68.0
Pharmacy, Community/Retail Pharmacy (3336C0003X)	--	--	--	--	--	$26,952	--
Pharmacy, Home Infusion Therapy Pharmacy (3336H0001X)					$233	$263	--
Pharmacy, Long Term Care Pharmacy (3336L0003X)					$2	$0	--
Physical Medicine & Rehabilitation (208100000X)	$119,039	$137,136	$123,650	$157,540	$145,182	$249,888	109.9
Physical Therapist (225100000X)	$2,653,095	$2,491,622	$2,316,327	$3,032,422	$3,556,811	$3,757,033	41.6
Physician Assistant (363A00000X)	$4,294	$21,168	$26,466	$38,811	$43,633	$20,030	366.5
Physician, General Practice (208D00000X)	$7,406,209	$7,372,159	$7,102,898	$6,999,259	$7,318,853	$8,774,851	18.5
Plastic Surgery, Plastic Surgery Within the Head and Neck (2082S0099X)	$22,339	$22,049	$16,093	$9,091	$16,575	$15,619	-30.1

Provider Taxonomy	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	5-Year % Change
Podiatrist (213E00000X)	$58,482	$47,751	$42,304	$34,640	$32,484	$39,972	-31.7
Preventive Medicine, Public Health & General Preventive Medicine (2083P0901X)	--	--	--	--	--	$69	--
Private Vehicle (347C00000X)	$11,145	$18,455	$12,973	$8,702	$5,949	$7,696	-30.9
Program of All-Inclusive Care for the Elderly (PACE) Provider Organization (251T00000X)	$3,471,255	$3,693,978	$3,586,650	$2,152,985	--	--	--
Prosthetic/Orthotic Supplier (335E00000X)	$615,641	$598,186	$540,444	$610,680	$567,304	$605,073	-1.7
Psychiatric Hospital (283Q00000X)	$200,677	$122,776	$21,285	$75,743	$101,841	$255,834	27.5
Psychiatric Residential Treatment Facility (323P00000X)	$12,537,788	$10,391,372	$7,334,441	$7,517,488	$6,101,319	$6,415,045	-48.8
Psychiatry & Neurology, Neurology (2084N0400X)	$621,258	$468,020	$333,100	$324,947	$321,994	$480,291	-22.7
Psychiatry & Neurology, Psychiatry (2084P0800X)	$2,270,198	$1,813,284	$1,570,802	$1,855,312	$1,291,376	$1,258,594	-44.6
Psychologist, Clinical (103TC0700X)	$5,704,493	$5,198,374	$4,887,558	$3,590,150	$2,349,169	$2,270,439	-60.2
Public Health or Welfare (251K00000X)	$881,419	$917,659	$898,521	$694,880	$356,804	$223,353	-74.7
Radiology, Diagnostic Radiology (2085R0202X)	$1,794,304	$1,677,907	$1,538,606	$1,874,163	$3,300,665	$4,657,650	159.6
Rehabilitation Hospital (283X00000X)	$562,051	$619,218	$408,441	$567,445	$546,854	$711,661	26.6
Skilled Nursing Facility (314000000X)	$86,684,517	$83,960,515	$88,869,925	$77,813,463	$72,355,016	$78,342,547	-9.6
Social Worker, Clinical (1041C0700X)	$3,274,619	$2,962,987	$2,944,198	$2,690,806	$2,682,186	$3,078,810	-6.0
Specialist (174400000X)	$61,574	$58,231	$60,043	$56,864	$47,341	$66,606	8.2
Speech-Language Pathologist (235Z00000X)	$407,957	$242,416	$411,291	$370,827	$394,256	$467,995	14.7
Supports Brokerage (251X00000X)	$4,570,890	$5,530,177	$6,172,411	$6,977,663	$7,139,257	$13,184,427	188.4
Surgery (208600000X)	$621,880	$648,362	$502,970	$588,358	$493,899	$594,403	-4.4
Surgery, Pediatric Surgery (2086S0120X)	$32,996	$30,182	$33,952	$50,641	$27,606	$52,295	58.5
Surgery, Vascular Surgery (2086S0129X)	$23,257	$14,387	$26,205	$14,120	$18,524	$40,915	75.9
Taxi (344600000X)	$33,435	$45,135	$36,725	$18,864	$90	--	--
Technician/Technologist, Optician (156FX1800X)	$56,048	$57,048	$47,032	$48,565	$42,453	$26,316	-53.0
Thoracic Surgery (Cardiothoracic Vascular Surgery) (208G00000X)	$14,046	$27,538	$11,947	$8,685	$2,685	$3,792	-73.0
Unclassified	$635,221	$224,355	$40,885	$89,626	--	--	--
Urology (208800000X)	$303,965	$268,132	$235,121	$251,901	$235,031	$273,220	-10.1

APPENDIX B: REIMBURSEMENT METHODOLOGY

SERVICES

This section provides a brief overview and recent history of the reimbursement methodology for the service areas discussed in this report.

Table 66. Reimbursement Methodology and History by Service Area

Reimbursement Methodology and History by Service Area					
SFY 2018	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**
Ambulance — Wyoming Medicaid Administrative Rule Chapter 15; Chapter 3 • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Fixed fee schedule for transport • Mileage and disposable supplies reimbursed separately • Separate fee schedules for: Basic life support (ground), Advanced life support (ground), Additional advanced life support (ground), Air ambulance					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes
Ambulatory Surgery Center — 43 CFR 447.321 SPA 4.19B • Based on Medicaid's Outpatient Prospective Payment System (OPPS). Uses Medicare's relative weights and the Wyoming Medicaid payment method for each service (OPPS status indicator) for each procedure code. Medicaid adopted Medicare's OPPS status indicators for most services, with some adjustments for Medicaid policies. • Services are paid based on one of the following (by status indicator): 1) Ambulatory Payment Classification (APC) fee schedule, 2) separate Medicaid fee schedule, or 3) percentage of charges.					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes
Behavioral Health — State plan 4.19B • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Separate fee schedules based on the type of provider					
No changes	Psychologists paid 100% of fee schedule. APRN paid 90% of fee schedule (eff. 1/1/2018)	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes

Reimbursement Methodology and History by Service Area					
SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Care Management Entity 42 CFR 438.6; Annual actuarial analysis with review and approval by CMS for each SFY. • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Reimbursement based on procedure code fee schedule					
No changes	Payment is made to the CME under a non-risk capitated payment methodology for administrative services. Payment is made to the CME network providers based on a procedure code fee schedule after prior authorization from the CME.	No changes	Beginning 10/01/2020, the CME sends a 278 transaction to Conduent. Conduent uses the 278 file to issue PA numbers for services provided by the CME network providers who utilize the PA's to bill the Medicaid fiscal agent directly. Magellan continues to send an 837P to Conduent for the PMPM payments but doesn't submit FFS claims on behalf of the CME network providers since the change on 10/01/2020.	Rate increase of 2.5% effective 1/1/2022.	No changes
Clinic/Center (Children's Developmental Centers) Wyoming Medicaid Administrative Rule Chapter 26; Chapter 3; Wyoming State Plan Attachment 4.19B. • Lower of the Medicaid fee schedule or the provider's usual and customary charge					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes
Dental Wyoming State Plan Attachment 4.19B • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Adult optional dental services added (effective July 1, 2006)					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	Provider manual update to version 5.0

Reimbursement Methodology and History by Service Area					
SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Wyoming Medicaid Administrative Rule Chapter 11; Chapter 3; Wyoming State Plan Attachment 4.19B-12c • Lower of the Medicaid fee schedule, or the provider's usual and customary charge • Rates based on Medicare's fee schedule which is updated annually for inflation based on the consumer price index • For procedure codes not on Medicare's fee schedule, Medicaid considers other states' rates • Certain DME is manually priced based on the manufacturer's invoice price, plus a 15% add-on, plus shipping and handling • Delivery of DME more than 50 miles roundtrip is reimbursed per mile					
Codes impacted by the 21st Century CURES Act are set at 100% of the lowest Medicare rate. Codes not impacted by the 21st Century CURES Act, no change	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	Codes impacted by the 21st Century CURES Act are set at 97.5% of the lowest Medicare rate. Codes not impacted by the 21st Century CURES Act, no change	Rate increase due to agency adoption of rural and non-rural methods
End-Stage Renal Disease 42 CFR Part 413 Subpart H; State Plan 4.19B • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Dialysis services reimbursed at a percentage of billed charges					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was red	No changes	Rate changes based upon fee schedule
Federally Qualified Health Centers 42 CFR 405 Subchapter B; 405.2400-405.2472 Subpart X; 405.2400-405.2417; 405.2430-405.2452; 405.2460-405.2472; Wyoming Medicaid Administrative Rule Chapter 37 • Prospective per encounter payment system as required by the Benefits Improvement and Protection Act (BIPA) of 2000. • Based on 100% of a facility's average costs during SFYs 1999 and 2000. • Rates increase annually for inflation based on Medicare Economic Index (MEI) charges					
Rates increased 1.01% based on MEI	Rates increased 1.015% based on MEI	Rates increased 1.9% based on MEI	Rates increased by 1.4%	Rates increase by 2.1%	No changes
Home Health 42 CFR 484 Subpart E • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Per visit rates based on Medicare's fee schedule					
No changes	No changes	Prior authorization suspended in March 2020.	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes

Reimbursement Methodology and History by Service Area					
SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Hospice 42 CFR 418; Wyoming State Statute 42-4-103(a)(xxv) • Per diem rate based on Medicare's fee schedule • Rates adjust annually based on Medicare's adjustments • Rates for services provided to nursing facility residents are 95% of the nursing facility's per diem rate • Rate for room and board in an inpatient hospice facility not to exceed 50% of the established nursing home room and board rate (effective July 1, 2013)					
Rates adjusted per Medicare adjustments	Rates adjusted per Medicare adjustments	Rates adjusted per Medicare adjustments	Due to Governor's budget reductions, reimbursement was reduced by 2.5% for hospice in nursing home.	Rates adjusted per Medicare's adjustments, NH hospice was increased by 5% for part of SFY 2022.	
Hospital (Inpatient) CFR 447 Subpart C Payment; State Plan 4.19B • Level of Care (LOC) rate per discharge • Per diem rates for rehabilitation with a ventilator and separate rate without a ventilator • Transplant services are reimbursed at 55% of billed charges • Specialty services not otherwise obtainable in Wyoming negotiated through letters of agreement • Additional payments: Inpatient hospitals that serve a disproportionate share of low-income individuals receive disproportionate share hospital (DSH) payments Qualified Rate Adjustment (QRA) program provides supplemental payments to non-state governmental hospital					
No changes	DRG implemented 5/31/19 with an effective date 2/1/19. Private hospital UPL program, DSH, QRA still in place. Rehab claims will be paid outside of DRG	Second year of DRG rates implemented February 1, 2020	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	
Hospital (Outpatient) CFR 447.321; CFR 447.325; Wyoming Medicaid Administrative Rule Chapter 33 • Outpatient prospective payment system (OPPS) based on Medicare's Ambulatory Payment Classifications (APC) system • Three conversion factors based on hospital type: General acute; Critical access; Children's • Separate fee schedules for: Select DME; Select vaccines, therapies immunizations, radiology, mammography screening and diagnostic mammography; Laboratory; Corneal tissue, dental and bone marrow transplant services, new medical devices • Additional payments: Qualified Rate Adjustment (QRA) program provides supplemental payments to non-state governmental hospital					

Reimbursement Methodology and History by Service Area					
SFY 2018	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**
Adjusted conversion factors (effective calendar year 2018): General acute $39.70 Critical access $104.27 Children's $83.92 ASCs $34.94 No change for QRA	Adjusted conversion factors (effective calendar year 2019): General acute $42.53 Critical access $105.89 Children's $88.45 ASCs $37.42 No change for QRA	Adjusted conversion factors (effective calendar year 2020): General acute $45.79 Critical access $109.66 Children's $83.59 ASCs $40.30	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	Adjusted conversion factors (effective calendar year 2022): General Acute $46.88 Children's Hospital $84.54 Critical Access $112.72 ASCs $41.25	
Intermediate Care Facility for Individuals with Intellectual Disabilities (IFCF/IID) — Wyoming Medicaid Administrative Rule Chapter 20 • Full cost reimbursement method based on previous year cost reports.					
No changes	No changes	No changes	No changes	No changes	No changes
Laboratory — Wyoming Medicaid Administrative Rule Chapter 26; Chapter 3; Wyoming State Plan Attachment 4.19B • Lower of the Medicaid fee schedule or the provider's usual and customary charge					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes
Nursing Facility — W.S. 42-4-104 (c); State Plan- 4.19D; Wyoming Medicaid Administrative Rule Chapter 7 • Prospective per diem rate with rate components for capital cost, operational cost and direct care costs • Additional reimbursement for extraordinary needs determined on a per case basis • Additional payments: Provider Assessment and Upper Payment Limit (UPL) Payment provides supplemental payments (effective April 1, 2011) Nursing Facility Gap Payment Program approved in SFY 2017 as a supplemental payment program					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	NH rates were increased by 5% for July 2021 through June 30, 2022 with a break in January.	Rate increase
Physician and Other Practitioners — State Plan Amendment 3.1 and 4.19B • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Resource-Based Relative Value Scale (RBRVS) reimbursement methodology based on Medicare's RBRVS methodology. The methodology utilizes Relative Value Units (RVUs) and a conversion factor to determine rates.					

Reimbursement Methodology and History by Service Area					
SFY 2018	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%. Chiropractic services only allowed for children under EPSDT and clients on Medicare. Dietician service no longer have a threshold limit.	No changes	No changes
Prescription Drugs State Plan Amendment, Attachment 4.19B, Section 12.a., pages 1-3; Wyoming Medicaid Administrative Rule, Chapter 10, Pharmaceutical Services, Section 16 (Medicaid Allowable Payment) • Lower of the estimated acquisition cost (EAC) of the ingredients plus the dispensing fee and the provider's usual and customary charge • The EAC is the Average Wholesale Price (AWP) minus 11% • The AWP is determined by pricing information supplied by drug manufacturers, distributors and suppliers and is updated monthly. Some drugs are priced by the State Maximum Allowable Cost (SMAC). • Dispensing fee is $5.00 per claim					
No changes	No changes	No changes	No changes	No changes	No changes

Reimbursement Methodology and History by Service Area					
SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Program for All-Inclusive Care of the Elderly (PACE) State Plan Amendment 3.1-A • Reimbursement made on a per diem rate, based on an all-inclusive payment methodology • Per diem rates are based on the participant's functional assessment					
Rate decreased for Medicaid-only; increased for dual-Medicare/Medicaid	Rates increased for Medicaid-only; decreased for dual-Medicare/Medicaid	Rate decreased	Program was discontinued January 2021 due to budget cuts.	N/A	N/A
Psychiatric Residential Treatment Facility (PRTF) Wyoming Medicaid Administrative Rule Chapter 26; Chapter 3; Wyoming State Plan Attachment 4.19B • Per diem rate. The rate includes room and board, treatment services specified in the treatment plan, and may include an add-on rate for medical services.					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes
Public Health or Welfare State Plan Amendment 3.1-A • Lower of the Medicaid fee schedule or the provider's usual and customary charge					
No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes	No changes
Public Health, Federal Public Health Service Act, Sections 321(a) and 322(b); Public Law 83-568; Indian Health Care Improvement Act • Indian Health Service (IHS) encounter rate set annually by IHS.					
No changes	IHS encounter increases every year based on OMB calculations	IHS encounter increases every year based on OMB calculations	IHS encounter increases every year based on OMB calculations	IHS encounter increases every year based on OMB calculations	No changes
Rural Health Center 42 CFR 405 Subchapter B; 405.2400-405.2472 Subpart X; 405.2400-405.2417; 405.2430-405.2452; 405.2460-405.2472; Wyoming Medicaid Administrative Rule Chapter 37 • Prospective per encounter payment system as required by the Benefits Improvement and Protection Act (BIPA) of 2000 • Based on 100% of a facility's average costs during SFYs 1999 and 2000 • Rates increased annually for inflation based on Medicare Economic Index (MEI)					

Reimbursement Methodology and History by Service Area					
SFY 2018	**SFY 2019**	**SFY 2020**	**SFY 2021**	**SFY 2022**	**SFY 2023**
Rates increased 1.01% based on MEI	Rates increased 1.015% based on MEI	Rates increased by 1.9% based on MEI	Rates increased by 1.4%	Rate increase by 2.1%	No changes
Vision State Plan 3.1-A; State Plan 4.19B/6.b • Lower of the Medicaid fee schedule or the provider's usual and customary charge. The most recent update was in SFY 2006 when the rate for standard frames was increased. • Ophthalmologists and optometrists are reimbursed under the Resource-Based Relative Value Scale (RBRVS) reimbursement methodology based on Medicare's RBRVS methodology. The methodology utilizes Relative Value Units (RVUs) and a conversion factor to determine rates. • Optician reimbursement based on a procedure code fee schedule					
No changes	No changes	No changes	No changes	Due to Governor's budget reductions, reimbursement was reduced by 2.5%	No changes
Waivers (Comprehensive and Supports) Required to rebase the rates and conduct rate studies every 2 -4 years per Wyoming Statute Wyo. Stat. § 42-4-120(g) • Implemented in SFY 2014 with reimbursement based on the cost-based reimbursement methodology implemented in SFY 2009, but with the reductions made in SFY 2011 and SFY 2014 applied. • The Individualized Budget Amount (IBA) is based on the historical plan of care units multiplied by the respective service rate less one-time costs, such as assessments, specialized equipment or home modifications. • Reimbursement for specific residential and day habilitation services is made on a per diem basis and varies by provider and consumer. • Consumers negotiate rates based on their budget amount. For extraordinary care needs, the Extraordinary Care Committee (ECC) reviews the full service and support structure of a participant, including non-waiver services and supports, to determine the appropriate service(s) and funding to meet the participant's assessed needs. • The ECC will also review requests for IBA adjustments due to a change in client needs or emergencies.					

Reimbursement Methodology and History by Service Area					
SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
February 1, 2017, implemented 3.3% rate increase applied retroactively back to July 1, 2016.	Rate increase of 4.2% for all services	In response to the COVID-19 public health emergency, provider rates for some Comprehensive Waiver Services were increased by 12.5%, beginning March 1, 2020. The temporary increase ends September 1, 2020. Services receiving the increase were as follows: Adult Day, Child Habilitation, Community Living, Community Support, Companion, Crisis Intervention, Homemaker, Individual Habilitation Training, Personal Care, Respite, Skilled Nursing, Special Family Habilitation Home. and Supported Employment. Additionally, self-directed budgets were increased by 12.5% for the month of June 2020.	Temporary increase to some services during the COVID PHE ended on September 30th. Rates returned to pre-COVID amounts. Effective February 1, 2021, all rates were decreased by 2.5% as a result of budget reductions.	A rate rebasing study was finalized in September 2021, and new provider reimbursement rates went into effect on February 1, 2022. Providers must apply the entirety of rate increases to direct support worker compensation. These rates are being paid through the enhanced funding made available through ARPA and will sunset on March 31, 2024, unless permanent funding is appropriated by the Wyoming Legislature	No changes

Waiver (Community Choices) Waiver Agreement Appendix I.2.a; Appendix K COVID-19 Addendum

- Long-Term Care services are paid lower of the Medicaid fee schedule or the provider's usual and customary (U&C) charge with reimbursement limited to a monthly or yearly cap per person, according to their established care plan.
- For Assisted Living services, reimbursement made on a per diem rate, based on an all-inclusive payment methodology. Per diem rates are based on the participant's functional assessment. Per diem rate includes required personal care, 24-hour supervision, and medication assistance up to a monthly or yearly cap. Case management services are reimbursed at a separate rate. Participants pay their own room and board.

Reimbursement Methodology and History by Service Area					
SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
No changes	No changes	Rates for select direct care services increased in response to COVID-19 public health emergency.	COVID increase continued through SFY2021.	A rate rebasing study was finalized in November 2020, and new provider reimbursement rates went into effect on July 1, 2021. Due to requirements established as part of the American Rescue Plan Act of 2021 (ARPA), case management rates and assisted living facility rates were retroactively adjusted to ensure these rates were not less than the rates that were effective as of April 1, 2021.	Rate increase as agency adopted an increase and hot and cold meals for recipients
Waiver (Children's Mental Health) 42 CFR 438.6; Annual actuarial analysis with review and approval by CMS for each SFY. • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Reimbursement based on procedure code fee schedule					
CMS approved the SFY17 rates. An adjustment occurred for DOS service during SFY17 and resulted in the CME contractor returning $2,571,371.49 to Medicaid.	CMS is reviewing SFY18 CME actuarial rate certification for approval. A mass adjustment for SFY18 DOS using the SFY17 approved rate is in process.	No changes	No changes	No changes	No changes
Waiver (Pregnant by Choice) 11-W-00238/8 (Demonstration Project Number). • Lower of the Medicaid fee schedule or the provider's usual and customary charge • Reimbursement based on procedure code fee schedule					
No changes	No changes	No changes	We completed an extension application for Family Planning Waiver Services that was approved 4/7/2020 to cover FPW services through 12/31/2027. CMS will reimburse by a PMPM amount that varies depending on calendar year. For SFY2021 (July 1, 2021 - June 30, 2022), the rate would be $12.10 (7/1/2021-12/31/2021) and $12.65 (1/1/2022-6/30/2022). Expenses beyond the PMPM would be covered at Wyoming Medicaid's expense.	No changes	No changes

APPENDIX C: ELIGIBILITY REQUIREMENTS & BENEFITS

Table 67. Income Limits by Eligibility Category

Eligibility Category	CY 2022
Children 0-5	154% FPL
Children 6-18	133% FPL
Former Foster Care Children, age 19 to 26	No income test
Family Care Adults	Values in Table 73
Pregnant Women	154% FPL
ABD Waivers and institutions	Less than or equal to 300% SSI
SSI and SSI-Related Coverage Groups	100% SSI
Qualified Medicare Beneficiary	100% FPL
Specified Low-Income Medicare Beneficiary	120% FPL
Qualified Individual	135% FPL
Breast & Cervical Cancer	Less than or equal to 250% FPL
Tuberculosis	100% SSI
Employed individuals with disabilities	Less than or equal to 300% SSI
Non-Citizens with Medical Emergencies	Depends on eligibility group qualified under

Table 68. Monthly Income Standard Values by Family Size

Income Standard	Income Limit	CY 2022			
Family Size		1	2	3	4
Family Care Adults		$529	$737	$873	$999
Federal Poverty Level (FPL)	100%	$1,133	$1,526	$1,919	$2,312
	133%	$1,507	$2,030	$2,553	$3,076
	154%	$1,745	$2,350	$2,956	$3,562
Supplementary Security Income (SSI)	100%	$841	$1,261	--	--
	300%	$2,523	--	--	--

Table 69. Eligibility Requirements

Category Group	Eligibility Category	Benefits	Eligibility Requirement	Countable Income	Income Level	Resource Limits
Children	Newborn	Full Medicaid Coverage	Newborns up to age one, with Medicaid-eligible mothers	N/A; eligibility determined by mother's Medicaid eligibility		
	Children Age 0-5	Full Medicaid Coverage	Under age six	Countable family income	Less than or equal to 154 percent of FPL	
	Children Age 6-18	Full Medicaid Coverage	Under age 19	Countable family income	Less than or equal to 133 percent of FPL	
	Foster Care	Full Medicaid Coverage	Under age 21, in DFS custody	Requirements vary by type of foster care coverage		
	Subsidized Adoption	Full Medicaid Coverage	Under age 18; under age 21 for children with special needs	Requirements vary by type of subsidized adoption		
Pregnant Women	Pregnant Women	Full Medicaid Coverage	Pregnant	Countable family income	Less than or equal to 154 percent of FPL	
	Presumptive Eligibility for Pregnant Women	Outpatient services for a limited time	Pregnant	Countable family income	Less than or equal to 154 percent of FPL	
Family Care	Family Care	Full Medicaid Coverage	Adult with eligible child under age 19 living in the household	Countable family income	Less than or equal to Family Care Income Standard	
	Family Care 4 and 12 month (extended medical)	Full Medicaid Coverage	Adult with eligible child under age 18 living in the household; Family unit must have received family care benefits for at least three of the previous 6 months	Countable family income	Exceeds the family care income standard due to increased income due to increased employment, increased earnings, parent returning to work, or spousal support	
	Former Foster Youth	Full Medicaid Coverage	Under age 26	Client has to have been in DFS (Dept of Family Services) custody and on a Federally Funded Foster Care program at age 18 or older		

Category Group	Eligibility Category	Benefits	Eligibility Requirement	Countable Income	Income Level	Resource Limits
Aged, Blind, or Disabled (ABD)	ABD Individuals in Institutions	Full Medicaid Coverage	Age 65 or older; or blind by SSA standards; or disabled by SSA standards; and in an institutional setting, such as nursing home, IMD, hospice care, inpatient hospital, or ICF-IID	Countable personal income	Less than or equal to 300 percent of the SSI payment standard for a single individual	yes
	Categories with eligibility determined by Social Security Administration (SSA)	Full Medicaid Coverage	SSI eligibility or SSI-related eligibility. Goldberg Kelly, 1619, Window Widowers SDX, and most DAC cases are all determined by SSA.	Countable personal and spousal income	Eligibility determined by SSA; automatically eligible for Medicaid Monthly SSI Payment Standard	yes
	SSI-related categories with eligibility determined by WDH	Full Medicaid Coverage	Lost SSI due to increase or receipt of Social Security benefits; disregard increase or SSA benefit amount	Countable personal income	Countable income less than or equal to Monthly SSI Payment Standard	yes
Medicare Savings Program	Qualified Medicare Beneficiary (QMB)	Medicaid covers Medicare Part A/B premiums CMS may assist with Medicare Part D premiums Medical deductible and coinsurance payments	Entitled to Medicare Part A or Part B	Countable personal and spousal income	Less than or equal to 100 percent of FPL	yes
	Specified Low-Income Medicare Beneficiary (SLMB)	Medicaid pays Medicare Part B premiums	Entitled to Medicare Part B	Countable personal and spousal income	Between 101 and 120 percent of FPL	yes
	Qualified Individuals (QI	Medicaid pays Medicare Part B premiums (100% federal funds)	Entitled to Medicare Part B	Countable personal and spousal income	Between 121 and 135 percent of FPL	yes
Special Groups	Breast and Cervical Cancer	Full Medicaid Coverage	Between age 18 and 65 (if over 65, must not be eligible for Medicare Part B); meet the Cancer and Chronic Disease Prevention unit criteria; no insurance coverage paying for cancer screening or treatment (including Medicaid and Medicare Part B)	Countable personal income	Less than or equal to 250 percent of FPL	
	Tuberculosis	Partial benefits related to tuberculosis	Verification of tuberculosis	Countable personal income	SSI Payment Standard	yes

Category Group	Eligibility Category	Benefits	Eligibility Requirement	Countable Income	Income Level	Resource Limits
Medicaid Buy-In	Employed Individuals with Disabilities	Full Medicaid benefits after payment of premium (7.5 percent of gross monthly income)	Between age 16 and 64; disabled; employed	Countable personal income	Unearned income less than or equal to 300 percent of the SSI standard for a single individual, no limit on earned income	
Non-Citizens	Non-Citizens with Medical Emergencies	Benefits limited to services provided from the time treatment was given for a condition until that same condition is no longer considered an emergency	Illegal immigrants or qualified immigrants who do not meet citizenship criteria. Eligibility must be determined monthly.	Meets applicable eligibility requirements under an existing eligibility group		

APPENDIX D: GLOSSARY & ACRONYMS

GLOSSARY

Table 70. Glossary

Term	Definition
A	
Acquired Brain Injury (ABI)	Damage to the brain that occurs after birth and is not related to a congenital or degenerative disorder.
Affordable Care Act (ACA)	The Patient Protection and Affordable Care Act as well as the Healthcare and Education Reconciliation Act was signed into law in March 2010. These laws are collectively known as the Affordable Care Act legislation and represent a significant overhaul to the healthcare system.
Ambulatory Surgical Center (ASC)	A free-standing facility, other than a physician's office or a hospital, where surgical and diagnostic services are provided on an ambulatory basis. The facility operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours.
Ambulatory Payment Classifications (APC)	A group to which an outpatient service is assigned in Medicare's prospective payment system for outpatient hospital services. The healthcare common procedure coding system, including certain current procedural terminology codes and descriptors are used to identify and group the services within each APC group. Services within an APC group are comparable clinically and with respect to resource use. A payment rate is established for each APC group.
American Recovery and Reinvestment Act of 2009 (ARRA)	Legislation signed into law in February 2009 in response to the economic crisis. The Act specified funding for a wide range of federal programs, including certain benefits under Medicaid.
Average Wholesale Price (AWP)	The published price for drug products charged by wholesalers to pharmacies.
B	
Basic Life Support	A level of medical care, usually provided by emergency medical service professionals, provided to patients of life-threatening illnesses or injuries until they can be given full medical care. Basic life support consists of essential non-invasive life-saving procedures including CPR, bleeding control, splinting broken bones, artificial ventilation, and basic airway management
Benefits Improvement and Protection Act of 2000 (BIPA)	Legislation signed into law in December 2000 that affects several aspects of Medicare and Medicaid.
C	
Centers for Medicare and Medicaid Services (CMS)	The government agency within the Department of Health and Human Services that administers the Medicare program, and works with states to administer Medicaid. In addition to Medicare and Medicaid, CMS oversees the Children's Health Insurance Program.
Children's Health Insurance Program (CHIP)	A federal-state partnership program to provide free or low-cost health insurance for uninsured children under age 19. The CHIP is intended for uninsured children whose families earn too much to qualify for Medicaid, but not enough to get private coverage.
Cognos	The reporting tool used to extract data from the Medicaid Management Information System (MMIS).
Commission on Accreditation of Rehabilitation Facilities (CARF)	An organization that accredits rehabilitation facilities.
Community Mental Health Center (CMHC)	A community-based healthcare facility that provides comprehensive mental health services to individuals residing or employed in the facility service area.
Comprehensive Outpatient Rehabilitation Facility (CORF)	A facility that provides coordinated, comprehensive outpatient rehabilitation services under the supervision of a physician. At a minimum, a CORF must provide physician supervision and physical therapy and social or psychological services to be certified as a CORF.
Co-payment	A fixed amount of money paid by the enrolled member at the time of service.
Council on Accreditation	An organization that accredits healthcare organizations.
Crossover Claim	Services for Medicaid and Medicare dual individuals in which Medicare is the primary payer and forwards the claim to Medicaid for additional payments.

Term	Definition
Current Procedural Terminology (CPT)	A code set developed by the American Medical Association for standardizing the terminology and coding used to report medical procedures and services. CPT codes are Level I of the HCPCS code set.
D	
Deficit Reduction Act of 2005 (DRA)	Legislation signed into law in February 2006 that affects several aspects of Medicare and Medicaid.
Department of Health and Human Services (HHS)	The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.
Disproportionate Share Hospital (DSH)	Hospitals that serve a significantly disproportionate number of low-income individuals. Eligible hospitals can receive an adjustment payment under Medicaid.
Drug Utilization Review (DUR)	A review utilization of outpatient prescription drugs to determine if recipients are receiving appropriate, medically necessary medications which are not likely to result in adverse effects.
Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies	Medical equipment and other supplies that are intended to reduce an individual's physical disability and restore the individual to his or her functional level.
Dual Individual	For the purposes of this Report, an individual enrolled in Medicare and Medicaid who is eligible to receive Medicaid services.
E	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	The comprehensive and preventive child health component of Medicaid for individuals under age 21. Medicaid's EPSDT services are operated under the Health Check program. All medically necessary diagnostic and treatment services within the federal definition of Medicaid medical assistance must be covered, regardless of whether or not such services are otherwise covered under the state Medicaid plan for adults ages 21 and older.
Eligibility	Criteria that establish an individual as qualified to enroll in Medicaid. The federal government establishes minimum eligibility standards and requires states to cover certain population groups. States have the flexibility to cover other population groups within federal guidelines.
Enrollment	A unique count of members enrolled in Medicaid. Enrollment may be reported at a point in time (e.g., as of June 30) or over a time frame (e.g., SFY 2015).
End-Stage Renal Disease (ESRD)	The complete, or almost complete, failure of the kidneys to function. The only treatments for ESRD are dialysis or kidney transplantation.
Estimated Acquisition Cost (EAC)	The estimated cost to the pharmacy of acquiring a prescription drug. Federal regulations require that each State's reimbursement for Medicaid prescription drugs not exceed the lower of (1) its estimated acquisition cost plus a dispensing fee, or (2) the provider's usual and customary charge to the public for the drug
Expenditure	Funds or money spent to liquidate an expense regardless of when the service was provided or the expense was incurred.
Explanation of Benefits (EOB)	An itemized statement of services from an insurance company detailing what services were paid for on the behalf of an individual. The EOB informs an individual what portion of a claim was paid to the healthcare provider and what portion of the payment, if any, the individual is responsible for.
F	
Federal Fiscal Year (FFY)	The 12-month accounting period, for which the federal government plans its budget, usually running from October 1 through September 30. The FFY is named for the end date of the year (e.g., FFY 2022 ends on September 30, 2022).
Federal Medical Assistance Percentage (FMAP)	The percentage rates used to determine the federal matching funds allocated to the Medicaid program. The FMAP is the portion of the Medicaid program that is paid by the federal government.
Federal Poverty Level (FPL)	The amount of income determined by the Department of Health and Human Services that is needed to provide a minimum for living necessities.
Federal Upper Limit (FUL)	The maximum price pharmacies receive as reimbursement for providing multiple-source generic prescription drugs. The FUL is established by the Centers for Medicare and Medicaid Services in order to achieve savings by taking advantage of current market pricing. Not all drugs have FULs and states may establish reimbursement limits for non-FUL drugs using other pricing methodologies.
Fee Schedule	A complete listing of fees used by health plans to pay medical care professionals.

Term	Definition
H	
Healthcare Common Procedure Coding System (HCPCS)	A standardized coding system used to report procedures, specific items, equipment, supplies, and services provided in the delivery of healthcare. There are two principal subsystems, Level I and Level II. Level I codes are comprised of CPT codes which are identified by five numeric digits. Level II codes are used primarily to identify equipment, supplies, and services not included in the CPT code set. Level II codes are alphanumeric codes.
Home and Community-Based Services (HCBS)	Care provided in the home and community to individuals eligible for Medicaid. The HCBS programs help the elderly and disabled, intellectually disabled, developmentally disabled, and certain other disabled adults.
HCBS Acquired Brain Injury (ABI) Waiver	A HCBS waiver developed to assist adults from ages 21 to 65 with acquired brain injuries to receive training and support that will allow them to remain in their home communities and avoid institutionalization. Being replaced by the Comprehensive and Supports Waiver starting in SFY 2016.
HCBS Assisted Living Facility (ALF) Waiver	A HCBS waiver that allows participants ages 19 and older who require services equivalent to a nursing facility level of care to receive services in an ALF. This waiver closed in SFY 2017, with service now provided under the Community Choices Waiver.
HCBS Adult Developmental Disabilities (DD) Waiver	A HCBS waiver developed to assist adults with developmental disabilities to receive training and support that will allow them to remain in their home communities and avoid institutionalization. Replaced by the Comprehensive and Supports Waiver starting in April 2014.
HCBS Child Developmental Disabilities (DD) Waiver	A HCBS waiver developed to assist children under age 21 with developmental disabilities to receive training and support that will allow them to remain in their home communities and avoid institutionalization. Replaced by the Comprehensive and Supports Waiver starting in April 2014.
HCBS Children's Mental Health (CMH) Waiver	A HCBS waiver developed to allow youth with serious emotional disturbances who need mental health treatment to remain in their home communities.
HCBS Community Choices (CC) Waiver	A HCBS waiver allowing participants age 19 and older who require services equivalent to a nursing facility level of care to receive services in an assisted living facility or in their home.
HCBS Comprehensive Waiver	A HCBS waiver developed to replace the former DD waivers for with people with a developmental disability.
HCBS Long-Term Care (LTC) Waiver	A HCBS waiver that provides in-home services to participants ages 19 and older who require services equivalent to a nursing facility level of care. Replaced by the Community Choices Waiver in SFY 2017.
HCBS Supports Waiver	A HCBS waiver developed to replace the former DD waivers for with people with a developmental disability. Provides more flexible service than the Comprehensive Waiver, but with a lower cap on benefits.
Health Professional Shortage Area (HPSA)	A geographic, demographic, or institutional designation by the Health Resources and Services Administration as having shortages of primary medical care, dental,or mental health providers.
I	
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)	A facility that primarily provides comprehensive and individualized healthcare and rehabilitation services above the level of custodial care to intellectually disabled individuals but does not provide the level of care available in a hospital or skilled nursing facility.
Individualized Budget Amount (IBA)	In the developmental disability and acquired brain injury waiver programs, the amount of funding allocated to each participant based on individual characteristics and his or her service utilization.
J	
Joint Commission	An organization that accredits healthcare organizations.
L	
Level of Care (LOC)	Medicaid's prospective payment system for inpatient hospital services. Medicaid reimburses an amount per discharge. Each discharge is classified into a LOC based on the diagnosis, procedure, or revenue codes that hospitals report on the inpatient claim.
M	
Medicaid	A joint federal-state program authorized by Title XIX of the Social Security Act that provides medical coverage for certain low-income and other categorically related individuals who meet eligibility requirements. A portion of the Medicaid program is funded by the federal government using the Federal Medical Assistance Percentage.

Term	Definition
Medicaid Management Information System (MMIS)	An integrated group of procedures and computer processing operations (subsystems) that supports the Medicaid program operations. The functional areas of the MMIS include recipients, providers, claims processing, reference files, surveillance and utilization review, management and administration reporting, and third-party liability. The MMIS is certified by the Centers for Medicare and Medicaid Services.
Medicare	A federal program, authorized by Title XVIII of the Social Security Act, that provides medical coverage for individuals age 65 or older, individuals under age 65 with certain disabilities, and individuals of all ages with end-stage renal disease.
Medicare Economic Index (MEI)	An index often used in the calculation of the increases in the prevailing charge levels that help to determine allowed charges for physician services. In 1992 and later, this index is considered in connection with the update factor for the physician fee schedule. Medicaid uses the index as an update factor for FQHC and RHC reimbursement rates.
Member	An individual enrolled in Medicaid and eligible to receive services.
Modified Adjusted Gross Income (MAGI)	A new income methodology implemented in SFY 2013.
P	
Per Member per Month	The monthly average cost for each enrolled member.
Pharmacy Benefit Management (or Manager) (PBM)	Third-party administrator of prescription drug programs.
Preferred Drug List (PDL)	A list of clinically sound and cost-effective prescription drugs covered by Medicaid that do not require prior authorization.
Pregnant by Choice Waiver	A Section 1115 waiver that provides family planning services and birth control options to women who have received Medicaid benefits under the Pregnant Women program and who would otherwise lose Medicaid eligibility 60 days after giving birth.
Prescription Drug Assistance Program (PDAP)	A state-funded program administered by the Healthcare Financing Division providing up to three prescriptions per month to Wyoming residents with income at or below 100 percent of the FPL.
Prior Authorization (PA)	The requirement of a prescriber to obtain permission to prescribe a medication prior to prescribing it. In the context of a PBM plan, a program that requires physicians to obtain certification of medical necessity prior to drug dispensing.
Procedure Code	A HCPCS Level I or Level II code used to report the delivery of healthcare for reimbursement purposes.
Psychiatric Residential Treatment Facility (PRTF)	A facility that provides services to individuals who require extended care beyond acute psychiatric stabilization or extended psychiatric services. These services address long-standing behavioral disturbances, which are not usually responsive to shorter-term care.
Q	
Qualified Rate Adjustment (QRA)	Medicaid's annual lump sum supplemental payment equal to a portion of the difference between a qualifying hospital's Medicaid allowable costs for the payment period and its pre-QRA Medicaid payments for the same period, minus amounts payable by other third parties and beneficiaries. The QRA payments are only available to in-state hospitals for inpatient and outpatient services.
R	
Recipient	For the purposes of this Report, an individual enrolled in Medicaid who received Medicaid services.
Resource Based Relative Value Scale (RBRVS)	Established as part of the Omnibus Reconciliation Act of 1989, Medicare's payment principles for physician services were adjusted by establishing an RBRVS fee schedule. This payment methodology has three components: a relative value for each procedure, a geographic adjustment factor, and a conversion factor. Procedures are assigned a relative value which is adjusted by geographic region. This value is then multiplied by a conversion factor to determine the amount of payment.
Rural Health Clinic (RHC)	A designated health clinic in a medically under-served area that is non-urbanized as defined by the U.S. Bureau of Census and that is eligible to receive cost-based Medicare and Medicaid reimbursement.
S	
Section 1115 Waiver	An experimental, pilot, or demonstration project authorized by Section 1115 of the Social Security Act. Section 1115 projects allow states the flexibility to test new or existing approaches to financing and delivering the Medicaid program.

Term	Definition
Social Security Act	The legislation, signed in 1965 that authorized Medicare under Title XVIII, and Medicaid under Title XIX.
State Fiscal Year (SFY)	The 12-month accounting period for which the state plans its budget, usually running from July 1 through June 30. The SFY is named for the end date of the year (e.g., SFY 2022 ends on June 30, 2022).
State Funds	For the purposes of this Report, funds that do not receive any Medicaid Federal Medical Assistance Percentage.
State Maximum Allowable Cost (SMAC)	The maximum price pharmacies receive as reimbursement for equivalent groups of multiple-source generic prescription drugs. Medicaid may include more drugs than what are covered under the federal upper limit program as well as set reimbursement rates that are lower than federal upper limit rates.
Supplemental Security Income (SSI)	A federal income supplement program administered by the Social Security Administration. It is designed to assist the aged, blind, or disabled individuals who have little or no income and provides cash to meet basic needs for food, clothing, and shelter.
T	
Third-Party Liability (TPL)	The legal obligation of a third party to pay part or all of the expenditures for medical assistance under Medicaid.
U	
Usual and Customary Charge	The fee that is most consistently charged by a healthcare provider for a particular procedure. The actual price that pharmacies charge cash-paying customers for prescription drugs.

ACRONYMS

Table 71. Acronyms

Acronym	Meaning	Acronym	Meaning
ABD	Aged, Blind, or Disabled	ABI	Acquired Brain Injury
ACA	Affordable Care Act	ALF	Assisted Living Facility
APC	Ambulatory Payment Classification	ARRA	American Recovery and Reinvestment Act of 2009
ASC	Ambulatory Surgery Center	AWP	Average Wholesale Price
BHD	Behavioral Health Division	BIPA	Benefits Improvement and Protection Act of 2000
CARF	Commission on Accreditation of Rehabilitation Facilities	CCD	Continuity of Care Document
CHIP	Children's Health Insurance Program	CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CME	Care Management Entity	CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services	COA	Council on Accreditation of Services for Families and Children
CORF	Comprehensive Outpatient Rehabilitation Facility	CPT	Current Procedural Terminology
CQM	Clinical Quality Measures	DD	Developmental Disabilities
DFS	Department of Family Services	DME	Durable Medical Equipment
DRA	Deficit Reduction Act	DSH	Disproportionate Share Hospital
DUR	Drug Utilization Review	EAC	Estimated Acquisition Cost
EHR	Electronic Health Record	EOB	Explanation of Benefits
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment	ESRD	End-Stage Renal Disease
FFY	Federal Fiscal Year	FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level	FQHC	Federally Qualified Health Center
FUL	Federal Upper Limit	HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System	HHS	Department of Health and Human Services
HIE	Health Information Exchange	HIT	Health Information Technology
HPSA	Health Professional Shortage Area	IBA	Individualized Budget Amount
ICF-IID	Intermediate Care Facility for Individuals with Intellectual Disabilities	LEP	Limited English Proficiency

Acronym	Meaning	Acronym	Meaning
LOC	Level of Care	LTC	Long-Term Care
MAGI	Modified Adjusted Gross Income	MEI	Medicare Economic Index
MFCU	Medicaid Fraud Control Unit	MMIS	Medicaid Management Information System
MU	Meaningful Use	NAMFCU	National Association of Medicaid Fraud Control Units
NPI	National Provider Identifier	OIG	Office of Inspector General
OPPS	Outpatient Prospective Payment System	OSCR	On-Site Compliance Review
P&T	Pharmacy and Therapeutics	PA	Prior Authorization
PAB	Psychiatrist Advisory Board	PACE	Program of All-Inclusive Care for the Elderly
PBM	Pharmacy Benefit Management (or Manager)	PCMH	Patient-Centered Medical Home
PDAP	Prescription Drug Assistance Program	PDL	Preferred Drug List
PMPM	Per Member Per Month	POS	Prosthetics, Orthotics, and Supplies
PPS	Prospective Payment System	PRTF	Psychiatric Residential Treatment Facility
QIS	Quality Improvement Strategy	QMB	Qualified Medicare Beneficiaries
QRA	Qualified Rate Adjustment	RBRVS	Resource-Based Relative Value Scale
RHC	Rural Health Clinic	RIBN	Resource Integration into Behavioral Health Networks
SCHIP	State Children's Health Insurance Program	SFY	State Fiscal Year
SLMB	Specified Low-Income Medicare Beneficiaries	SMAC	State Maximum Allowable Cost
SSA	Social Security Administration	SSDC	Sovereign States Drug Consortium
SSI	Supplemental Security Income	TB	Tuberculosis
THR	Total Health Record	TPL	Third-Party Liability
WDH	Wyoming Department of Health	WES	Wyoming Eligibility System

APPENDIX E: DATA METHODOLOGY

ENROLLMENT

- A member is any individual enrolled in Medicaid, identified by a Medicaid ID number
- Enrollment is a distinct count of Medicaid members based on ID number
- Members are enrolled in an eligibility program code, which define the eligibility categories
- See tables for the eligibility category breakdown by program codes
- Monthly average of enrollment is calculated using the distinct count of members as of the last day of each month
- Total SFY enrollment is a distinct count of all members enrolled at any time during the SFY, regardless of the duration of their enrollment span

RECIPIENTS

- A recipient is any enrolled member who has received services and had a Medicaid claim processed and paid during the SFY
- Since the distinct count of recipients is based on claims paid during the SFY, this count may exceed enrollment as some recipients may not have maintained enrollment in the SFY in which their claim paid

EXPENDITURES

- Expenditures represent claim payments made to providers during the SFY.
- For this report, expenditures include all paid claims, including those that were adjusted and re-adjusted during the SFY.
- Third-party payments, co-payments, DSH payments, and history-only adjustments are excluded from totals, as are premium and cost-sharing assistance for Medicare individuals

PER MEMBER PER MONTH

- The Per Member Per Month (PMPM) represents the monthly average cost for each enrolled member.
- The calculation is equal to expenditures divided by member months in which expenditures are based on original and final adjusted claims by first service dates and member months is the sum of the number of months individuals are enrolled in Medicaid.
- The PMPM value in this report is a preliminary value only.
- The final SFY 2023 PMPM value will be available in the separate Wyoming Medicaid Per Member Per Month report.

SERVICES

- Most service areas are defined using pay-to-provider taxonomy codes on claims paid during the SFY. See table 77 for the parameters used for each service and special population in this report.
- Other services may use claim types or the recipient's eligibility program code in addition to the pay-to-provider tax code.

Table 72. Program Codes

Medicaid Eligibility Category	Program Codes	
Aged, Blind, Disabled Employed Individuals with Disabilities	S56	Emp Ind w/ Disabilities > 21
	S57	Emp Ind w/ Disabilities < 21
	S61	Continuous EID <19
Aged, Blind, Disabled Intellectual/ Developmental Disabilities, and Acquired Brain Injury	B01	Acq Brain Injury Wvr SSI
	B02	Acq Brain Injury Wvr 300%
	S60	Acq Brain Injury Wvr w/ EID <65
	S22	DD Waiver SSI > 65 (inactive)
	S23	DD Waiver 300% Cap > 65 (inactive)
	S44	DD Wvr SSI Between 21 & 65 Yrs (inactive)
	S45	DD Wvr 300% Between 21 & 65 Yrs (inactive)
	S59	DD Waiver w/ EID > 21 (inactive)
	S58	DD Waiver w/ EID < 21 (inactive)
	S65	Continuous DD < 19 (inactive)
	S93	DD Waiver SSI <21 (inactive)
	S94	DD Waiver 300% Cap <21 (inactive)
	W03	EID Comp Waiver Adult > 21
	W08	SSI Comp Waiver Adult > 21
	W10	SSI Comp Waiver Aged > 65
	W14	300% Comp Waiver Adult > 21
	W16	300% Comp Waiver Aged > 65
	W04	EID Comp Waiver Child < 21
	W09	SSI Comp Waiver Child < 21
	W15	300% Comp Waiver Child < 21
	W22	EID Comp ABI Waiver Adult > 21
	W23	SSI Comp ABI Waiver Adult > 21
	W24	SSI Comp ABI Waiver Aged > 65
	W25	300% Comp ABI Waiver Adult > 21
	W26	300% Comp ABI Waiver Aged > 65
	S03	ICF-MR SSI > 65
	S04	ICF-MR 300% Cap > 65
	S05	ICF-MR SSI < 65
	S06	ICF-MR 300% Cap < 65
	W01	EID Support Waiver Adult > 21
	W05	SSI Support Waiver Adult > 21
	W07	SSI Support Waiver Aged > 65
	W11	300% Support Waiver Adult > 21
	W13	300% Support Waiver Aged > 65
	W02	EID Support Waiver Child < 21
	W06	SSI Support Waiver Child < 21
	W12	300% Support Waiver Child < 21
	W17	EID Support ABI Waiver Adult > 21
	W18	SSI Support ABI Waiver Adult > 21

Medicaid Eligibility Category	Program Codes	
Aged, Blind, Disabled Intellectual/ Developmental Disabilities, and Acquired Brain Injury (continued)	W19	SSI Support ABI Waiver Aged > 65
	W20	300% Support ABI Waiver Adult > 21
	W21	300% Support ABI Waiver Aged > 65
Aged, Blind, Disabled Institution	S14	Institutional (Hosp) Aged - Inactive
	S15	Inpatient Hospital 300% Cap > 65
	S34	Institutional (Hosp) Disabled - Inactive
	S35	Inpatient Hospital 300% Cap < 65
	S13	Inpat-Psych > 65
Aged, Blind, Disabled Long-Term Care	R01	Asst Living Fac Wvr SSI < 65
	R02	Asst Living Fac Wvr 300% < 65
	R03	Asst Living Fac Wvr SSI > 65
	R04	Asst Living Fac Wvr 300% > 65
	S50	Hospice Care > 65
	S51	Hospice Care < 65
	N98	WLTC Temp Services
	S24	LTC Waiver SSI > 65
	S25	LTC Waiver 300% Cap > 65
	S46	LTC Waiver SSI < 65
	S47	LTC Waiver 300% Cap < 65
	N97	NH Temp Services
	S01	NH-SSI & Ssa Blend >65
	S02	NH-SSI & Ssa Blend <65
	S10	Nursing Home SSI >65
	S11	Nursing Home 300% Cap >65
	S17	Retro Medicaid-"Pr" Aged (inactive)
	S18	Retro Medicaid-"Rm" Aged (inactive)
	S30	Retro Medicaid-"Pr" Disabled (inactive)
	S32	Nursing Home SSI <65
	S33	Nursing Home 300% Cap <65
	S54	Medicaid Only-No Rm & Brd >65
	S55	Medicaid Only-No Rm & Brd <65
	S90	Retro Medicaid-"Rm" Disabled
	P11	PACE < 65
	P12	PCMR < 65
	P13	PACE SSI Disabled < 65
	P14	PACE Mcare SSI Disabled < 65
	P15	PACE NF < 65
	P16	PACE NF SSI Disabled < 65
	P17	PACE NF Mcare Disabled < 65
	P18	PACE NF Mcare SSI Disable < 65
	P21	PACE > 65
	P22	PCMR > 65
	P23	PACE SSI Aged > 65
	P24	PACE Mcare SSI Aged > 65

Medicaid Eligibility Category	Program Codes	
Aged, Blind, Disabled Long-Term Care (continued)	P25	PACE NF > 65
	P26	PACE NF SSI Aged > 65
	P27	PACE NF Mcare Aged > 65
	P28	PACE NF Mcare SSI Aged > 65
Aged, Blind, Disabled SSI & SSI Related	S12	SSI Eligible >65
	S20	Blind SSI - Receiving Payment
	S21	Blind SSI - Not Receiving Pymt
	S31	SSI Eligible <65
	S36	Disabled Adult Child (DAC)
	S37	Goldberg-Kelly
	S39	1619 Disabled
	S40	Aptd Essent. Person Med Only -I
	S48	Zebley >21
	S49	Zebley <21
	S92	Widow-Widowers SDX
	S98	Pseudo SSI Aged (inactive)
	S99	Pseudo SSI Disabled (inactive)
	S09	SSI-Disabled Child Definition
	S16	Pickle >65
	S38	Pickle <65
	S42	Widow-Widowers
	S71	SSI Eligible < 21
Children	A02	Family Care Past 5yr Limit <21
	A04	Family Care <21
	A50	AFDC Medicaid (inactive)
	A54	2nd-6mos. Trans Mcaid Child (inactive)
	A56	Alien: 245 (IRCA) Child (inactive)
	A57	Baby <1 Yr, Mother SSI Elig (inactive)
	A59	Retro Medicaid-"Pr" Child (inactive)
	A60	4 Mo Extended Med <21
	A61	Institutional (AF-IV-E) (inactive)
	A62	Retro Medicaid-"Rm" Child (inactive)
	A63	Refugee Child (inactive)
	A64	Alien: 245 (IRCA) Child (inactive)
	A58	Child 6 Through 18 Yrs
	A65	AFDC-Up Unemployed Parent Ch (inactive)
	A67	12 Mo Extended Med <21
	A87	16+ Not In School AF HH (inactive)
	K03	Kidcare to Child Magi
	M02	Adult MAGI <21
	M03	Child MAGI
	M05	Family MAGI <21
	M10	Children's PE
	M12	Family MAGI PE <21

Medicaid Eligibility Category	Program Codes	
Children (continued)	M14	Adult MAGI PE <21
	S62	Continuous SSI Eligible <19
	A55	Child 0 Through 5 Yrs
	S65	Cont Childrens Ment Health Wvr < 19
	S95	Childrens Ment Hlth Wvr SSI < 21
	S96	Childrens Ment Hlth Wvr 300% <21
	A51	IV-E Foster Care
	A52	IV-E Adoption
	A85	Foster Care Title 19
	A86	Subsidized Adoption Title 19
	A88	Aging Out Foster Care
	A97	Foster Care 0 Through 5
	A98	Foster Care 6 Through 18
	M09	Former Foster Youth <21
	M17	Former Foster Youth PE <21
	S63	Continuous Foster Care <19
	A53	Newborn
	P07	CHIPRA CME
Medicare Savings Programs	S43	Qual Disabled Working Ind
	Q17	QMB > 65
	Q41	QMB < 65
	Q66	QMB Dual with Full Medicaid
	Q94	SLMB 2 > 65
	Q95	SLMB 2 < 65
	Q96	SLMB 1 > 65
	Q97	SLMB 1 < 65
	Q67	SLMB Dual with Full Medicaid
	Q98	Part B-Partial Aged (Inactive)
	Q99	Part B-Partial Disabled (Inactive)
Non-Citizens with Medical Emergencies	A81	Emergency Svc < 21
	A84	Emergency Svc > 21
Pregnant Women	A71	Pregnant Woman < 21
	A72	Pregnant Woman > 21
	A73	Qualified Pregnant Woman > 21
	A74	Qualified Pregnant Woman < 21
	M06	Pregnancy MAGI > 21
	M07	Pregnancy MAGI < 21
	A19	Presumptive Eligibility

Medicaid Eligibility Category	Program Codes	
Special Groups	B03	Breast & Cervical > 21
	B04	Breast & Cervical < 21
	M15	Breast & Cervical PE > 21
	M16	Breast & Cervical PE < 21
	S52	Tuberculosis (Tb) > 65
	S53	Tuberculosis (Tb) < 65
	A20	Pregnant By Choice
	D99	Targeted Case Management on Waitlist
	X01	Beneficiary Monitoring Program
	X02	Incarcerated Medicaid Member
Screenings & Gross Adjustments	N96	Disability Determination Only
	N99	LTC Screening Only
	W98	Single Day Waiver Assessment - Support
	W99	Single Day Waiver Assessment
	S97	CASII Screening Only
	ZZZ	Other

Table 73. Chart B Program Codes

Chart B Eligibility Category	Program Codes	
State-Funded Foster Care	A95	Pending Foster Care
	A96	Basic Foster Care
	A99	Institutional Foster Care

Table 74. CHIP Program Codes

CHIP Eligibility Category	Program Codes	
CHIP	K01	CHIP - A
	K02	CHIP - B
	K04	CHIP - C
	K05	CHIP - A PE
	K06	CHIP - B&C PE

DATA PARAMETERS

As stated in the previous section, Expenditures are calculated using all Medicaid Chart A recipient program codes and all claim adjustments except history-only adjustments. Counts exclude several program codes and only include original and final claims.

Table 75. Data Parameters by Service Area

Service Area	Pay-to-Provider Taxonomy		Other Parameters
Ambulance - Total	341600000X	Ambulance	n/a
Ambulance - Air	341600000X	Ambulance	Procedure Codes: A0030, A0430, A0431, A0435, A0436, A0382, A0398, A0422, A0433, A0434, A0998
Ambulance - Ground	341600000X	Ambulance	Procedure Codes: A0221, A0360, A0362, A0368, A0370, A0380, A0390, A0425, A0426, A0427, A0428, A0429, A0382, A0398, A0422, A0433, A0434, A0998
Ambulatory Surgery Center	261QA1903X	Ambulatory Surgery Center	n/a
Behavioral Health	101Y00000X 101YA0400X 101YP2500X 103G00000X 103K00000X 103TC0700X 1041C0700X 106E00000X 106H00000X 106S00000X 163W00000X 164W00000X 171M00000X 172V00000X 2084P0800X 261QM0801X 261QR0405X 364SP0808X	Professional Counselor; Certified Mental Health Worker Addictions Therapist/Practitioner Professional Counselor Neuropsychologist Behavior Analyst Clinical Psychologist Social Worker Assistant Behavior Analyst Marriage and Family Therapist Behavior Technician RN LPN Case Worker Community Health Worker; Peer Specialist; Certified Addictions Practitioner Assistant Psychiatrist Mental Health - including Community Mental Health Center Rehabilitation, Substance Use Disorder NP, APN Psychiatric/Mental Health	G9012, T1017, H0004, H0031, H0038, H0046, Hf2101, H2014, HF2017, H2019, S9480, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853, 96105, 96106, 96,107, 96108, 96109, 96110, 96111, 96112, 96113, 96114, 96115, 96116, 96117, 96118, 96119, 96120, 96121, 96122, 96123, 96124, 96125, 96126, 96127, 96128, 96129, 96130, 96131, 96132, 96133, 96134, 96135, 96136, 96137, 96138, 96139, 96140, 96141, 96142, 96143, 96144, 96145, 96146, 96101, 96102, 96103, 96104, H2018, T1007, H2021, T1012, H0034, H0005, H2015, H0006, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T

Behavioral Health services provided by Non-BH providers	EXCLUDE Behavioral Health Provider taxonomies and 261QP0904X: Public Health, Federal		Procedure Codes: G9012, T1007, T1012, T1017, T2011, 90785, 90791, 90792, H0001-H2037, 90801-90899, 96101-96125 99201 and 99360 when paired with 90833, 90836, 90838, or 90785 on same claim with same treating provider Claim Types: EXCLUDE W (waiver)
Care Management Entity	251S00000X	CHPR CME	n/a
Clinic/Center (Developmental Centers)	261Q00000X	Clinic/Center	n/a
Dental	122300000X 1223D0001X 1223E0200X 1223G0001X 1223P0221X 1223P0300X 1223S0112X 1223X0400X	Dentist Dental Public Health Endodontics General Practice Dentist Pedodontics Periodontics Surgery, Oral and Maxillofacial Orthodontics	n/a
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	332B00000X 332S00000X 335E00000X	DME Hearing Aid Equipment POS	n/a
Durable Medical Equipment Only	332B00000X 332S00000X	DME Hearing Aid Equipment	n/a
Prosthetics, Orthotics, and Supplies Only	335E00000X	POS	n/a
End-Stage Renal Disease	261QE0700X	End-Stage Renal Disease	n/a
Federally Qualified Health Center	261QF0400X	Federally Qualified Health Center	n/a
Home Health	251E00000X	Home Health	n/a
Hospice	251G00000X	Hospice Care, Community-Based	n/a
Hospital Total	261QR0400X 282N00000X 282NR1301X 283Q00000X 283X00000X	Rehabilitation General Acute Care Hospital General Acute Care Hospital - Rural Psychiatric Hospital Rehabilitation Hospital	n/a

Hospital Inpatient	282N00000X 282NR1301X 283Q00000X 283X00000X	General Acute Care Hospital General Acute Care Hospital - Rural Psychiatric Hospital Rehabilitation Hospital	Claim Type: I, X
Hospital Outpatient	261QR0400X 282N00000X 282NR1301X 283X00000X	Rehabilitation General Acute Care Hospital General Acute Care Hospital - Rural Rehabilitation Hospital	Claim Type: O, V
Hospital Emergency Room	All Taxonomies		Procedure Codes: 99281 thru 99285 OR Place of Service: 23 AND Procedure Codes in Emergency Department Procedure Code Value Set (2020 HEDIS) OR Revenue Code: 0450 through 0459 Counts: Claim Type O Expenditures: Header level amounts for all events that have both Medical and Outpatient claim (i.e. no associated inpatient admission)
International Care Facility for Individuals with Intellectual Disabilities	315P00000X	Intermediate Care Facility, Intellectual Disability	n/a
Laboratory	291U00000X	Clinical Medical Laboratory	n/a
Nursing Facility	275N00000X 314000000X	Medicare Defined Swing Bed Skilled Nursing Facility	n/a
Program for All-Inclusive Care of Elderly (PACE)	251T00000X	PACE Organization	n/a

Physician and Other Practitioner Total	All Taxonomies starting with '20' 363A00000X 225X00000X 225100000X 213E00000X 363L00000X 363LA2200X 363LF0000X 363LG0600X 363LX0001X 363LP0200X 367A00000X 367500000X 231H00000X 235Z00000X	 Physician Assistant Occupational Therapist Physical Therapist Podiatrist Nurse Practitioner Nurse Midwife Nurse Anesthetist Audiologist Speech-Language Pathologist	n/a
Physician	All Taxonomies starting with '20' EXCLUDING 2084P0800X 363A00000X	Psychiatrists Physician Assistant	n/a
Other Practitioner	225X00000X 225100000X 213E00000X 363L00000X 363LA2200X 363LF0000X 363LG0600X 363LX0001X 363LP0200X 367A00000X 367500000X 231H00000X 235Z00000X	Occupational Therapist Physical Therapist Podiatrist Nurse Practitioner Nurse Midwife Nurse Anesthetist Audiologist Speech-Language Pathologist	n/a
Prescription Drug	333600000X	Pharmacy	Claim Type: P
Psychiatric Residential Treatment Facility	323P00000X	Psychiatric Residential Treatment Facility	Claim Types: I, X
Public Health, Federal	261QP0904X	Public Health, Federal	n/a

Public Health or Welfare	251K00000X	Public Health or Welfare	n/a
Rural Health Clinic	261QR1300X	Rural Health Clinic	n/a
Vision	152W00000X 156FX1800X	Optometrist Optician	n/a
Waiver - HCBS Waivers - Waiver Only Services	251B00000X 251C00000X 251X00000X	Case Management Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S64, S93, S94, N98, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
Waiver - HCBS Waivers - Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251B00000X, 251C00000X, 251X00000X Recipient Program Codes: B01, B02, S60, R01, R02, R03, R04, S65, S95, S96, S22, S23, S44, S45, S59, S58, S64, S93, S94, N98, S24, S25, S46, S47, W03, W04, W08, W09, W10, W14, W15, W16, W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21, W22, W23, W24, W25, W26
Waiver - Acquired Brain Injury Waiver Only	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: B01, B02, S60
Waiver - Acquired Brain Injury Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251C00000X, 251X00000X Recipient Program Codes: B01, B02, S60
Waiver - Adult with ID/DD Waiver Only	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: S22, S23, S44, S45, S59

Waiver - Adult with ID/DD Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251C00000X, 251X00000X Recipient Program Codes: S22, S23, S44, S45, S59
Waiver - Child with ID/DD Waiver Only	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: S58, S93, S94, S64
Waiver - Child with ID/DD Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251C00000X, 251X00000X Recipient Program Codes: S58, S93, S94, S64
Waiver - Children's Mental Health Waiver Only	251S00000X	CHPR CME	Claim Type: W, G Recipient Program Codes: S95, S96, S65
Waiver - Children's Mental Health Non-Waiver Services	251S00000X		Recipient Program Codes: S95, S96, S65
Waiver Comprehensive Waiver Only	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26
Waiver Comprehensive Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251C00000X, 251X00000X Recipient Program Codes: W03, W04, W08, W09, W10, W14, W15, W16, W22, W23, W24, W25, W26
Waiver - Community Choices Waiver Only	251B00000X	Case Management	Claim Type: W, G Recipient Program Codes: S24, S25, S46, S47, N98, R01, R02, R03, R04
Waiver - Community Choices Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251B00000X Recipient Program Codes: S24, S25, S46, S47, N98, R01, R02, R03, R04
Waiver - Pregnant by Choice	All Taxonomies		Recipient Program Code: A20

Waiver - Supports Waiver Only	251C00000X 251X00000X	Day Training, DD PACE PPL	Claim Type: W, G Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21
Waiver - Supports Non-Waiver Services	All Taxonomies		EXCLUDE Claim Types W, G for Pay to Provider Taxonomies: 251C00000X, 251X00000X Recipient Program Codes: W01, W02, W05, W06, W07, W11, W12, W13, W17, W18, W19, W20, W21

Table 76. Data Parameters for Subprogram and Special Populations

Subprogram / Special Population	Parameters
Crossover Claims	Claim Type: B, V, X
Foster Care - Medicaid	Recipient Program Codes: A51, A52, A85, A86, A88, A97, A98, S63
Foster Care - State Funded	Recipient Program Codes: A99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GRAIN
OIL
1869
1890