

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

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

Ambulance – All Procedures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
A0430	FIXED WING AIR TRANSPORT	\$2,874.22	\$3,603.48	\$3,295.19	\$4,200.11	\$1,780.53	\$1,876.87	\$1,975.42	\$202.38*	N/A
A0431	ROTARY WING AIR TRANSPORT	\$3,341.71	\$4,189.59	\$2,976.25	\$4,883.27	\$1,780.53	\$1,074.00*	\$2,299.65	\$202.38*	N/A
A0435	FIXED WING AIR MILEAGE	\$8.85	\$10.23	\$7.88	\$12.71	\$5.67	\$12.53	\$11.98	\$5.40	N/A
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	\$291.24	\$514.62	\$367.97	\$393.22	\$270.13	\$375.90	\$282.02	N/A	\$838.00**
A0436	ROTARY WING AIR MILEAGE	\$23.62	\$27.28	\$19.06	\$33.89	\$14.66	\$25.06	\$11.98	\$5.40*	N/A
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	\$245.26	\$433.36	\$309.87	\$331.14	\$227.48	\$184.37	\$237.85	\$1,000.00*	N/A
A0425	GROUND AMBULANCE MILEAGE	\$5.49	\$8.71	\$6.10	\$7.29	\$4.01	\$6.16	\$4.34	\$4.77	\$1,081.50**
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	\$5.49	N/A	N/A	N/A	\$4.01	N/A	N/A	N/A	N/A
A0428	AMBULANCE SERVICE (BLS)	\$153.29	\$270.85	\$169.46	\$206.96	\$142.15	\$150.36	\$154.01	N/A	\$442.00**
A0426	AMBULANCE SERVICE (ALS 1)	\$183.94	\$325.02	\$203.35	\$248.36	\$170.59	\$375.90	\$189.94	\$0.00*	N/A
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	\$5.49	N/A	N/A	N/A	\$4.01	N/A	N/A	N/A	N/A
A0433	AMBULANCE SERVICE (ALS 2)	\$421.54	\$744.84	\$532.59	\$569.13	\$390.96	\$375.90	N/A	N/A	\$1,214.00**
A0422	AMBULANCE SERVICE (ALS or BLS)	\$24.38	N/A	\$14.73	N/A	\$13.58	N/A	\$22.26	\$22.16	N/A
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	\$165.75	N/A	Not A Benefit	\$189.77	N/A	N/A	N/A	\$56.72	\$683.50**
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	\$11.70	N/A	Manually Priced	N/A	N/A	N/A	N/A	N/A	N/A
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	\$9.75	N/A	Manually Priced	N/A	N/A	N/A	N/A	N/A	N/A

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

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

Average Ambulance Comparison (by Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	68%	103%	N/A

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Ambulatory Surgery Centers (ASC) – By Expenditures

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

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
43239	EGD, W BIOPSY	\$394.60	\$429.79	\$375.02	\$361.78	\$429.79	\$401.00	\$354.50	\$262.39	\$767.58
45385	CLNSOPY; W LSIN(S) RMVAL	\$517.63	\$563.79	\$375.02	\$463.64	\$563.79	\$401.00	\$354.50	\$336.27	\$1,309.85
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$1,032.22	\$1,101.05	\$818.23	\$918.04	\$1,101.05	\$975.00	\$497.62	\$665.83	N/A
66984	XCAPSL CTRCT RMVL W/O ECP	\$1,032.22	\$1,101.05	\$818.23	\$918.04	\$1,101.05	\$975.00	\$497.62	\$665.83	\$1,892.38**
45380	CLNSOPY AND BPSY	\$517.63	\$563.79	\$375.02	\$463.64	\$563.79	\$401.00	\$354.50	\$336.27	\$1,297.75
66821	AFTR CTRCT LSR SURGERY	\$253.71	\$276.34	\$375.02	\$225.02	\$276.34	\$401.00	\$254.22	\$163.20	N/A
26055	TENDON SHEATH INCISION	\$685.70	\$748.58	\$375.02	\$640.55	\$748.58	\$401.00	\$354.50	\$464.58	N/A
67228	TREATMENT X10SV RETINOPATHY	\$253.71	\$178.92	\$545.06	\$155.00	\$178.92	N/A	\$254.22	\$108.21	N/A
45378	DIAG COLONOSCOPY	\$397.24	\$432.66	\$375.02	\$354.83	\$432.66	\$401.00	\$354.50	\$257.34	\$700.36**
65093	REVISE EYE WTH IMPLNT	\$1,670.86	\$1,406.85	\$428.89*	\$1,191.82	\$1,406.85	\$762.00	\$406.25*	\$864.39	N/A
43248	EGD GDE WIRE NSRTN	\$394.60	\$429.79	\$375.02	\$361.78	\$429.79	\$401.00	\$354.50	\$262.39	\$948.00**
91035	G-ESOPH RFLX TST W/ELCTRD	\$231.08	\$251.69	\$352.16	\$218.25	\$251.69	N/A	N/A	\$158.29	N/A
64721	CARPAL TUNNEL SURGERY	\$859.22	\$853.93	\$375.02	\$712.82	\$853.93	\$401.00	\$354.50	\$516.99	\$2,055.00**
52000	CYSTOSCOPY	\$298.91	\$282.82	\$280.02	\$257.23	\$282.82	\$401.00	\$254.22	\$186.57	\$2,228.00**
20611	DRN/NJX JNT/BRSA W/US	\$129.97	\$58.29	\$74.12	\$51.14	\$58.29	N/A	N/A	\$36.00*	N/A
15823	RVSN OF UPPR EYELID	\$824.97	\$898.54	\$602.95	\$765.81	\$898.54	\$401.00	\$497.62	\$555.42	N/A
20670	RMVL OF SPVRT MPLNT	\$716.79	\$637.04	\$280.02	\$525.42	\$637.04	\$401.00	\$254.22	\$381.07	N/A
28230	INCSN OF FOOT TNDN(S)	\$685.70	\$748.58	\$109.02*	\$243.43	\$275.16	N/A	\$254.22	\$168.62*	N/A
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$859.22	\$853.93	\$280.02*	\$712.82	\$853.93	\$401.00	\$254.22*	\$516.99	N/A
65855	TRBCLPLSTY LSR SRG	\$253.71	\$136.57	\$279.44	\$118.12	\$136.57	N/A	\$254.22	\$83.15*	N/A

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

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

Average ASC Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	110%	137%	N/A

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Ambulatory Surgery Centers (ASC) – By Utilization

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

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
66984	XCAPSL CTRCT RMVL W/O ECP	\$1,032.22	\$1,101.05	\$818.23	\$918.04	\$1,101.05	\$975.00	\$497.62	\$665.83	\$1,892.38**
43239	EGD, W BIOPSY	\$394.60	\$429.79	\$375.02	\$361.78	\$429.79	\$401.00	\$354.50	\$262.39	\$767.58
45380	CLNSCPY AND BPSY	\$517.63	\$563.79	\$375.02	\$463.64	\$563.79	\$401.00	\$354.50	\$336.27	\$1,297.75
45385	CLNSOPY; W LSIN(S) RMVAL	\$517.63	\$563.79	\$375.02	\$463.64	\$563.79	\$401.00	\$354.50	\$336.27	\$1,309.85
43248	EGD GDE WIRE NSRTN	\$394.60	\$429.79	\$375.02	\$361.78	\$429.79	\$401.00	\$354.50	\$262.39	\$948.00**
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$1,032.22	\$1,101.05	\$818.23	\$918.04	\$1,101.05	\$975.00	\$497.62	\$665.83	N/A
66821	AFTR CTRCT LSR SURGERY	\$253.71	\$276.34	\$375.02	\$225.02	\$276.34	\$401.00	\$254.22	\$163.20	N/A
20611	DRN/NJX JNT/BRSA W/US	\$129.97	\$58.29	\$74.12	\$51.14	\$58.29	N/A	N/A	\$36.00*	N/A
26055	TENDON SHEATH INCISION	\$685.70	\$748.58	\$375.02	\$640.55	\$748.58	\$401.00	\$354.50	\$464.58	N/A
45378	DIAG COLONOSCOPY	\$397.24	\$432.66	\$375.02	\$354.83	\$432.66	\$401.00	\$354.50	\$257.34	\$700.36**
65855	TRBCLPLSTY LSR SRG	\$253.71	\$136.57	\$279.44	\$118.12	\$136.57	N/A	\$254.22	\$83.15*	N/A
20680	RMVL OF SPVRT MPLNT	\$1,234.81	\$1,072.38	\$428.89	\$880.51	\$1,072.38	\$536.00	\$406.25*	\$638.61	\$4,863.57**
43249	ESPH EGD DLTN <30 MM	\$832.49	\$752.43	\$375.02	\$610.23	\$752.43	\$401.00	\$354.50	\$442.58	\$1,304.00**
52000	CYSTOSCOPY	\$298.91	\$282.82	\$280.02	\$257.23	\$282.82	\$401.00	\$254.22	\$186.57	\$2,228.00**
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$859.22	\$853.93	\$280.02*	\$712.82	\$853.93	\$401.00	\$254.22*	\$516.99	N/A
64721	CARPAL TUNNEL SURGERY	\$859.22	\$853.93	\$375.02	\$712.82	\$853.93	\$401.00	\$354.50	\$516.99	\$2,055.00**
20610	DRAIN/INJ JOINT/BURSA	\$129.97	N/A	\$74.12	\$30.20*	\$34.56*	N/A	\$254.22	\$21.26*	\$580.50**
G0105	COLORECTAL SCRIN; HI RISK IND	\$397.24	\$432.66	\$375.02	\$354.83	\$432.66	N/A	N/A	\$257.34	\$810.00**
67228	TREATMENT X10SV RETINOPATHY	\$253.71	\$178.92	\$545.06	\$155.00	\$178.92	N/A	\$254.22	\$108.21	N/A
15823	RVSN OF UPPR EYELID	\$824.97	\$898.54	\$602.95	\$765.81	\$898.54	\$401.00	\$497.62	\$555.42	N/A

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

Average ASC Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	110%	128%	N/A

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Behavioral Health – By Expenditures

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

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
90837	PSYTX W PT 60 MINUTES	\$108.90	\$146.50	\$128.03	\$130.19	\$184.26	\$250.61	\$121.88	\$147.97	\$174.80
90834	PSYTX W PT 45 MINUTES	\$87.33	\$99.54	\$86.70	\$88.42	\$125.52	\$187.96	\$81.37	\$118.90	\$145.80
90791	PSYCH DIAGNOSTIC EVALUATION	\$154.90	\$174.15	\$151.98	\$154.21	\$218.51	\$231.46	\$125.63	\$40.63*	\$211.15
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$20.50	N/A	\$13.97	N/A	N/A	\$17.76	N/A	\$17.92	\$570.44
90853	GROUP PSYCHOTHERAPY	\$30.91	\$26.63	\$23.18	\$23.55	\$33.41	\$50.91	\$55.92	\$7.75*	\$48.44
96131	PSYCL TST EVAL PHYS/QHP EA	\$79.11	\$86.47	\$99.82	\$77.51	\$110.29	\$66.60	\$106.88	\$162.24	\$126.56
90832	PSYTX W PT 30 MINUTES	\$55.71	\$75.28	\$65.45	\$66.97	\$95.07	\$125.31	\$61.11	\$66.62	\$92.50
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$20.50	N/A	\$21.80	N/A	N/A	\$17.76	N/A	\$36.27	N/A
90847	FAMILY PSYTX W/PT 50 MIN	\$107.46	\$99.13	\$85.75	\$88.59	\$124.25	\$168.86	\$65.81	\$33.31*	\$162.00**
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$119.59	\$126.03	\$104.10	\$148.31	\$120.76	\$106.88	\$162.24	\$154.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$164.96	\$195.26	\$169.81	\$171.65	\$244.69	\$323.69	\$129.71	\$40.63*	\$221.05
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$38.82	\$39.24	\$47.44	\$33.44	\$49.48	\$31.08	\$53.45	\$81.12	\$55.10
90833	PSYTX W PT W E/M 30 MIN	\$28.75	\$69.04	\$59.90	\$61.01	\$87.03*	\$90.11*	\$47.75	\$66.62	\$114.73
97151	BHV ID ASSMT BY PHYS/QHP	\$19.15	N/A	\$37.70	N/A	N/A	\$26.64	N/A	\$36.27	\$360.00
96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$116.99	\$129.42	\$126.03	\$112.84	\$161.84	\$120.76	\$106.88	\$162.24	\$148.06**
90846	FAMILY PSYTX W/O PT 50 MIN	\$85.54	\$95.06	\$87.82	\$85.47	\$102.02	\$159.49	\$91.53	\$33.31	N/A
90785	PSYTX COMPLEX INTERACTIVE	\$10.06	\$14.84	\$4.32	\$12.87	\$18.18	N/A	N/A	\$0.00*	\$16.85**
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$41.94	\$42.56	\$64.82	\$77.51	\$54.93	\$66.60	\$53.45	\$81.12	\$58.98
96139	PSYCL/NRPSYC TST TECH EA	\$34.12	\$35.17	\$18.32	\$28.26	\$43.98	\$31.08	N/A	\$26.98	\$15.86**
96133	NRPSYC TST EVAL PHYS/QHP EA	\$89.23	\$98.67	\$99.82	\$87.49	\$125.52	\$66.60	\$106.88	\$162.24	\$113.41**

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Average Behavioral Health Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	87%	82%	67%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Behavioral Health – By Utilization

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Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
90837	PSYTX W PT 60 MINUTES	\$108.90	\$146.50	\$128.03	\$130.19	\$184.26	\$250.61	\$121.88	\$147.97	\$174.80
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$20.50	N/A	\$13.97	N/A	N/A	\$17.76	N/A	\$17.92	\$570.44
90853	GROUP PSYCHOTHERAPY	\$30.91	\$26.63	\$23.18	\$23.55	\$33.41	\$50.91	\$55.92	\$7.75*	\$48.44
90834	PSYTX W PT 45 MINUTES	\$87.33	\$99.54	\$86.70	\$88.42	\$125.52	\$187.96	\$81.37	\$118.90	\$145.80
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$20.50	N/A	\$21.80	N/A	N/A	\$17.76	N/A	\$36.27	N/A
90832	PSYTX W PT 30 MINUTES	\$55.71	\$75.28	\$65.45	\$66.97	\$95.07	\$125.31	\$61.11	\$66.62	\$92.50
90791	PSYCH DIAGNOSTIC EVALUATION	\$154.90	\$174.15	\$151.98	\$154.21	\$218.51	\$231.46	\$125.63	\$40.63*	\$211.15**
90785	PSYTX COMPLEX INTERACTIVE	\$10.06	\$14.84	\$4.32	\$12.87	\$18.18	Not Covered	N/A	N/A	\$16.85**
90833	PSYTX W PT W E/M 30 MIN	\$28.75	\$69.04	\$59.90	\$61.01	\$87.03*	\$90.11*	\$47.75	\$66.62	\$114.73
97151	BHV ID ASSMT BY PHYS/QHP	\$19.15	N/A	\$37.70	N/A	N/A	\$26.64	N/A	\$36.27	\$360.00
96131	PSYCL TST EVAL PHYS/QHP EA	\$79.11	\$86.47	\$99.82	\$77.51	\$110.29	\$66.60	\$106.88	\$162.24	\$126.56
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$38.82	\$39.24	\$47.44	\$33.44	\$49.48	\$31.08	\$53.45	\$81.12	\$55.10
90847	FAMILY PSYTX W/PT 50 MIN	\$107.46	\$99.13	\$85.75	\$88.59	\$124.25	\$168.86	\$65.81	\$33.31*	\$162.00**
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$119.59	\$126.03	\$104.10	\$148.31	\$120.76	\$106.88	\$162.24	\$154.00
97156	FAM ADAPT BHV TX GDN PHY/QHP	\$20.50	N/A	N/A	N/A	N/A	N/A	N/A	\$36.27*	N/A
90792	PSYCH DIAG EVAL W/MED SRVCS	\$164.96	\$195.26	\$169.81	\$171.65	\$244.69	\$323.69	\$129.71	\$40.63*	\$221.05
96139	PSYCL/NRPSYC TST TECH EA	\$34.12	\$35.17	\$18.32	\$28.26	\$43.98	\$31.08	N/A	\$26.98	\$15.86**
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$41.94	\$42.56	\$64.82	\$77.51	\$54.93	\$66.60	\$53.45	\$81.12	\$58.98
90846	FAMILY PSYTX W/O PT 50 MIN	\$85.54	\$95.06	\$87.82	\$85.47	\$102.02	\$159.49	\$91.53	\$33.31	N/A
96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$116.99	\$129.42	\$126.03	\$112.84	\$161.84	\$120.76	\$106.88	\$162.24	\$148.06**

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Average Behavioral Health Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	87%	82%	58%

Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>State Medicaid programs are required to cover certain behavioral health services, including medically necessary inpatient hospital services, outpatient hospital services, home health services, physician services and nursing facility services. Medicaid programs have the option of covering additional services to address mental health and substance use disorders. In addition to services included in the state plan, many states offer various waivers targeted at addressing behavioral health conditions.</p>						
<p>Wyoming Medicaid offers a variety of behavioral services through outpatient and community-based providers including mental health assessments, individual group therapy, rehabilitation, peer specialist services, targeted case management, and medically necessary psychiatric services.</p> <p>Wyoming’s combined 1915(b) & (c) waivers, the Care Management Entity (CME) and the Children’s Mental Health Waiver (CMH) respectively, is a home and community-based program that uses an evidence-based model for intensive care</p>	<p>Colorado Medicaid offers behavioral health services through an Accountable Care Collaborative, which established seven Regional Accountable Entities (RAEs) to coordinate Medicaid members’ primary care, mental health, and substance abuse disorder services, as part of whole-service strategy of care.³</p> <p>RAEs can earn financial incentives for achieving performance and programmatic objectives through Key Performance Indicators, the Performance Pool, and the Behavioral Health Incentive Program.</p>	<p>Idaho has reformed their behavioral health system for Medicaid members through waivers and private partnerships.</p> <p>Since September 1st, 2013, the state has implemented a statewide Idaho Behavioral Health Plan (IBHP) with Optum Idaho as part of a managed care approach to administer the program. The IBHP-Optum collaboration focuses on integrating different mental health services into a more unified behavioral health system with a focus on care management.⁵</p>	<p>In addition to the required behavioral health services offered through the state plan, Montana’s Medicaid program also offers expanded mental health services for adults 18 and older who do not qualify for Medicaid and who have a Severe Disabling Mental Illness (SDMI) under the Montana Additional Services and Populations 1115 Waiver.⁷</p> <p>Montana operates behavioral health programming using three strategies:</p>	<p>Nebraska Medicaid program covers medically necessary psychiatric, and substance use disorder services for primary psychiatric and/or substance use disorder diagnoses for individuals age 21 and older, including outpatient services, day treatment, substance use disorder treatment, and hospital services.</p> <p>Nebraska Medicaid also provides coverage for children and adolescent mental health and SUD outpatient services, middle intensity services, day</p>	<p>The Division of Behavioral Health, a division of the SD Department of Social Services, offers behavioral health services through contracts with 11 community mental health centers across the state to provide services to adults and youth. Services provided include screenings and assessments, specialized outpatient services, individual therapy, group therapy, and crisis intervention.¹¹</p> <p>Services available for people deemed to have serious mental illnesses (SMIs) include Comprehensive Assistance with Recovery and Empowerment Services (CARE) and Individualized and Mobile Program of Assertive</p>	<p>Through coordination between the Division of Substance Abuse and Mental Health, and the Division of Medicaid and Health Financing, Utah’s county authorities, also known as Local Mental Health Authorities (LMHAs), oversee mental health and SUD services to Medicaid members and all other county residents. There are 13 LMHAs which serve all 29 of Utah’s counties. Services are primarily administered through Prepaid Mental Health Plans, which also include substance abuse disorder services.¹³</p> <p>As of July 1, 2022 the State passed a law that required an inflationary</p>

³ Colorado Department of Health Care Policy and Financing, *FY 2022- 2023 Report to the Community*, Available online: <https://hcpf.colorado.gov/2023-report-to-community>

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

⁷ Montana DPHHS, *Section 1115 Waiver for Additional Services and Populations*, Available online: <https://dphhs.mt.gov/montanahealthcareprograms/medicaid/medicaid1115waiver>

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

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

Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>coordination to provide community-based alternatives to youth deemed to have a serious emotional disturbance (SED) or serious and persistent mental illness as an alternative to institutional care.^{1, 2}</p>	<p>Colorado created a Behavioral Health Administration (BHA) to support the technology, infrastructure, policy, and planning to streamline access.</p> <p>The State published a Mental Health and Substance Use Disorder (SUD) Parity Report in June 2023. The report reviewed Mental Health and SUD benefits in comparison to medical and surgical benefits.⁴</p>	<p>Idaho Medicaid also operates several waivers including an Idaho Behavioral Health Transformation 1115 Waiver allowing reimbursement for services for adults in IMDs and residential settings.</p> <p>Idaho has two approved waivers for IMD payment exclusion for substance use disorder treatment and mental health treatment.⁶</p>	<p>supporting prevention programs, activating primary care, and increasing access to specialty care.</p> <p>Additionally, Montana operates the Behavioral Health SDMI Waiver, which allows members to receive long-term services and supports for SDMI individuals in a community setting rather than a nursing facility.⁸</p> <p>Montana has an approved 1115 SUD waiver: Healing and Ending Addiction through Recovery and Treatment (HEART).</p>	<p>treatment, and hospital services.⁹</p> <p>On June 28, 2019, Nebraska was approved for a Substance Use Disorder Demonstration Waiver, with the expectation that this will offer enhanced existing substance abuse services in more convenient locations, thereby allowing patients to receive more comprehensive required treatments.</p> <p>Nebraska has an approved 1115 waiver for IMD payment exclusion for substance use disorder treatment.¹⁰</p>	<p>Community Treatment (IMPACT).</p> <p>The State also offers specialized outpatient services available for youth deemed to have a serious emotional disturbance.</p> <p>Effective June 1, 2023, South Dakota implemented a 16% inflationary rate increase for community mental health centers (CMHC) and SUD clinics. CMHC services are paid on a FFS basis and are not bundled unless a part of a specific list of specialized outpatient services.¹²</p> <p>South Dakota does not currently operate any behavioral health waiver programs.</p>	<p>increase to Medicaid mental health plans.¹⁴</p> <p>The 1915(b) Prepaid Mental Health Plan waiver allows Medicaid to enroll all members into behavioral health plans statewide.¹⁵</p> <p>Behavioral health services are provided under full risk capitated contracts and mental health services are funded through a state General Fund appropriation to DSAMH, which oversees the Utah State Hospital and LMHAs.</p> <p>Utah has an approved 1115 waiver for IMD payment exclusion for substance use disorder treatment.</p>

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

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

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

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

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

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

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

¹² State Plan Amendment (SPA) - #23-0013 [Behavioral Health Inflationary Increase SFY24.pdf \(sd.gov\)](#)

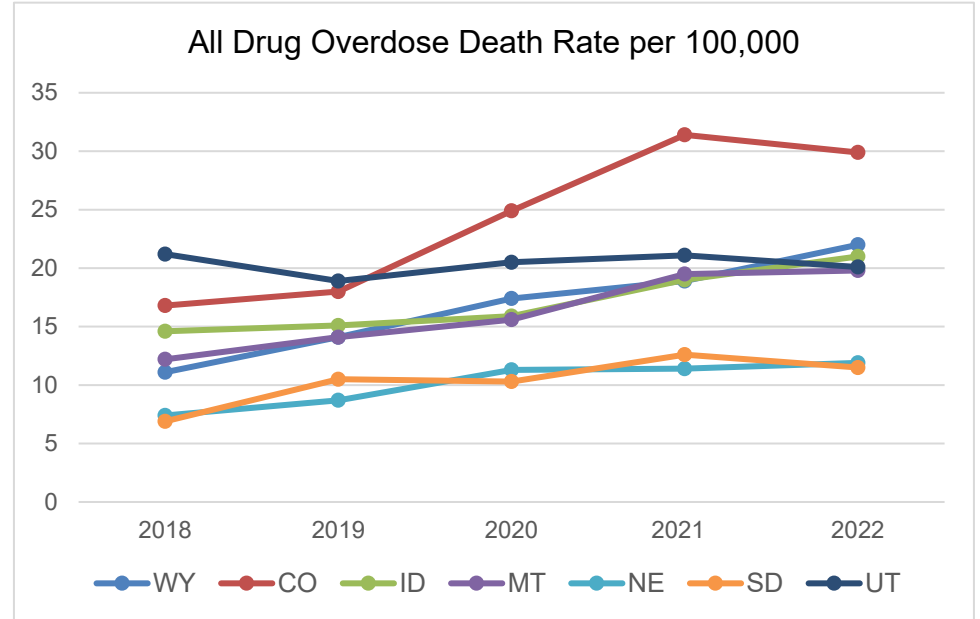
¹⁴ Utah.Gov, *Utah's Mental Health System*, <https://le.utah.gov/interim/2021/pdf/00001946.pdf>

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

Behavioral Health – Substance Use Disorder Services¹⁶

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Through various waivers and initiatives, Wyoming and surrounding states have taken a multi-layered approach to addressing the substance use epidemic impacting communities nationwide. The states cover a variety of Medication-Assisted Treatment (MAT) and other related substance use disorder services as detailed below.							
Naltrexone (oral and injectable) for MAT	Yes	Yes	Yes	Yes	Yes	Yes	N/A
Methadone for MAT	No	Yes	Yes	Yes	No	Yes	N/A
Inpatient Detoxification	No	Yes	Yes	Yes	Yes	Yes	N/A
Outpatient Detoxification	No	Yes	No	Yes	No	No	N/A

All Drug Overdose Death Rate per 100,000 ¹⁷	WY	CO	ID	MT	NE	SD	UT
2022¹⁸	22.0	29.9	21.0	19.8	11.9	11.5	20.1
2021	18.9	31.4	19.0	19.5	11.4	12.6	21.1
2020	17.4	24.9	15.9	15.6	11.3	10.3	20.5
2019	14.1	18.0	15.1	14.1	8.7	10.5	18.9
2018	11.1	16.8	14.6	12.2	7.4	6.9	21.2



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

¹⁷ KFF, Opioid Overdose Death Rates and all Drug Overdose Death Rates per 100,000: <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/>

¹⁸ KFF, Provisional 2022 Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted): <https://www.kff.org/other/state-indicator/provisional-2022-opioid-overdose-death-rates-and-all-drug-overdose-death-rates-per-100000-population-age-adjusted/>

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Dental – By Expenditures

Dental not covered under Medicare.

Procedure Code	Description	WY Rate	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	\$39.00	\$22.87	\$19.24	\$24.84	\$25.69	\$32.84	\$24.08
D2392	RESIN-BSD CMPSTE - 2 SRFCS, PSTRIOR	\$117.00	\$133.82	\$67.22	\$141.92	\$87.55	\$105.39	\$85.68
D2930	PREFBRICTD STNLESS STL CRWN -	\$165.75	\$244.53	\$101.84	\$141.92	\$135.41	N/A	\$111.34
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$42.66	\$17.13	\$13.55*	\$21.29	\$23.35	\$26.89	\$17.87
D1110	PROPHYLAXIS - ADULT	\$60.94	\$41.97	\$41.68	\$53.22	\$38.52	\$62.74	\$49.67
D1120	PROPHYLAXIS - CHILD	\$42.66	\$31.43	\$29.17	\$35.48	\$30.35	N/A	\$38.80
D2391	RESIN-BSD CMPST 1 SRFCE, PSTRIOR	\$95.06	\$104.72	\$51.25	\$70.96	\$68.87	\$84.90	\$67.06
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	\$85.84	\$103.82	\$57.24	\$78.06	\$77.04	\$95.16	\$71.40
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$262.70	\$281.92	\$148.49	\$255.46	\$235.80	\$298.50	\$194.06
D1351	SEALANT - PER TOOTH	\$34.13	\$35.22	\$20.83	\$28.38	\$29.18	\$35.84	\$29.50
D7210	REM IMP TOOTH W MUCOPER FLP	\$160.88	\$166.14	\$102.51	\$141.92	\$108.57	\$171.27	\$94.71
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$73.13	\$52.55	\$39.69	\$56.77	\$42.02	\$80.64	\$63.26
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$42.66	\$29.70	\$23.82	\$35.48	\$22.19	\$41.81	\$35.71
D0140	LIMITED ORAL EVAL - PRBLM FCSD	\$54.85	\$34.30	\$27.15	\$35.48	\$25.69	\$49.27	\$27.96
D2740	CROWN - PORCELAIN/CERAMIC	\$731.25	\$468.56	\$362.86	\$709.60	\$396.89	\$517.76	\$501.12
D0150	CMRHSVE ORL EVAL NEW/ESTB PTNT	\$42.66	\$39.43	\$27.90	\$35.48	\$25.69	\$49.27	\$35.71
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$29.25	\$21.13	\$15.87	\$21.29	\$15.18	\$31.37	\$24.08
D0220	INTRORAL - PERIPCL FRST RADGRPHC	\$18.29	\$12.57	\$9.22	\$17.74	\$7.00	\$19.41	\$13.98
D2150	AMLGAM - 2 SURFCS, PRMRY OR PMNNT	\$117.00	\$133.82	\$67.22	\$78.06	\$68.87	\$105.39	\$71.40
D2393	RESIN-BSD CMPST - 3 SRFCS, PSTRIOR	\$143.94	\$164.10	\$67.22	\$191.59	\$101.55	\$127.36	\$100.60

Average Dental Comparison (By Expenditures)	WY Rate as % of 6-State Average
	132%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Dental – By Utilization

Dental not covered under Medicare.

Procedure Code	Description	WY Rate	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	\$39.00	\$22.87	\$19.24	\$24.84	\$25.69	\$32.84	\$24.08
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$42.66	\$17.13	\$13.55*	\$21.29	\$23.35	\$26.89	\$17.87
D1120	PROPHYLAXIS - CHILD	\$42.66	\$31.43	\$29.17	\$35.48	\$30.35	N/A	\$38.80
D1351	SEALANT - PER TOOTH	\$34.13	\$35.22	\$20.83	\$28.38	\$29.18	\$35.84	\$29.50
D0220	INTRORAL - PERIPCL FRST RADGRPHC	\$18.29	\$12.57	\$9.22	\$17.74	\$7.00	\$19.41	\$13.98
D1110	PROPHYLAXIS - ADULT	\$60.94	\$41.97	\$41.68	\$53.22	\$38.52	\$62.74	\$49.67
D2392	RESIN-BSD CMPSTE - 2 SRFCS, PSTRIOR	\$117.00	\$133.82	\$67.22	\$141.92	\$87.55	\$105.39	\$85.68
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$29.25	\$21.13	\$15.87	\$21.29	\$15.18	\$31.37	\$24.08
D0230	INTRAORL - PERIPCL ADTNL RADGRPHC	\$17.06	\$12.57	\$8.19	\$8.87	\$5.83	\$13.44	\$10.85
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$42.66	\$29.70	\$23.82	\$35.48	\$22.19	\$41.81	\$35.71
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	\$85.84	\$103.82	\$57.24	\$78.06	\$77.04	\$95.16	\$71.40
D2391	RESIN-BSD CMPST 1 SRFCE, PSTRIOR	\$95.06	\$104.72	\$51.25	\$70.96	\$68.87	\$84.90	\$67.06
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	\$42.66	\$39.43	\$27.90	\$35.48	\$25.69	\$49.27	\$35.71
D0140	LIMITED ORAL EVAL - PRBLM FCSD	\$54.85	\$34.30	\$27.15	\$35.48	\$25.69	\$49.27	\$27.96
D2930	PREFBRICTD STNLESS STL CRWN -	\$165.75	\$244.53	\$101.84	\$141.92	\$135.41	N/A	\$111.34
D9230	INHLTION NITRS OXIDE/ANLGSIA,	\$30.48	\$32.00	\$24.46	\$31.93	\$32.68	\$42.46	N/A
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$73.13	\$52.55	\$39.69	\$56.77	\$42.02	\$80.64	\$63.26
D7210	REM IMP TOOTH W MUCOPER FLP	\$160.88	\$166.14	\$102.51	\$141.92	\$108.57	\$171.27	\$94.71
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$262.70	\$281.92	\$148.49	\$255.46	\$235.80	\$298.50	\$194.06
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	\$104.81	\$88.58	\$59.53	\$106.44	\$81.72	N/A	\$37.27

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

Average Dental Comparison (By Utilization)	WY Rate as % of 6-State Average
	133%

Adult Dental (Age 21 and Over) - Benefits Provided

	Wyoming ¹⁹	Colorado ²⁰	Idaho ²¹	Montana ²²	Nebraska ^{23,24}	South Dakota ²⁵	Utah ²⁶
Benefits Covered	Members are eligible for preventative and emergency services only. This includes up to two preventive visits per year (basic cleanings, exams, x-rays), two emergency visits per year, extractions and repair or reline of existing dentures or partial dentures. Restorative services not allowed.	Expanded adult dental services July 1, 2019. Benefits include annual dental exams, cleanings, diagnostic and restorative services (such as x-rays and fillings) and extractions. Other services such as root canals, crowns, partial dentures, complete dentures, and periodontal scaling may also be available with prior authorization.	Expanded adult dental services July 1, 2018. Benefits include preventive and diagnostic benefits (such as cleanings, exams, and x-rays), and restorative and therapeutic services (such as fillings, extractions, and dentures).	Members are eligible for most medically necessary dental services. Benefits include preventative, diagnostic and therapeutic services. Members are eligible for a dental exam and cleaning every 6 months and two porcelain crowns per calendar year.	Members are eligible for most medically necessary dental services. Benefits include preventative and diagnostic benefits (such as cleanings, exams, and x-rays), and restorative and therapeutic services (such as fillings, extractions, and dentures).	Within service limits, members are eligible for two exams per year, two cleanings per year, fillings, dental sealants on permanent molars, x-rays, removal of teeth, permanent crowns on front teeth, stainless steel crowns, root canals on front teeth, and partial and full dentures (every 5 years).	Adult dental services are covered for members that are pregnant, disabled, blind, age 65 or older, or eligible for targeted adult Medicaid programs and are receiving treatment in a Substance Use Disorder Treatment Program, or qualify for EPSDT.
Service Limits	Members receive preventative and emergency services only.	\$1,500 per member, per calendar year cap on adult dental procedures, excluding emergency services and dentures. Effective July 1, 2023 annual limit will be removed for adult members.	Benefits are capped by service type. Members may access 1 routine dental exam and x-rays per year, 1 cleaning per 6 months, 1 filling per tooth per 24 months, etc. ²⁷	\$1,125 per member, per benefit year cap on adult dental procedures, excluding diagnostic, preventative, and anesthesia services. Aged, Blind, and Adult Disabled Medicaid Members are not subject to the annual cap.	\$750 per member, per fiscal year cap on adult dental procedures, excluding emergency services and certain pre-approved treatments. Effective January 1, 2024 dental will transition to managed care.	\$2,000 per member, per fiscal year cap on adult dental procedures, excluding emergency, preventative services, and dentures.	Traditional and non-pregnant adult Medicaid members receive emergency dental services only.

¹⁹ Wyoming Medicaid Dental Services, Available online <https://health.wyo.gov/wp-content/uploads/2018/02/Dental-Services.pdf>

²⁰ Colorado Department of Health Care Policy and Financing, *Health First Colorado Dental Benefits*, Available online: <https://hcpf.colorado.gov/dental-benefits>

²¹ MCNA Dental, *Idaho Smiles FAQ*, Available online: <https://www.mcnaid.net/en/members-faq#c1-q2>

²² Montana DPHHS, *Dental*, Available online: <https://dphhs.mt.gov/MontanaHealthcarePrograms/Dental>

²³ Nebraska DHHS, *Medicaid Dental Benefits Manager*, Available online: <https://dhhs.ne.gov/Pages/Medicaid-Dental-Benefits-Manager.aspx>

²⁴ Nebraska DHHS, *Medicaid Dental Care*, Available online: <https://dhhs.ne.gov/Pages/Medicaid-Dental-Care.aspx>

²⁵ South Dakota Department of Social Services, *Dental Services*, Available online: <https://dss.sd.gov/medicaid/recipients/dental.aspx>

²⁶ Utah Department of Health, *Dental Coverage and Plans*, Available online: <https://medicaid.utah.gov/dental-coverage-and-plans/>

²⁷ MCNA Dental, *Participant Handbook for Idaho Smiles Dental Medicaid Program*, Available online: <https://docs.mcna.net/download.php?type=handbooks&alias=mh-id-en&v=2.2>

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Developmental Centers – All Procedures

Note: All procedure codes billed by providers with the 261Q00000X taxonomy are included in this analysis. Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and G codes Wyoming uses; no rate comparisons were possible for those codes. We excluded the following HCPCS codes from this analysis: H2019, and H0031.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92507	SPEECH/HEARING THERAPY	\$61.46	\$76.98	\$68.54	\$66.00	\$95.53	\$39.96	\$21.54	\$58.52	\$91.81
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$37.54	\$73.54	\$31.45	\$46.52	\$22.20	\$27.17	\$33.18	\$92.92*
92508	SPEECH/HEARING THERAPY	\$23.00	\$23.99	\$33.28	N/A	\$29.60	\$19.98	\$16.59	\$17.98	N/A
92523	SPCH SOUND LANG COMPREHEN	\$164.01	\$229.38	\$19.79*	\$195.72	\$282.79	\$198.69	\$162.04	\$173.30	\$250.00**
97110	THERAPEUTIC EXERCISES	\$28.39	\$29.75	\$188.10*	\$25.20	\$36.79	\$22.20	\$20.92	\$26.49	\$59.89
92526	ORAL FUNCTION THERAPY	\$77.27	\$85.45	\$30.59	\$72.97	\$106.11	\$48.84	\$78.94	\$64.78	\$114.00
97165	OT EVAL LOW COMPLEX 30 MIN	\$69.72	\$101.38	\$70.66	\$86.29	\$125.94	\$71.04	\$68.04	\$90.73	\$149.18
97112	NURMSCLAR REEDUCATION	\$29.11	\$34.15	\$83.87	\$30.27	\$42.71	\$22.20	\$24.28	\$30.71	\$62.25
97150	GRP THRPTC PROCEDURES	\$17.97	\$17.89	\$31.93	N/A	\$21.99	\$22.20	\$14.20	\$15.89	N/A
97166	OT EVAL MOD COMPLEX 45 MIN	\$69.72	\$101.38	\$83.87	\$86.29	\$125.94	\$71.04	\$58.80	\$90.73	\$160.57
97162	PT EVAL MOD COMPLEX 30 MIN	\$71.88	\$101.38	\$83.87	\$85.74	\$125.09	\$71.04	\$70.20	\$90.15	\$149.68
97161	PT EVAL LOW COMPLEX 20 MIN	\$71.88	\$101.38	\$83.30	\$85.74	\$125.09	\$71.04	\$70.20	\$90.15	\$125.84
97535	SLF CARE MNGMNT TRNNG	\$30.19	\$33.14	\$83.30	\$29.82	\$24.82	Not Covered	N/A	\$24.88	\$39.08
97116	GAIT TRAINING THERAPY	\$24.80	\$29.75	\$27.39	\$26.31	\$36.79	\$17.76	\$20.92	\$26.49	\$51.79
92522	EVALUATE SPEECH PRODUCTION	\$78.94	\$111.67	\$24.49*	\$95.93	\$139.05	\$97.86	\$78.86	\$85.19	N/A
97167	OT EVAL HIGH COMPLEX 60 MIN	\$69.72	\$101.38	\$92.22	\$86.29	\$125.94	\$71.04	\$78.42	\$90.73	N/A
97163	PT EVAL HIGH COMPLEX 45 MIN	\$71.88	\$101.38	\$85.71	\$85.74	\$125.09	\$71.04	\$70.20	\$90.15	\$153.59
97533	SENSORY INTEGRATION	\$25.88	\$64.31	\$83.30*	N/A	\$48.88	Not Covered	\$43.33	\$56.94	N/A
92610	EVLT SWALLOWING FNCTN	\$61.46	\$85.45	\$54.60	\$74.08	N/A	\$77.70	\$85.63	\$64.88	N/A
97168	OT RE-EVAL EST PLAN CARE	\$46.00	\$69.86	\$70.85	\$59.09	\$86.65	\$47.95	\$51.93	\$62.19	N/A

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

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

Average Developmental Center Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	77%	84%	54%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

DMEPOS – Purchase Rate – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
E1390	OXYGEN CONCENTRATOR	N/A	N/A	N/A	\$1,360.35	N/A	N/A	N/A	N/A	\$132.40**
E0466	HOME VENT NON-INVASIVE INTER	N/A	N/A	N/A	\$9,013.50	N/A	\$1,718.58	N/A	N/A	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$10.96	N/A	\$9.57	\$8.74	\$7.34	\$14.83	N/A	\$8.24	N/A
T4535	DSPSBLE LNR/SHLD/PAD	\$0.75	N/A	\$0.48	\$0.34	\$0.59	\$0.52	N/A	\$0.44	N/A
T4527	ADULT SIZE PULL-ON LG	\$1.28	N/A	\$1.09	\$0.74	\$1.06	\$1.16	N/A	\$0.87	N/A
T4528	ADULT SIZE PULL-ON XL	\$1.40	N/A	\$1.08	\$0.82	\$1.16	\$1.16	N/A	\$0.87	N/A
T4526	ADULT SIZE PULL-ON MED	\$1.09	N/A	\$0.91	\$0.62	\$0.91	\$1.04	N/A	\$0.64	N/A
T4534	YOUTH SIZE PULL-ON	\$1.24	N/A	\$1.09	\$0.52	\$0.93	\$0.95	N/A	\$0.71	N/A
A4353	INTERMITTENT URINARY CATH	\$8.39	\$9.32	\$7.30	\$7.71	\$9.32	\$8.47	\$8.24	\$7.06	N/A
A9276	DSPSBLE SNSR, CGM SYS	\$15.38	N/A	Manually Priced	\$15.18	MSRP	N/A	N/A	N/A	N/A
E0483	HI FRQ CHST WALL OSCIL SYS	\$13,784.94	N/A	\$12,350.90	\$11,706.12	\$14,138.40	N/A	N/A	N/A	N/A
E0784	EXT AMB INFUSN PMP INSLIN	N/A	N/A	\$4,441.60	\$4,418.10	\$5,242.30	\$5,028.98	\$4,418.10	\$3,966.70	N/A
E1007	PWR SEAT COMBO W/SHEAR	\$8,438.50	N/A	\$8,701.70	\$7,926.75	\$9,376.10	\$10,385.48	\$8,336.32	\$7,094.30	N/A
E0431	PORTABLE GASEOUS O2	N/A	N/A	N/A	\$242.64	N/A	N/A	N/A	N/A	\$25.93**
T4533	YOUTH SIZE BRIEF/DIAPER	\$1.07	N/A	\$0.63	\$0.48	\$0.82	\$0.95	N/A	\$0.71	N/A
E0601	CONT ARWY PRSSR DVC	\$655.01	N/A	\$403.90	\$745.29	\$623.60	\$382.57	N/A	N/A	\$73.55**
A7031	RPLCMNT FCEMSK INTERFA	\$68.03	\$49.69	\$45.62	\$50.95	\$49.69	\$36.63	\$56.61	N/A	N/A
E2510	SGD W MLT MTHDS MSG/CCS	\$8,556.48	\$9,000.90	\$8,280.50	\$7,452.45	\$9,000.90	\$8,194.78	\$7,452.45	\$6,828.75	N/A
A7030	CPAP FULL FACE MASK	\$123.44	\$132.04	\$121.21	\$136.46	\$132.04	\$94.99	\$151.62	\$80.46	N/A
E0465	HOME VENT INVSV INTRFC	N/A	N/A	N/A	N/A	N/A	\$1,718.58	N/A	Not Covered	N/A

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

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

Average DMEPOS Purchase Rate Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	104%	125%	N/A

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

DMEPOS – Purchase Rate – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
T4535	DSPSBLE LNR/SHLD/PAD	\$0.75	N/A	\$0.48	\$0.34	\$0.59	\$0.52	N/A	\$0.44	N/A
T4526	ADULT SIZE PULL-ON MED	\$1.09	N/A	\$0.91	\$0.62	\$0.91	\$1.04	N/A	\$0.64	N/A
T4527	ADULT SIZE PULL-ON LG	\$1.28	N/A	\$1.09	\$0.74	\$1.06	\$1.16	N/A	\$0.87	N/A
T4541	LG DISPOSABLE UNDERPAD	\$0.60	N/A	Not A Benefit	\$0.25	\$0.32	\$0.60	N/A	Not Covered	N/A
T4534	YOUTH SIZE PULL-ON	\$1.24	N/A	\$1.09	\$0.52	\$0.93	\$0.95	N/A	\$0.71	N/A
T4528	ADULT SIZE PULL-ON XL	\$1.40	N/A	\$1.08	\$0.82	\$1.16	\$1.16	N/A	\$0.87	N/A
T4533	YOUTH SIZE BRIEF/DIAPER	\$1.07	N/A	\$0.63	\$0.48	\$0.82	\$0.95	N/A	\$0.71	N/A
A4351	STRAIGHT TIP URINE CATHETER	\$1.85	\$2.05	\$1.46	\$1.70	\$2.05	\$2.19	N/A	\$1.55	N/A
T4522	ADULT SIZE BRIEF/DIAPER MED	\$0.68	N/A	\$0.80	\$0.60	\$0.68	\$1.04	N/A	\$0.71	N/A
A4216	STERILE WATER/SALINE, 10 ML	\$0.53	\$0.59	\$0.52	\$0.41	\$0.59	N/A	N/A	\$0.44	N/A
T4523	ADULT SIZE BRIEF/DIAPER LG	\$0.80	N/A	\$0.96	\$0.72	\$0.80	\$1.16	N/A	\$0.83	N/A
A4353	INTERMITTENT URINARY CATH	\$8.39	\$9.32	\$7.30	\$7.71	\$9.32	\$8.47	\$8.24	\$7.06	N/A
T4532	PED SIZE PULL-ON LG	\$1.14	N/A	\$0.68	\$0.54	\$0.89	\$0.95	N/A	\$0.47	N/A
T4544	XL DISPOSABLE UNDERPAD	\$1.70	N/A	\$1.54	\$2.41	N/A	\$1.16	N/A	\$2.50	N/A
T4525	ADULT SIZE PULL-ON SM	\$0.90	N/A	\$0.70	\$0.54	\$0.76	\$0.95	N/A	\$0.56	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$10.96	N/A	\$9.57	\$8.74	\$7.34	\$14.83	N/A	\$8.24	N/A
T4530	PED SIZE BRIEF/DIAPER LG	\$0.85	N/A	\$0.50	\$0.47	\$0.70	\$0.95	N/A	\$0.52	N/A
A4352	COUDE TIP URNRY CTHTR	\$6.53	\$7.26	\$5.93	\$7.07	\$7.26	\$7.76	\$6.01	\$5.50	N/A
T4524	ADULT SIZE BRIEF/DIAPER XL	\$0.92	N/A	\$0.98	\$0.77	\$0.90	\$1.16	N/A	\$0.96	N/A
E1390	OXYGEN CONCENTRATOR	N/A	N/A	N/A	\$1,360.35	N/A	N/A	N/A	N/A	\$132.40**

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

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

Average DMEPOS Purchase Rate Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	90%	122%	N/A

End-Stage Renal Disease (ESRD)

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

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Effective September 1, 2023 the Wyoming payment methodology for End-Stage Renal Dialysis (ESRD) is the average Medicare projected per treatment amount. Wyoming Medicaid will use the Medicare ESRD Prospective Payment Systems (PPS) consolidated billing list for the specific calendar year.</p> <p>Free-standing ESRD claims and claim adjustments with a date of service between January 1, 2021 and August 31, 2023 will be reimbursed at 8.88% percent of billed charges.²⁸</p>	<p>Dialysis services for outpatient hemodialysis, outpatient peritoneal dialysis, continuous ambulatory peritoneal dialysis (CAPD), and continuous cycling peritoneal dialysis (CCPD) are reimbursed at the lower of the composite Medicare rate ceiling or the individual center's Medicare facility rate.</p> <p>For SFY 2023, Colorado Medicaid paid the lesser of charges or the posted provider rate, (between \$185.13 and \$212.46 per treatment depending on locality). This composite rate also covers routine services performed with the treatment.^{29,30}</p> <p>Home dialysis is a covered service, however there is no reimbursement for</p>	<p>Hospital outpatient dialysis units receive reimbursement of 20% of billed charges. All other charges are reimbursed according to the Numerical Fee Schedule. Hospitals subject to Diagnosis-Related Group (DRG) reimbursement receive DRG payments for inpatient services. All other providers are reimbursed according to the Numerical Fee Schedule.³²</p>	<p>Hemodialysis, peritoneal dialysis, continuous ambulatory peritoneal dialysis (CAPD) composite or other rate, and continuous cycling peritoneal dialysis (CCPD) composite or other rate are bundled into a composite rate for the dialysis facility. Medicaid fee schedule rates are periodically reviewed and adjusted.³³ Medicaid does not separately reimburse for any other ESRD-related services other than the dialysis composite rate (e.g., drugs, labs, etc.).</p> <p>For SFY 2023, Montana Medicaid's payment rate for free-standing dialysis clinics was \$260.02.^{34,35}</p>	<p>N/A.</p>	<p>Reimbursement is based on the State's renal dialysis fee schedule. Inpatient hospital, outpatient hospital, and physician services are reimbursed according to their Medicaid fee schedule.</p> <p>Freestanding ESRD dialysis providers bill for dialysis service at their usual and customary charges, with a maximum allowable amount of \$481.28 per dialysis procedure.</p> <p>Freestanding dialysis clinics may only bill CPT code 90999 for all dialysis procedures.</p> <p>Home dialysis is an approved self-treatment and recipients must be trained on the use of dialysis equipment that is provided and installed by a provider. Dialysis training is</p>	<p>Utah Medicaid covers hemodialysis and peritoneal dialysis treatments provided by an ESRD facility or performed at home under supervision. Payments are reimbursed through a composite rate and payments are limited to one unit per person per day, including dialysis services that occur overnight such as continuous cycling peritoneal dialysis are also eligible for one composite payment.</p> <p>The dialysis rate is based on the Medicare composite rate. The state pays a composite rate per dialysis session and includes all training services, evaluations, laboratory tests, items, supplies, medications, and equipment necessary to perform dialysis. Clinic services are paid</p>

²⁸ Wyoming Medicaid, *New ESRD Payment Methodology & Billing Requirements*, Available online: https://www.wyomingmedicaid.com/portal/sites/default/files/inline-files/Manuals_and_Bulletins/Notice_to_ESRD_Providers.pdf

²⁹ Colorado HCPF, *Dialysis Billing Manual*, Available online: <https://hcpf.colorado.gov/dialysis-manual#reimb>

³⁰ Colorado HCPF, *Dialysis Fee Schedule*, Available online: https://hcpf.colorado.gov/sites/hcpf/files/07_CO_Fee%20Schedule_Dialysis_07.2022_V1.0.pdf

³² Idaho Medicaid Provider Handbook <https://www.idmedicaid.com/Provider%20Guidelines/Hospital.pdf>

³³ Montana DHHS, *Montana Dialysis Clinic Services Manual*, Available online at: <https://medicaidprovider.mt.gov/manuals/dialysisclinicsservicesmanual>

³⁴ Montana DHHS, *Montana Dialysis Clinic Services Manual*, <https://medicaidprovider.mt.gov/manuals/dialysisclinicsservicesmanual>

³⁵ Montana DHHS, *Montana Dialysis Clinic Fee Schedule*, Available online: <https://medicaidprovider.mt.gov/docs/feeschedules/2022FS/July2022Proposed/ProposedJuly2022DialysisFeeSchedule06012022.pdf>

End-Stage Renal Disease (ESRD)

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

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	home dialysis. Only for necessary home dialysis equipment and supplies. ³¹ Idaho				included in the equipment fee schedule and is not separately reimbursable. ^{36, 37}	depending on the type of services rendered, and payments are limited to the amount paid by Medicare. ³⁸ For CY 2022, the reimbursement rate for free-standing dialysis clinics was \$257.90, while the CY 2023 rate settled at \$265.57. ³⁹ 40, 41

³¹ Colorado HCPF, *Dialysis Billing Manual*, Available online at: <https://www.colorado.gov/pacific/hcpf/dialysis-manual#reimb>

³⁶ South Dakota DDS, *Renal Dialysis Services Billing and Policy Manual*, Available online:

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Renal_Dialysis.pdf

³⁷ South Dakota DDS, *Renal Dialysis Fee Schedule*, Available online: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Renal_Dialysis_SFY23.pdf

³⁸ Utah Administrative Code, *Coverage of Dialysis by an End-Stage Renal Disease Facility, R414-19a* Available online at: <https://rules.utah.gov/publicat/code/r414/r414-19a.htm>

³⁹ Utah Medicaid Provider Manual – End Stage Renal Disease [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid_Provider_Manuals/Archives/End_Stage_Renal_Disease_\(Archived_October_2017\)/EndStageRenalDisease.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid_Provider_Manuals/Archives/End_Stage_Renal_Disease_(Archived_October_2017)/EndStageRenalDisease.pdf)

⁴⁰ CMS, “CY 2022 End Stage Renal Disease Prospective Payment System Final Rule (CMS-1749-F),” Available online: <https://www.cms.gov/newsroom/fact-sheets/cy-2022-end-stage-renal-disease-prospective-payment-system-final-rule-cms-1749-f>

⁴¹ CMS, “Calendar Year 2023 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule (CMS-1768-F),” Available online: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-2023-end-stage-renal-disease-esrd-prospective-payment-system-pps-final-rule-cms-1768-f>

Federally Qualified Health Center (FQHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>States are required by CMS to calculate annual PPS reimbursement rates for all FQHCs. They are not required to reimburse facilities using the PPS methodology. The federal government also allows states the option to use an alternative payment method (APM). States may reimburse under an APM if each individual FQHC agrees to the APM method and the APM reimbursement rate is equal to or greater than the facilities PPS reimbursement rate.</p> <p>PPS is the Prospective Payment System (PPS) for FQHCs, as defined by Sec. 702 of Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA). Payments are based on provider cost reports in accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The PPS per visit rate is the average of a FQHC's reasonable costs for providing Medicaid services divided by the total number of visits by Medicaid patients during state fiscal year 1999 and 2000. Rates are updated annually for inflation based on the MEI.</p>							
<p>General</p>	<p>FQHCs are reimbursed according to the PPS. The PPS is calculated as required by the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The state established a baseline rate for each individual facility based on 100 percent of a facility's average costs per encounter during state fiscal year 1999 and 2000. Facility rates are updated annually for inflation based on the MEI. New FQHC rates are determined using a submitted Medicare cost report until a</p>	<p>For physical health services the state reimburses FQHC's the higher of the PPS rate or the average of the PPS and APM rates. Dental and specialty behavioral health services rates are calculated separately. New FQHC facility PPS rates are determined using a facility cost report from the first year of the FQHC's operation.</p> <p>The state also offers facilities the option of receiving the average of the PPS and APM rate. The APM rate is calculated as the lower of the FQHC's service specific annual rate or service specific base rate. A facility's annual rate is calculated using the FQHC's current year's audited and inflated cost report and the facility's inflated rate after audit. The State calculates the facility base rates annually using audited cost reports from the past three years</p>	<p>FQHCs are reimbursed according to the PPS. New FQHC rates are determined based in reference to the rate of other local comparable facilities or in the absence of other FQHCs through the cost report process.</p> <p>For FQHCs that participate in Medicaid managed care, Idaho Medicaid pays a quarterly supplemental payment to facilities for the difference between payments paid by the Medicaid managed care entity that contracts with FQHCs and the</p>	<p>FQHCs are reimbursed according to the PPS. New facilities receive the Medicare rate for the FQHC facility and are adjusted after the first two full years of the facilities cost reports.</p> <p>Montana Medicaid offers an enhanced PPS rate for facilities that participate in Promising Pregnancy Care and calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses separately for LARCs outside</p>	<p>FQHCs are reimbursed the higher of the PPS or the APM calculated rate. New FQHCs receive an interim rate which is the average PPS rate for all Nebraska FQHCs until they submit a cost report. A cost report is used to set a base PPS rate which is updated annually for inflation based on the MEI.</p> <p>For FQHCs that participate in Medicaid managed care, Nebraska Medicaid pays a quarterly supplemental payment to FQHCs for the difference between payments paid by the Medicaid managed care entity that contracts with FQHCs and the payments the FQHCs are entitled to under PPS.</p>	<p>South Dakota Medicaid reimburses FQHC under PPS and does not offer an APM rate.</p> <p>Facilities must submit annual cost reports to the Department of Social Services that include the actual costs incurred during the reported period and the total number of visits for services furnished. New FQHC rates are based on a statewide average until a facility has submitted two full years of cost reports for the state to calculate</p>	<p>FQHCs have the option of being reimbursed under PPS or APM as long as the APM rate is no less than what the FQHC would have received under PPS. Utah also pays supplemental payments to facilities for the difference between (1) payments paid by accountable care organizations that contract with FQHCs and (2) payments the facilities are entitled to under PPS.</p> <p>FQHCs may choose to receive reimbursement under the APM at the start of each FQHC fiscal year. For federal requirements, FQHCs calculate a ratio of covered beneficiary charges to total charges applied to allowable cost. As</p>

Federally Qualified Health Center (FQHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	settled costs report from the facility is available. FQHCs are paid the prospective rate, without a comparison of actual charges to the fee schedule amount. ⁴²	<p>for each provider. Each provider's rate is the inflated weighted average encounter rate for the past 3 years. Base rates are inflated annually using the MEI.</p> <p>Beginning July 1, 2020, A portion of the FQHCs physical health and specialty behavioral health alternative payment methodology rates are at-risk based on the FQHC's quality modifier. An FQHC's quality modifier is determined by the FQHC's performance on quality indicators in the previous Calendar Year.</p> <p>Effective September 28, 2021, FQHC cost reports with fiscal year ends between May 31, 2021 and March 31, 2022 will be set using the previous year's rates multiplied by 2.7%.⁴³</p>	<p>payments the facilities are entitled to under PPS.</p> <p>Idaho Medicaid also calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses FQHCs for providing LARCs and non-surgical trans-cervical permanent contraceptive devices outside of the PPS rate.⁴⁴</p>	of the PPS rate. ⁴⁵	Nebraska also reimburses FQHCs under an APM methodology. The state calculates facility APM rates by multiplying a facility's Medicaid allowable costs by the blended average cost per visit for the past three years, projected using a three-year trend of the MEI. ⁴⁶	a prospective rate. ⁴⁷	part of this process, FQHCs allocate allowable costs to Medicaid. Utah Medicaid uses that data and multiplies the Medicaid allowable costs by the Medicaid charge percent (ratio of beneficiary charges to total charges) to calculate the APM rate. FQHCs that opt for reimbursement under the APM model must submit annual cost reports and other cost information to Utah Medicaid. If the FQHC receives less reimbursement than they would have been eligible for under the PPS rate, Utah Medicaid pays the difference to the FQHC. ⁴⁸

⁴² MACPAC, "Medicaid Payment Policy for Federally Qualified Health Centers." Available online: <https://www.macpac.gov/wp-content/uploads/2017/12/Medicaid-Payment-Policy-for-Federally-Qualified-Health-Centers.pdf>

⁴³ Code of Colorado Regulations. Medical Assistance- Section 8.700 Federally Qualified Health Centers. Available online: <https://www.coloradosos.gov/CCR/GenerateRulePdf.do?ruleVersionId=11179>

⁴⁴ Idaho Medicaid, "Provider Handbook." Available online: <https://www.idmedicaid.com/Provider%20Guidelines/IHS,%20FQHC%20and%20RHC%20Services.pdf>

⁴⁵ MT Rules, "Rural Health Clinics and Federally Qualified Health Centers, Reimbursement." Available online: <http://www.mtrules.org/gateway/ruleno.asp?RN=37.86.4412>

⁴⁶ Nebraska Medicaid. "State Plan Amendment 4.19-B." Available online: <http://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19b%20Item%20c%20-%20Federally-qualified%20health%20centers;%20telehealth.pdf#search=payment%20methodology%20FQHC>

⁴⁷ South Dakota DDS, "FQHC and RHC Services," Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/FQHC_and_RHC.pdf

⁴⁸ Rural Health Clinics and Federally Qualified Health Centers Services. Available online: https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rural%20Health%20Clinic%20And%20FQHC/RHC_FQHC.pdf

Rural Health Clinics (RHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>States are required by CMS to calculate annual PPS reimbursement rates for all RHCs. They are not required to reimburse facilities using the PPS methodology. The federal government also allows states the option to use an alternative payment method (APM). States may reimburse under an APM if each individual RHC agrees to the APM method and the APM reimbursement rate is equal to or greater than the facilities PPS reimbursement rate.</p> <p>PPS is the Prospective Payment System (PPS) for RHCs, as defined by Sec. 702 of Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA). Payments are based on provider cost reports in accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The PPS per visit rate is the average of a RHC's reasonable costs for providing Medicaid services divided by the total number of visits by Medicaid patients during state fiscal year 1999 and 2000. Rates are updated annually for inflation based on the MEI.</p>							
General	<p>Wyoming Medicaid reimburses RHCs according to the PPS. The PPS is calculated as required by BIPA . The state established a baseline rate for each individual facility based on 100 percent of a facility's average costs per encounter during state fiscal year 1999 and 2000. Facility rates are updated annually for inflation based on the MEI. New RHC rates are determined using a submitted Medicare cost report until a settled costs report from the facility is available. RHCs are paid the prospective rate, without a comparison of actual charges to the fee schedule amount.⁴⁹</p>	<p>Colorado reimburses the higher of the APM or PPS rate per encounter.</p> <p>APM rates differ for hospital based and freestanding RHCs. For hospital based RHCs, the State reimburses an APM rate based on actual costs incurred by the clinic. For freestanding RHCs, the State reimburses an APM rate of the Medicare upper payment limit.</p> <p>PPS rates are calculated for new freestanding RHCs, the PPS rate is calculated based on the average of</p>	<p>RHCs are reimbursed according to the PPS. New RHC rates are determined based in reference to the rate of other local comparable facilities or in the absence of other RHCs through the cost report process.</p> <p>For RHCs that participate in Medicaid managed care, Idaho Medicaid pays a quarterly supplemental payment to facilities for the difference between payments</p>	<p>Montana Medicaid reimburses RHCs according to the PPS. New facilities receive the Medicare rate for the RHC facility and are adjusted after the first two full years of the facilities cost reports.</p> <p>Montana Medicaid offers an enhanced PPS rate for facilities that participate in Promising Pregnancy Care and calculates reimbursement rates for additional services outside of the PPS rate. For example, the State</p>	<p>Independent RHCs and RHCs associated with hospitals that have 50 beds or more are reimbursed the PPS rate, while RHCs associated with hospitals that have fewer than 50 beds are reimbursed the lower Medicare rate for the RHC.⁵³</p>	<p>RHCs are reimbursed according to the PPS.</p> <p>Facilities must submit annual cost reports to the Department of Social Services that include the actual costs incurred during the reported period and the total number of visits for services furnished. New RHC rates are based on a statewide average until a facility has submitted two full years of cost reports for the state to calculate a</p>	<p>Utah Medicaid reimburses RHC according to the PPS. Behavioral and mental health claims are billed directly to Utah Medicaid.</p> <p>In cases when the payment amounts under the PPS are different than payment amounts made by managed care organizations, then the state will make supplemental payments to cover the difference.⁵⁵</p>

⁴⁹ MACPAC, *Medicaid Payment Policy for Federally Qualified Health Centers*. Available online: <https://www.macpac.gov/wp-content/uploads/2017/12/Medicaid-Payment-Policy-for-Federally-Qualified-Health-Centers.pdf>

⁵³ Nebraska Department of Health and Human Services, *471 NAC 34-005.05*. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title471/Chapter-34.pdf

⁵⁵ Utah Medicaid, *Rural Health Clinics and Federally Qualified Health Centers Services*. Available online: https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rural%20Health%20Clinic%20And%20FQHC/RHC_FQHC.pdf

Rural Health Clinics (RHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		other freestanding RHC's PPS rates in the new RHC's RAE. For new hospital based RHCs, the PPS rate is calculated based on an average of two year's audited cost and visit data from the RHC's Medicare cost report. ⁵⁰	paid by the Medicaid managed care entity that contracts with RHCs and the payments the facilities are entitled to under PPS. ⁵¹	reimburses separately for LARCs outside of the PPS rate. ⁵²		prospective rate. ⁵⁴	

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

⁵⁰ CO Administrative Rules, MSB 21-07-20-C *Revision to the Rural Health Center Rules Concerning Reimbursement, Section 8.740*. Available online: <https://hcpf.colorado.gov/sites/hcpf/files/Doc%2001%20MSB%2021-07-20-C%20Final%20-%20Dec%202021.pdf>

⁵¹ Idaho Medicaid, Provider Handbook IHS, FQHC, and RHC services. Available online: <https://www.idmedicaid.com/Provider%20Guidelines/IHS.%20FQHC%20and%20RHC%20Services.pdf>

⁵² MT Rules, *Rural Health Clinics and Federally Qualified Health Centers, Reimbursement*. Available online: <http://www.mtrules.org/gateway/ruleno.asp?RN=37.86.4412>

⁵⁴ South Dakota DDS, *FQHC and RHC Services*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/FQHC_and_RHC.pdf

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Home Health – All Procedures

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

Revenue Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$58.50	N/A	\$124.54	\$192.87*	N/A	\$97.32	N/A	N/A	N/A
0551	SKILLED NURSING - VISIT CHARGE	\$82.39	\$163.29	\$124.54	\$192.87	\$79.00	N/A	N/A	N/A	\$87.14
0421	PHYSICAL THERAPY - VISIT	\$82.39	\$178.47	\$136.14	\$189.44	\$79.00	\$113.02	\$108.68	\$103.83	\$49.73
0431	OCCUPATIONAL THERAPY - VISIT	\$82.39	\$179.70	\$137.08	\$204.91	\$79.00	\$113.02	\$108.68	\$100.12	\$50.92
0571	HOME HEALTH (HH) AIDE - VISIT CHARGE	\$44.36	\$73.93	\$39.45	\$120.90	\$35.28	\$60.11	\$30.80	\$49.43	N/A
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	\$82.39	\$194.00	\$147.99	\$231.01	\$79.00	\$113.02	\$86.16	\$98.64	N/A
0570	HOME HEALTH (HH) AIDE - GENERAL CLASSIFICATION	\$34.13	N/A	\$39.45	\$120.90*	N/A	N/A	\$30.80	N/A	N/A
0561	HOME HEALTH (HH) MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$126.75	\$261.72	N/A	N/A	N/A	N/A	\$119.32*	N/A	N/A
0424	PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	\$63.38	\$178.47	\$136.14	\$189.44	N/A	N/A	\$108.68	N/A	N/A

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

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

Average Home Health Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	47%	69%	N/A

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Hospice

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

Comparable Procedure Code ⁵⁶	Revenue Code	Description	WY Rate (Oct 2022)	Medicare Rate (Oct 2022 - Sept 2023)	CO Rate (Oct 2022)	ID Rate (Oct 2022)	MT Rate (Oct 2022)	NE Rate (Oct 2022)	SD Rate (Oct 2022)	UT Rate (Oct 2022)	Commercial Rate
T2042	0651	Routine Care (1-60 days)	\$211.71	\$211.34	\$232.28	\$199.31	\$211.61	\$201.02	\$211.61	\$211.34	\$180.00**
T2042	0651	Routine Care (61+ days)	\$167.13	\$167.00	\$183.55	\$157.50	\$167.22	\$158.85	\$167.22	\$167.00	\$180.00**
T2043	0652	Continuous Care (Hourly)	\$62.91	\$63.42	\$69.32	\$59.24	\$63.44	\$59.82	\$63.44	\$63.42	N/A
T2044	0655	Respite Care (total)	\$518.85	\$492.10	\$570.02	\$490.17	\$518.00	\$494.05	\$518.00	\$492.10	N/A
T2045	0656	General Inpatient Care	\$1,110.55	\$1,110.76	\$1,220.78	\$1,048.64	\$1,110.76	\$1,057.31	\$1,110.76	\$1,110.76	N/A

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

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

Average Hospice Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	101%	100%	N/A

⁵⁶ Comparable procedure codes are included as a crosswalk to allow for benchmarking to other states.

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Inpatient hospital services are reimbursed by Wyoming Medicaid using an APR DRG payment methodology that classifies patients according to reason of admission, severity of illness, and risk of mortality. The APR DRG payment methodology uses diagnosis, procedure, and other claim level information to assign a DRG and a severity of illness (SOI). Each APR DRG and SOI combination has its own weight, which reflects the resources it takes to care for that patient. Payment is calculated by multiplying that weight by the hospital specific base rate, with claims eligible to receive a cost-based outlier payment if claim costs</p>	<p>The Colorado inpatient payment system uses APR DRG version 33 and pays PPS hospitals, Critical Access Hospitals, Rehabilitation, Spine/Brain Injury Treatment Specialty, and Specialty-Acute Hospitals provider specific base rates.⁵⁷</p> <p>PPS hospital base rates are calculated using the hospital specific Medicare base rate minus any DSH factors.</p> <p>The peer group base rate will be used for critical access hospitals and hospitals with fewer than 21 stays.</p> <p>LTACs, and Rehabilitation/Psychiatric Hospitals receive</p>	<p>Idaho reimburses non-public providers at the lower of customary charges or reasonable costs. Public providers that furnish services free of charge, or at a nominal charge, are reimbursed fair compensation that is the same as reasonable cost.⁶⁰</p> <p>Effective SFY 2022, Idaho will reimburse via a PPS APR DRG methodology.⁶¹</p>	<p>Montana reimburses hospital providers using APR DRGs. Providers are reimbursed the lower of submitted charges and the APR DRG payment for each provider.</p> <p>Three specific APR DRG base rates are calculated for general hospitals, centers of excellence, and LTAC providers.⁶²</p> <p>Effective for all admissions on or after October 1, 2022, the DRG system has a cost outlier threshold of \$75,000 and a marginal cost percentage of 50 percent. Hospital specific CCRs are used to calculate claim costs with out-of-state provider's receiving a state specific CCR.</p>	<p>Inpatient hospital services are reimbursed based on a prospective system using either a diagnosis related group (DRG) or per diem rate.</p> <p>Critical access hospitals (CAH) are reimbursed a per diem based on a reasonable cost of providing the services.⁶⁵</p> <p>In SFY 2023 Nebraska used APR DRG version 39.1 for FFS claims. DRG providers receive one of four different base rates for Metro Acute, Other Urban Acute, Rural Acute, and Children's Hospitals for FFS services.⁶⁶</p> <p>DRG base rates are⁶⁷:</p>	<p>South Dakota calculates provider specific MS-DRG base rates for all hospitals in the state. Each year South Dakota calculates state specific MS-DRG weights using the most recently available version of MS-DRGs.⁶⁸</p> <p>The South Dakota MS-DRG system uses charge-based outliers with hospital specific charge outlier thresholds. The outlier threshold in CY 2023 was \$179,131.⁶⁹</p>	<p>Utah reimburses inpatient services using MS-DRG version 40 and updates the version of the MS-DRGs used for reimbursing inpatient hospitals annually.</p> <p>Utah only pays urban hospitals under its MS-DRG payment methodologies and considers hospitals in six counties as urban. Non-urban hospitals are reimbursed at 89 percent of net covered charges.⁷⁰</p> <p>The MS DRG base rate for urban Utah hospitals is \$4,965.98. Payments for hospital services are further adjusted by a budget adjustment factor and a provider specific DHS factor.</p> <p>Providers are assigned a provider</p>

⁵⁷ Medicaid.gov, *Colorado SPA 20-0036*, Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-20-0036.pdf>

⁶⁰ Idaho Department of Health, *16.03.09 Medicaid Basic Plan Benefits*, Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

⁶¹ Medicaid.gov, Idaho SPA 21-0011, Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/ID-21-0011>

⁶² Montana DPHHS, *Hospital Inpatient*, Available online: <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drg>

⁶⁵ Nebraska DHHS, *Attachment 4.19-A 10-010 Payment for Hospital Services*, Available online: <https://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19a%20-%20Methods%20and%20Standards%20for%20Establishing%20Payment%20Rates%20-%20Inpatient%20Hospital%20Care.pdf>

⁶⁶ Nebraska, *Provider Bulletin 20-33*, Available online: <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%202022-15.pdf>

⁶⁷ Nebraska DHHS, *Nebraska Medicaid Acute Inpatient Hospital Rate Components*, Available online: [https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/APR-DRG%20Hospital%20Rates%20SFY2023%20\(Revised%209.28.22\).pdf](https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/APR-DRG%20Hospital%20Rates%20SFY2023%20(Revised%209.28.22).pdf)

⁶⁸ South Dakota DSS, *Inpatient Hospital Payment Methodology*, Available online: https://dss.sd.gov/docs/medicaid/medicaidstateplan/4_GeneralProgramAdministration/4.19/Attachment_4.19_A_Inpatient_Hospital_Payment_Methodology.pdf

⁶⁹ South Dakota DSS, *Outlier Threshold*, Available Online: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Hospital_Services_Outlier_Threshold_CY23.pdf

⁷⁰ Utah Department of Health, *Inpatient Hospital Resources DRG*, Available online: <https://medicaid.utah.gov/stplan/inpatientdrg/>

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>exceed the outlier threshold associated with the service. Providers receive a provider and service specific cost-to-charge ratio for the calculation of these outlier payments.</p>	<p>per diem rates for inpatient services.⁵⁸</p> <p>Effective July 1, 2022 all hospital base rates were increased by 2 percent.</p> <ul style="list-style-type: none"> • Average In-State Rural DRG base rate \$6,905.06. • Average In-State Urban DRG base rate \$5,617.62.⁵⁹ 		<p>Montana uses APR DRG version 38 weights and re-centers the weights to 1. Neonate and normal newborn APR DRGs had a policy adjustment factor of 1.5.⁶³</p> <p>DRG base rates are:</p> <ul style="list-style-type: none"> • General Hospital: \$5,390 • Center of Excellence: \$8,030 • LTAC \$7,250⁶⁴ 	<ul style="list-style-type: none"> • Metro Acute: \$8,307 • Other Urban Acute: \$8,064 • Rural Acute: \$7,641 • Children's Hospitals: \$9,971 		<p>specific outlier threshold based.</p>

⁵⁸ Medicaid.gov, *Colorado SPA 16-005*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-16-0005.pdf>

⁵⁹ Colorado Department of Healthcare Policy and Financing, *Official 30 day Inpatient Hospital Rate Review*, Available online: <https://hcpf.colorado.gov/sites/hcpf/files/Inpatient%20Hospital%20Rate%20Posting%20FY22-23.pdf>

⁶³ Montana DPHHS, *DRG Calculator*, Available online: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedicaidprovider.mt.gov%2Fdocs%2Ffeeschedules%2F2022FS%2FOctober2022%2FOctober2022APRDRG10192022.xlsx&wdOrigin=BROWSELINK>

⁶⁴ Montana DPHHS, *Hospital Inpatient*, Available online: <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drg>

Hospital - Outpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Outpatient hospital services are paid based on the Outpatient Prospective Payment System (OPPS), based on Medicare's Ambulatory Payment Classifications (APC) system. Three conversion factors based on hospital type:</p> <ul style="list-style-type: none"> • General Acute • Critical Access • Children's 	<p>Colorado uses an Enhanced Ambulatory Patient Group (EAPG) system to reimburse hospital outpatient services.⁷¹</p> <p>Providers are assigned to one of three different hospital peer groups, each with its own conversion factor:</p> <ul style="list-style-type: none"> • Pediatric Hospitals • Urban Hospitals • Rural Hospitals <p>Colorado submitted a state pan amendment to upgrade the FFS outpatient hospital calculation to align with the modern outpatient healthcare delivery standards.⁷²</p>	<p>The payment for hospital outpatient services will not be more than the combined payments the provider is allowed to receive from the participants and carriers or intermediaries for providing comparable services under Medicare. Services are paid via a fee schedule.⁷³</p> <p>For services not included in the fee schedule, Idaho reimburses based on reasonable costs based on previous year cost settlements.</p> <p>Services paid at cost through SFY 2021 had a 5.8% reduction of operating costs and a 10% reduction of capital costs applied.</p>	<p>Montana Medicaid uses an OPPS system with Medicare's relative weights and a state-specific conversion factor that applies to all hospitals.⁷⁴</p>	<p>Effective January 1, 2020, Nebraska Medicaid transitioned to pay providers via EAPG version 3.14.</p> <p>The updated payment approach does not apply to Critical Access Hospitals. Outpatient services delivered at Critical Access Hospitals are reimbursed 100 percent of the reasonable cost of providing the services as deemed by Medicare reimbursement standards.⁷⁵</p>	<p>Outpatient hospitals that receive Medicare OPPS payments are reimbursed for outpatient Medicaid services using the Medicaid Agency's OPPS which reimburses providers using APCs.</p> <p>The South Dakota Medicaid Agency establishes hospital specific conversion and discount factors for all providers paid via the OPPS.⁷⁶</p>	<p>Outpatient hospitals services are paid using the OPPS based on applicable Medicare APC system, Medicare fee schedule, or reasonable cost method (using the facility-specific cost-to-charge ratio (CCR) multiplied by the line-item billed charge).⁷⁷</p>

⁷¹ Colorado Department of Health Care Policy and Financing, *Enhanced Ambulatory Grouping Software Implementation FAQ*, Available online:

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

⁷² Medicaid.Gov, Colorado SPA 21-0040, <https://www.medicare.gov/medicaid/spa/downloads/CO-21-0040.pdf>

⁷³ Idaho Department of Health and Welfare, *16.03.09 Medicaid Basic Plan Benefits*, Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

⁷⁴ Montana DPHHS, *Hospital Outpatient Services Manual*, Available online: <https://medicaidprovider.mt.gov/manuals/hospitaloutpatientservicesmanual>

⁷⁵ Nebraska Total Care, *2022 Provider Billing Guide*, Available online:

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

⁷⁶ South Dakota Medicaid, *Billing and Policy Manual- Outpatient Hospital Services*, Available online:

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

⁷⁷ Medicaid.gov, Utah SPA 20-0011, Available online: <https://www.medicare.gov/media/file/ut-20-0011.pdf>

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

ICF-ID	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	Prospective per diem rate based on costs. The provider's per diem rate shall be determined utilizing either a desk review or audited cost report. Costs are not subject to any form of cap or maximum rate for the Wyoming Life Resource Center.	State-operated ICFs are paid a retrospective per diem rate calculated as total allowable costs determined by audit, divided by total resident days. ⁷⁸	Providers of ICF/ID facilities will be paid per diem rates based on audited historical cost reports, adjusted for inflation. Total payments include / account for property reimbursement, capped costs, exempt costs, and excluded costs. Capped costs include all allowable costs and are divided by total participant days to arrive the final per diem rate. ⁷⁹	Per diem rate equal to the actual allowable cost incurred by the provider during the fiscal year, determined retrospectively, divided by the total patient days of service during the rate year, minus the amount of the Medicaid recipient's contribution. ⁸⁰	Prospective per diem rate based on cost reports from two years prior to the end of the rate period. Routine services, injections, and transportation are included in per diem rates however costs for meeting licensure standards and ancillary services are also considered allowable (as defined in SPA 4.19-D). The State defines several limitations in SA 4.19-D Section 31-008.05 that may impact rate determination for non-state-operated facilities. ⁸¹	Prospective per diem rate established annually by calculating allowable costs, divided by the occupancy factor (audited). Add-on payments for extra services can be included by the determination by the State Office of Adult Services and Aging. ⁸²	A per diem reimbursement rate is calculated for each facility consisting of a property component (computed using the Fair Rental Value methodology) and a flat rate component for all other services. In some cases, add-on payments may be made to facilities. Utah also reserves additional funds for quality and capital improvement incentives, distributed to providers who meet the criteria in SPA 4.19-D Section 1195 based on their proportion of Medicaid ICF/ID patient days. ⁸³
Hospital Provider Tax in Place for ICF-ID Facilities⁸⁴	No	Yes	Yes	No	Yes	Yes	Yes

⁷⁸ Code of Colorado Regulations Department of Health Care Policy and Financing, 10 CCR 2505-10 8.400, Available online:

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6240&fileName=10%20CCR%202505-10%208.400>

⁷⁹ IDAPA 16 - Department of Health and Welfare.book (idaho.gov) <https://adminrules.idaho.gov/rules/current/16/160310.pdf>

⁸⁰ Administrative Rules of Montana, Rule 37.40.336, Available online: <https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E40%2E336>

⁸¹ Nebraska DHHS, SPA Attachment 4.19-D, Available online: <https://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19d%20-%20Rates%20for%20Nursing%20Facility%20Services.pdf>

⁸² South Dakota DHS, SPA Attachment 4.19-D, Available online: <https://dhs.sd.gov/content/dam/digital/united-states/south-dakota/sdo/pdf/budget-and-finance/attach4.19-dpaymentmethodologies.pdf>

⁸³ Utah Medicaid, SPA Attachment 4.19-D, Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-D.pdf

⁸⁴ KFF, States with an intermediate care facility for those with intellectual disabilities provider tax in place, Available online: <https://www.kff.org/medicaid/state-indicator/states-with-an-intermediate-care-facility-for-those-with-intellectual-disabilities-icf-ids-provider-tax-in-place/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Laboratory – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
81420	FETAL CHRMOML ANEUPLOIDY	\$759.05	\$759.05	\$759.05	\$683.15	\$759.04	Not Covered	\$759.05	N/A	\$774.79
87798	DETECT AGENT NOS DNA AMP	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$48.38
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	N/A	\$62.91	\$59.40	\$87.96	N/A	\$74.67	\$58.48	\$77.62
87591	N. GNRRHAE DNA AMP PROB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$38.74
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$38.76
87631	RESP VIRUS 3-5 TRGTS	\$154.74	\$142.63	\$142.63	\$128.37	\$142.63	\$142.63	\$142.63	\$119.89	\$151.05
88175	CYTOPATH C/V AUTO FLUID REDO	\$32.48	\$26.61	\$26.61	\$23.95	\$26.61	\$26.61	\$26.61	\$8.24*	\$32.19
81519	ONCLGY BRST MRNA	\$3,388.88	\$3,873.00	\$3,873.00	\$3,485.70	\$3,873.00	\$3,873.00	\$3,873.00	\$2,606.62	\$4,026.60
87624	HPV HIGH-RISK TYPES	\$41.91	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$41.75
87481	CANDIDA DNA AMP PRB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$37.13
87661	TRICHOMONAS VAGINALIS AMPLIF	\$42.00	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$27.17	\$42.97
80050	GENERAL HEALTH PANEL	\$53.63	N/A	\$47.63	N/A	\$59.51	\$43.62	\$63.77	\$44.84	\$36.11
87640	STPH A DNA AMP PRB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$36.70
82306	VITAMIN D 25 HYDROXY	\$36.29	\$29.60	\$29.60	\$26.64	\$29.59	\$29.60	\$29.60	\$40.37	\$34.67
88307	TSSUE EXM BY PTHLGST	\$217.08	N/A	\$87.05	\$234.39	\$355.15	N/A	\$121.30	\$93.76	\$359.75**
80081	OBSTETRIC PANEL	\$89.48	\$74.86	\$74.86	\$67.37	\$74.86	\$74.86	\$74.86	\$82.29	\$67.68
87653	STRP B DNA AMP PRB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$36.38
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$497.70	\$416.78	\$416.78	\$375.10	\$416.77	\$416.78	\$416.78	\$386.31	\$410.49**
84443	ASSAY THYROID STIM HORMONE	\$20.12	\$16.80	\$16.80	\$15.12	\$16.80	\$16.80	\$16.80	\$22.91	\$21.16
87581	M.PNEUMON DNA AMP PRB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$37.77

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

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

Average Laboratory Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	117%	116%	107%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Laboratory – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
87798	DETECT AGENT NOS DNA AMP	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$48.38
86003	ALLG SPEC IGE CRUDE XTRC EA	\$5.87	\$5.22	\$5.22	\$4.70	\$5.22	\$5.22	\$5.22	\$4.05	\$15.15
36415	ROUTINE VENIPUNCTURE	\$2.51	\$8.57	\$3.00	\$2.70	\$8.57*	\$3.00	\$3.18	\$3.70	\$2.63
87591	N. GNRRHAE DNA AMP PROB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$38.74
87491	INFEK AGEN DETEC BY NUCLEIC ACID	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$38.76
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.60	\$7.77	\$7.77	\$6.99	\$7.77	\$7.77	\$7.77	\$6.66	\$10.73
88175	CYTOPATH C/V AUTO FLUID REDO	\$32.48	\$26.61	\$26.61	\$23.95	\$26.61	\$26.61	\$26.61	\$8.24*	\$32.19
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	N/A	\$62.91	\$59.40	\$87.96	N/A	\$74.67	\$58.48	\$77.62
80053	COMPREHEN METABOLIC PANEL	\$12.96	\$10.56	\$10.56	\$9.50	\$10.56	\$10.56	\$10.56	\$8.99	\$14.80
84443	ASSAY THYROID STIM HORMONE	\$20.12	\$16.80	\$16.80	\$15.12	\$16.80	\$16.80	\$16.80	\$22.91	\$21.16
87086	URINE CULTURE/COLONY COUNT	\$4.64	\$8.07	\$8.07	\$7.26	\$8.07	\$8.07	\$8.07	\$9.22	\$7.49
80061	LIPID PANEL	\$13.65	\$13.39	\$13.39	\$12.05	\$13.39	\$13.39	\$13.39	\$18.97	\$15.43
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$9.31	\$9.71	\$9.71	\$8.74	\$9.70	\$9.71	\$9.71	\$13.23	\$9.84
87624	HPV HIGH-RISK TYPES	\$41.91	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$41.75
87481	CANDIDA DNA AMP PRB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$37.13
84439	ASSAY OF FREE THYROXINE	\$11.06	\$9.02	\$9.02	\$8.12	\$9.01	\$9.02	\$9.02	\$9.91	\$11.48
82306	VITAMIN D 25 HYDROXY	\$36.29	\$29.60	\$29.60	\$26.64	\$29.59	\$29.60	\$29.60	\$40.37	\$34.67
87081	CULTURE SCREEN ONLY	\$5.16	\$6.63	\$6.63	\$5.97	\$6.63	\$6.63	\$6.63	\$3.58	\$6.59
87661	TRICHOMONAS VAGINALIS AMPLIF	\$42.00	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$27.17	\$42.97
87640	STPH A DNA AMP PRB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$36.70

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

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

Average Laboratory Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	108%	111%	93%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Maternity – All Procedures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
59400	OBSTETRICAL CARE	\$2,069.78	\$2,365.93	\$1,635.02	\$1,945.10	\$2,997.13	\$1,799.20	\$1,622.27	\$2,108.41	\$3,150.88**
59510	CESAREAN DELIVERY	\$2,308.79	\$2,609.87	\$1,850.49	\$2,133.95	\$3,308.60	\$2,249.00	\$1,838.82	\$2,108.41	N/A
59409	OBSTETRICAL CARE	\$883.05	\$784.68	\$770.38	\$649.67	\$999.90	\$944.58	\$930.14	\$707.21	N/A
59025	FETAL NON-STRESS TEST	\$52.11	\$48.55	\$39.53	\$39.10	\$59.92	\$71.94	\$50.76	\$21.55	\$180.35*
59514	CESAREAN DELIVERY ONLY	\$993.74	\$886.13	\$903.00	\$729.89	\$1,130.24	\$1,304.42	\$1,251.81	\$707.21	N/A
59426	ANTEPARTUM CARE ONLY	\$887.00	\$1,018.22	\$677.64	\$831.93	\$1,280.41	\$81.08*	\$751.91	\$898.72	\$1,324.23
59430	CARE AFTER DELIVERY	\$201.26	\$264.09	\$153.63	\$216.19	\$333.67	\$81.08	\$167.99	\$233.22	\$256.80
59425	ANTEPARTUM CARE ONLY	\$495.61	\$556.39	\$378.55	\$455.00	\$700.91	\$81.08*	\$441.71	\$491.83	\$626.96
59610	VBAC DELIVERY	\$2,178.68	\$2,470.10	\$1,758.50	\$2,019.32	\$3,133.14	\$2,159.04	\$1,957.94	\$2,201.00	N/A
59612	VBAC DELIVERY ONLY	\$990.87	\$884.79	\$827.62	\$727.07	\$1,128.47	\$1,304.42	\$1,043.41	\$796.53	N/A
59412	ANTEPARTUM MANIPULATION	\$112.13	\$100.40	\$117.32	\$82.13	\$127.67	\$314.86	\$150.27	N/A	N/A
59620	ATTEMPTED VBAC DELIVERY ONLY	\$966.07	\$915.85	\$975.31	\$752.90	\$1,168.47	\$1,664.26	\$1,320.47	\$824.79	N/A
59000	AMNIOCENTESIS DIAGNOSTIC	\$137.29	\$116.58	\$96.67	\$94.18	\$145.94	N/A	\$111.38	\$87.14	N/A
59001	AMNIOCENTESIS THERAPEUTIC	\$194.79	\$173.88	\$135.14	\$142.41	\$221.18	\$179.85	\$162.02	\$133.47	N/A
59414	DELIVER PLACENTA	\$99.19	\$88.49	\$95.87	\$72.50	\$112.07	\$224.90	\$127.43	N/A	N/A

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

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

Average Maternity Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	101%	100%	75%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Nursing Facility

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

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	<p>Provider-specific per diem rates are established for each nursing facility and rebased annually (using the facility's most recent Medicaid cost report for the period ending in the previous calendar year).</p> <p>Rates are comprised of three components for capital cost, operational cost, and direct care costs.</p> <p>Additional reimbursement on a monthly basis for extraordinary needs determined on a per case basis.</p> <p>Adjustment payments are made based on the Provider Assessment and</p>	<p>Provider-specific per diem rates are established for each nursing facility and rebased annually.</p> <p>Rates are comprised of three components: health care, administrative and general, and fair rental allowance for capital-related assets.</p> <p>The health care component is case-mix adjusted based on the resource utilization group-III (RUG III).⁸⁶</p>	<p>Nursing facilities are reimbursed the actual operating costs of providing a high level of care, to the extent the costs are reasonable. Rates are set quarterly, and payments are made through a prospective price-based system, which includes case mix adjustments.</p> <p>Final payments are retroactively adjusted on a quarterly basis following receipt of the finalized Medicare cost report and any information requested by the Department.⁸⁷</p>	<p>Nursing facilities are reimbursed using a price-based reimbursement methodology. The rate for each facility is determined using the operating component and the direct resident care component.⁸⁸</p>	<p>Nursing facilities are reimbursed based on facility specific per diem rates. Each facility's base prospective rate is computed as the sum of the facility-specific direct nursing and support services components adjusted by the inflation factor and the Fixed Cost Component, subject to the rate limitations and component maximums, and the quality measures component.⁸⁹</p>	<p>Provider-specific per diem rates are established for each facility.</p> <p>Rates are comprised of two components: a direct care component based on the Multi-state Medicare/ Medicaid Payment Index (M3PI) index on a resident-specific basis, and 2) a non-direct care component established on a facility-specific basis using all other allowable costs.⁹⁰</p>	<p>Provider-specific case-mix adjusted per diem rates are established for each nursing facility. A new case mix index is calculated quarterly and applied to a new aggregate rate at the beginning of the quarter.</p> <p>In addition, reimbursement includes a flat basic operating expense payment to each facility.⁹¹</p>

⁸⁶Code of Colorado Regulations. *Medical Assistance- Section 8.400 Long Term Care, Nursing Facility Care, Adult Day Care Services*. Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10167&fileName=10%20CCR%202505-10%208.400>

⁸⁷ Idaho Department of Health and Welfare, *16.03.10- Medicaid Enhanced Plan Benefits*. Available online: <https://adminrules.idaho.gov/rules/current/16/160310.pdf>

⁸⁸ Montana DPHHS, *Nursing Facility and Swing Bed Manual How payment is calculated*. Available online: <https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual>

⁸⁹ Nebraska Department of Health and Human Services, *Chapter 45 Rates for Nursing Facility Services*. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-45.pdf

⁹⁰ South Dakota Medicaid Billing and Policy Manual, *Skilled Nursing Facility and Nursing Facility Services*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Skilled_Nursing_Facilities_and_Nursing_Facilities.pdf

⁹¹ Utah *State Plan Attachment 4.19-D*, Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-D.pdf

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Nursing Facility

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

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	Upper Payment Limit (UPL). ⁸⁵						
Nursing Facility Provider Tax⁹²	Yes	Yes	Yes	Yes	Yes	No	Yes
Per Diem Rates (SFY 2023)	Range: \$170.24 - \$376.90 Average: \$215.82	Range: \$178.62 - \$342.06 Average: \$251.09	Range: \$165.03 - \$740.76 Average: \$254.65	Range: \$209.34 - \$218.06 Average: \$212.36	Rate is not publicly available.	Range: \$140.08 - \$673.83 Average: \$193.52	Range: \$170.68 - \$272.25 Average: \$218.62

Average WY Medicaid Rate as a % of Other States' Average Rates	95%
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⁸⁵ Wyoming Administrative Rules. *Medicaid Chapter 7: Wyoming Nursing Home Reimbursement System*. Available online: <https://rules.wyo.gov/Search.aspx?mode=7>

⁹² KFF, *States with a Nursing Facility Provider Tax in Place*. Available online: <https://www.kff.org/medicaid/state-indicator/states-with-a-nursing-facility-provider-tax-in-place/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Physician and Other – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$126.12
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$183.52
99284	EMERGENCY DEPT VISIT	\$114.29	\$119.39	\$99.14	\$103.72	\$150.30	\$111.00	\$110.93	\$93.04	\$319.74
99285	EMERGENCY DEPT VISIT	\$169.28	\$173.56	\$147.80	\$150.51	\$218.22	\$164.28	\$166.64	\$135.12	\$444.40
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$253.71
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$164.62
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$37.54	\$33.28	\$31.45	\$46.52	\$22.20	\$27.17	\$33.18	\$92.06*
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$178.52	\$134.55	\$169.12	\$223.50	\$104.91	\$117.69	\$131.85	\$274.19
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$93.78	\$89.46	\$122.51	\$86.74	\$77.70	\$74.29	\$147.44
99283	EMERGENCY DEPT VISIT	\$60.38	\$70.90	\$53.61	\$61.18	\$89.06	\$73.26	\$68.95	\$55.04	\$240.83*
74177	CT ABD & PELV W/CONTRAST	\$223.58	\$321.75	\$281.51	\$268.43	\$407.13	\$515.40	\$286.85	\$223.72	\$2,191.78*
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$118.00	\$83.08	\$86.50	\$125.05	\$88.80	\$79.97	\$77.05	\$261.44
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$100.17	\$102.99	\$130.13	\$92.17	\$77.70	\$79.02	\$159.44
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$78.44	\$57.98	\$60.16	\$87.03	\$53.28	\$59.76	\$53.61	\$109.11
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.56	\$20.15	\$13.90	\$21.32	Not Covered	\$16.35	\$13.81	\$24.99
99472	PED CRITICAL CARE SUBSQ	\$380.25	\$388.48	\$388.76	\$341.58	\$494.20	\$288.60	\$463.16	\$304.61	N/A
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$272.51	\$229.71	\$234.24	\$344.71	\$186.48	\$231.56	\$210.13	\$432.62
92507	SPEECH/HEARING THERAPY	\$61.46	\$76.98	\$68.54	\$66.00	\$95.53	\$39.96	\$21.54	\$58.52	\$76.09
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98	\$81.39
99223	INITIAL HSPTL CARE, PER DAY	\$180.42	\$171.99	\$157.26	\$167.14	\$242.03	\$126.54	\$149.58	\$149.07	\$288.47

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

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

Average Physician and Other Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	84%	97%	55%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Physician and Other – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$126.12
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$183.52
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$37.54	\$33.28	\$31.45	\$46.52	\$22.20	\$27.17	\$33.18	\$92.06*
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.56	\$20.15	\$13.90	\$21.32	Not Covered	\$16.35	\$13.81	\$24.99
95004	PERCUT ALLERGY SKIN TESTS	\$6.11	\$4.00	\$2.34	\$3.17	\$5.07	\$3.10	\$3.93	\$2.96	\$340.02*
99284	EMERGENCY DEPT VISIT	\$114.29	\$119.39	\$99.14	\$103.72	\$150.30	\$111.00	\$110.93	\$93.04	\$319.74
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$15.18	\$3.67*	\$12.65	\$19.45	\$7.99	\$11.46	\$11.46	\$464.03*
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$78.44	\$57.98	\$60.16	\$87.03	\$53.28	\$59.76	\$53.61	\$109.11
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$164.62
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98	\$81.39
99285	EMERGENCY DEPT VISIT	\$169.28	\$173.56	\$147.80	\$150.51	\$218.22	\$164.28	\$166.64	\$135.12	\$444.40
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$118.00	\$83.08	\$86.50	\$125.05	\$88.80	\$79.97	\$77.05	\$261.44
99283	EMERGENCY DEPT VISIT	\$60.38	\$70.90	\$53.61	\$61.18	\$89.06	\$73.26	\$68.95	\$55.04	\$240.83*
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$253.71
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$8.06	\$8.80	\$7.07	\$10.15	\$25.53	\$8.08	\$6.88	\$19.95
71045	X-RAY EXAM CHEST 1 VIEW	\$17.38	\$26.29	\$25.76	\$21.44	\$32.56	\$37.94	\$26.19	\$14.55	\$189.68*
36415	ROUTINE VENIPUNCTURE	\$2.51	N/A	\$3.00	\$2.70	\$8.57	\$3.00	\$3.18	\$3.70	\$6.14
97110	THERAPEUTIC EXERCISES	\$28.39	\$29.75	\$30.59	\$25.20	\$36.79	\$22.20	\$20.92	\$26.49	\$59.12
92507	SPEECH/HEARING THERAPY	\$61.46	\$76.98	\$68.54	\$66.00	\$95.53	\$39.96	\$21.54	\$58.52	\$76.09
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$93.78	\$89.46	\$122.51	\$86.74	\$77.70	\$74.29	\$147.44

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

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

Average Physician and Other Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	99%	52%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Physician Specialist – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99284	EMERGENCY DEPT VISIT	\$114.29	\$119.39	\$99.14	\$103.72	\$150.30	\$111.00	\$110.93	\$93.04	\$351.26*
99285	EMERGENCY DEPT VISIT	\$169.28	\$173.56	\$147.80	\$150.51	\$218.22	\$164.28	\$166.64	\$135.12	\$465.88
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$182.23
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$125.44
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$259.00
74177	CT ABD & PELV W/CONTRAST	\$223.58	\$321.75	\$281.51	\$268.43	\$407.13	\$515.40	\$286.85	\$223.72	\$2,037.78*
99283	EMERGENCY DEPT VISIT	\$60.38	\$70.90	\$53.61	\$61.18	\$89.06	\$73.26	\$68.95	\$55.04	\$286.61*
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$166.31
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	\$71.70	\$62.91	\$59.40	\$87.96	\$107.51	N/A	\$58.48	\$169.77
71275	CT ANGIOGRAPHY CHEST	\$377.65	\$266.44	\$355.52	\$219.12	\$370.33	\$403.49	\$606.61	\$478.90	\$2,498.55**
78815	PET IMAGE W/CT SKULL-THIGH	\$2,233.46	N/A	\$1,608.65	N/A	\$655.42*	\$1,072.04	\$4,736.07	\$1,325.02	\$5,550.00**
70450	CT HEAD/BRAIN W/O DYE	\$103.27	\$111.13	\$210.49	\$91.85	\$138.25	\$230.38	\$112.03	\$147.26	\$839.58*
70553	MRI BRAIN STEM W/O & W/DYE	\$334.53	\$336.38	\$637.00	\$280.04	\$423.20	\$623.17	\$343.02	\$440.31	\$1,483.59*
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$272.51	\$229.71	\$234.24	\$344.71	\$186.48	\$231.56	\$210.13	\$399.59
73721	MRI JNT OF LWR EXTRE W/O DYE	\$209.54	\$213.19	\$261.85	\$176.63	\$267.61	\$423.57	\$216.80	\$169.00	\$1,616.26*
43239	EGD, W BIOPSY	\$323.10	\$382.22	\$174.41	\$322.95	\$491.58	\$257.78	\$358.34	\$291.74	\$639.70
93306	TTE W/DOPPLR CMLTE	\$266.67	\$198.01	\$204.77	\$166.29	\$250.27	\$324.12	\$203.29	\$149.24	\$608.82
74176	CT ABD & PELV W/O CONTRAST	\$141.70	\$191.63	\$178.91	\$159.83	\$239.28	\$328.84	\$181.78	\$142.14	\$1,721.12*
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$178.52	\$134.55	\$169.12	\$223.50	\$104.91	\$117.69	\$131.85	\$279.89
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$78.44	\$57.98	\$60.16	\$87.03	\$53.28	\$59.76	\$53.61	\$118.49**

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

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

Average Physician Specialist Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	91%	92%	49%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Physician Specialist – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$182.23
99284	EMERGENCY DEPT VISIT	\$114.29	\$119.39	\$99.14	\$103.72	\$150.30	\$111.00	\$110.93	\$93.04	\$351.26*
95004	PERCUT ALLERGY SKIN TESTS	\$6.11	\$4.00	\$2.34	\$3.17	\$5.07	\$3.10	\$3.93	\$2.96	\$364.17*
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$15.18	\$3.67	\$12.65	\$19.45	\$7.99	\$11.46	\$11.46	\$526.08*
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$125.44
99285	EMERGENCY DEPT VISIT	\$169.28	\$173.56	\$147.80	\$150.51	\$218.22	\$164.28	\$166.64	\$135.12	\$465.88
71045	X-RAY EXAM CHEST 1 VIEW	\$17.38	\$26.29	\$25.76	\$21.44	\$32.56	\$37.94	\$26.19	\$14.55	\$201.35*
99283	EMERGENCY DEPT VISIT	\$60.38	\$70.90	\$53.61	\$61.18	\$89.06	\$73.26	\$68.95	\$55.04	\$286.61*
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	\$71.70	\$62.91	\$59.40	\$87.96	\$107.51	N/A	\$58.48	\$169.77
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$166.31
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$259.00
95024	ICUT ALLERGY TEST DRUG/BUG	\$6.83	\$8.06	\$3.59	\$6.72	\$10.57	\$4.44	\$6.92	\$6.16	\$428.86*
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$8.06	\$8.80	\$7.07	\$10.15	\$25.53	\$8.08	\$6.88	\$22.02
74177	CT ABD & PELV W/CONTRAST	\$223.58	\$321.75	\$281.51	\$268.43	\$407.13	\$515.40	\$286.85	\$223.72	\$2,037.78*
70450	CT HEAD/BRAIN W/O DYE	\$103.27	\$111.13	\$210.49	\$91.85	\$138.25	\$230.38	\$112.03	\$147.26	\$839.58*
71046	X-RAY EXAM CHEST 2 VIEWS	\$27.07	\$34.08	\$33.84	\$27.87	\$42.29	\$50.59	\$34.15	\$22.17	\$143.05*
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98	\$80.13
80305	DRUG TEST PRSMV DIR OPT OBS	\$13.12	N/A	\$12.60	\$11.34	\$12.60	N/A	N/A	\$11.99	\$26.40
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$78.44	\$57.98	\$60.16	\$87.03	\$53.28	\$59.76	\$53.61	\$118.49**
73630	X-RAY EXAM OF FOOT	\$21.05	\$34.76	\$13.26	\$28.49	\$43.56	\$30.57	\$31.37	\$19.45	\$59.35

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

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

Average Physician Specialist Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	86%	93%	46%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Primary Care – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$129.95
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$189.60
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$167.24
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$178.52	\$134.55	\$169.12	\$223.50	\$104.91	\$117.69	\$131.85	\$278.83
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$261.91
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$93.78	\$89.46	\$122.51	\$86.74	\$77.70	\$74.29	\$147.62
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$100.17	\$102.99	\$130.13	\$92.17	\$77.70	\$79.02	\$159.09
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.56	\$20.15	\$13.90	\$21.32	Not Covered	\$16.35	\$13.81	\$25.50
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$118.00	\$83.08	\$86.50	\$125.05	\$88.80	\$79.97	\$77.05	\$281.58
99472	PED CRITICAL CARE SUBSQ	\$380.25	\$388.48	\$388.76	\$341.58	\$494.20	\$288.60	\$463.16	\$304.61	N/A
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$78.44	\$57.98	\$60.16	\$87.03	\$53.28	\$59.76	\$53.61	\$111.04
99393	PREV VISIT EST AGE 5-11	\$86.97	N/A	\$99.85	\$102.60	\$129.70	\$97.59	\$77.70	\$78.78	\$155.54
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98	\$86.84
99223	INITIAL HSPTL CARE, PER DAY	\$180.42	\$171.99	\$157.26	\$167.14	\$242.03	\$126.54	\$149.58	\$149.07	\$417.56
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$272.51	\$229.71	\$234.24	\$344.71	\$186.48	\$231.56	\$210.13	\$549.57**
99469	NEONATE CRIT CARE SUBSQ	\$373.78	\$383.49	\$417.23	\$336.43	\$484.98	\$355.20	\$495.38	\$299.36	N/A
99284	EMERGENCY DEPT VISIT	\$114.29	\$119.39	\$99.14	\$103.72	\$150.30	\$111.00	\$110.93	\$93.04	\$242.12
99205	OFFICE O/P NEW MOD 45-59 MIN	\$185.45	\$218.74	\$192.86	\$206.46	\$273.74	\$139.88	\$163.16	\$166.73	\$364.00
99394	PREV VISIT EST AGE 12-17	\$95.60	N/A	\$109.24	\$116.24	\$141.97	\$103.01	\$77.70	\$86.35	\$168.60
76816	OB US FLLW-UP PR FETUS	\$103.29	\$111.28	\$64.47	\$92.40	\$139.09	\$100.25	\$96.01	\$49.18	\$262.31

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

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

Average Primary Care Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	86%	98%	52%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Primary Care – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$129.95
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$189.60
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.56	\$20.15	\$13.90	\$21.32	Not Covered	\$16.35	\$13.81	\$25.50
99232	SBSQNT HSPTL CARE, PER DAY	\$67.21	\$78.44	\$57.98	\$60.16	\$87.03	\$53.28	\$59.76	\$53.61	\$111.04
36415	ROUTINE VENIPUNCTURE	\$2.51	N/A	\$3.00	\$2.70	\$8.57	\$3.00	\$3.18	\$3.70	\$6.17
87880	STREP A ASSAY W/OPTIC	\$14.70	N/A	\$16.53	\$14.88	\$16.53	\$16.53	N/A	\$15.67	\$29.63
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$93.78	\$89.46	\$122.51	\$86.74	\$77.70	\$74.29	\$147.62
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98	\$86.84
99233	SBSQNT HSPTL CARE, PER DAY.	\$96.32	\$118.00	\$83.08	\$86.50	\$125.05	\$88.80	\$79.97	\$77.05	\$281.58
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$167.24
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$100.17	\$102.99	\$130.13	\$92.17	\$77.70	\$79.02	\$159.09
87804	INFLUENZA ASSAY W/OPTIC	\$14.33	N/A	\$16.55	\$14.90	\$16.54	\$16.55	N/A	\$15.67	\$27.59
99215	OFFICE O/P EST HI 40-54 MIN	\$130.10	\$178.52	\$134.55	\$169.12	\$223.50	\$104.91	\$117.69	\$131.85	\$278.83
96372	THER/PROPH/DIAG INJ SC/IM	\$21.92	\$14.16	\$16.22	\$11.98	\$17.76	\$15.54	\$10.61	\$10.71	\$27.38
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$8.06	\$8.80	\$7.07	\$10.15	\$25.53	\$8.08	\$6.88	\$18.21
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$261.91
95004	PERCUT ALLERGY SKIN TESTS	\$6.11	\$4.00	\$2.34	\$3.17	\$5.07	\$3.10	\$3.93	\$2.96	\$302.09*
90670	PCV13 VCCNE IM	\$176.53	N/A	N/A	\$217.24	\$257.99	\$257.98	\$257.99	\$222.20	\$258.46
81003	URINALYSIS AUTO W/O SCOPE	\$2.54	N/A	\$2.25	\$2.03	\$2.25	\$2.25	N/A	\$3.06	\$6.63
90471	IMMUNIZATION ADMIN	\$16.94	\$20.26	\$20.15	\$13.90	\$21.32	\$5.80	\$11.04	\$13.81	\$24.90

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

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

Average Primary Care Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	94%	102%	54%

Public Health, Federal

Wyoming ⁹³	Colorado ⁹⁴	Idaho ⁹⁵	Montana ^{96,97}	Nebraska ⁹⁸	South Dakota ⁹⁹	Utah ¹⁰⁰
Reimbursement to Indian Health and Tribal (IHS) clinics is based on a federally mandated encounter rate published by the U.S. Department of Health and Human Services (HHS); with the Federal Government reimbursing state Medicaid Agencies at 100% of costs. Reimbursements are all-inclusive and encounter based.						
<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates.</p> <p>Reimbursement for multiple encounters on the same date of service is permitted only if the services are categorically different and/or are provided for distinct and separate diagnosis. Different allowable services include practitioner services, mental health services, optometry services, dental services, physical therapy, occupational therapy, speech therapy services, etc.</p> <p>Services provided outside of IHS/Tribal facilities are reimbursed according to the Medicaid fee schedule.</p> <p>Reimbursements paid by Wyoming Medicaid for services requested by facility practitioners in accordance</p>	<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates.</p> <p>Reimbursement for multiple encounters on the same date of service is permitted only if the services are categorically different and/or are provided for distinct and separate diagnoses.</p> <p>The following outpatient services are covered: physician services, mental health services, hospital outpatient services, podiatry services,</p>	<p>IHS/Tribal facilities may enter into care coordination agreements with non-IHS/Tribal providers to furnish services for patients who are Tribal Medicaid beneficiaries.</p> <p>Reimbursements paid by Idaho Medicaid for services requested by facility practitioners in accordance with care coordination agreements are eligible for federal matching funds at the enhanced federal matching rate (FMAP) of 100 percent.</p> <p>Care coordination agreements allow non-IHS/Tribal providers and IHS/Tribal facilities to seek reimbursement for services provided to Tribal Medicaid beneficiaries.</p>	<p>IHS/Tribal inpatient and outpatient services are reimbursed based on HHS approved rates.</p> <p>Physician services provided by IHS physicians in non-IHS facilities are not eligible for 100% federal funds, but rather at the regular federal/state match.</p>	<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates for services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program</p> <p>Medicaid reimburses IHS facilities for inpatient and outpatient services at the Medicare/Medicaid rates established by HHS.</p>	<p>IHS/Tribal providers are reimbursed per encounter based on HHS approved rates.</p> <p>All covered encounters except for inpatient hospital encounters are reimbursed at the outpatient encounter rate.</p> <p>Inpatient hospital encounters are reimbursed at the inpatient encounter rate. The inpatient encounter rate is considered reimbursement for both professional services and facility fees.</p>	<p>Medicaid reimburses for one encounter per day, per member, with the exception that more than one outpatient visit with a medical professional within a 24-hour period for distinctly different diagnoses may be reported as two encounters.</p>

⁹³ Wyoming Department of Health, *Tribal Provider Manual*, Available online: <https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins>

⁹⁴ Colorado Indian Health Services Billing Manual. Available online: <https://hcpf.colorado.gov/IHS-billing-manual>

⁹⁵ CMS Bulletin, *Federal Funding for Services*, Available online: <https://www.medicare.gov/federal-policy-guidance/downloads/sho022616.pdf>

⁹⁶ Montana DPHHS, *Indian Health Services Manual*, Available online: <https://medicaidprovider.mt.gov/manuals/indianhealthservicetribal638>

⁹⁷ Montana DPHHS, *Tribal 638 Provider Manual*, Available online: <https://securemedicaidprovider.mt.gov/manuals/tribal638providermanual>

⁹⁸ Nebraska Department of Health and Human Services, *Chapter 11-000 Indian Health Services*, Available online: [https://dhhs.ne.gov/Guidance%20Docs/Indian%20Health%20Services%20\(IHS\)%20and%20Tribal%20638%20Provider%20Bulletin.pdf](https://dhhs.ne.gov/Guidance%20Docs/Indian%20Health%20Services%20(IHS)%20and%20Tribal%20638%20Provider%20Bulletin.pdf)

⁹⁹ South Dakota Medicaid, *Billing and Policy Manual, Indian Health Services and Tribal 638 Facilities*, Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/IHS_and_Tribal_638_Facilities.pdf

¹⁰⁰ Utah Medicaid, *Medicaid Manuals, Indian Health*, Available online: https://medicaid-manuals.dhhs.utah.gov/Indian_Health/general_information.htm

Public Health, Federal

Wyoming ⁹³	Colorado ⁹⁴	Idaho ⁹⁵	Montana ^{96,97}	Nebraska ⁹⁸	South Dakota ⁹⁹	Utah ¹⁰⁰
<p>with care coordination agreements are eligible for federal matching funds at the enhanced federal matching rate (FMAP) of 100 percent. Care coordination agreements allow non-IHS/Tribal providers and IHS/Tribal facilities to seek reimbursement for services provided to Tribal Medicaid beneficiaries.</p> <p>Per the grace period granted by CMS, effective February 11, 2025, tribal facilities that bill for Medicaid beneficiaries' services outside of their "four walls" must change provider enrollment designation from "clinic" to a Federally Qualified Health Center (FQHC). Under section 1902(bb)(6) of the Social Security Act, IHS/Tribal facilities enrolled with Wyoming Medicaid as a Tribal FQHC agree to be paid using an Alternative Payment Methodology that is the all-inclusive rate for services published annually by HHS.¹⁰¹</p>	<p>optometry services, radiology services, and laboratory services.</p>	<p>Per the grace period granted by CMS, effective February 11, 2025, tribal facilities that bill for Medicaid beneficiaries' services outside of their "four walls" must change provider enrollment designation from "clinic" to a Federally Qualified Health Center (FQHC).</p> <p>Under section 1902(bb)(6) of the Social Security Act, IHS/Tribal facilities enrolled with Idaho Medicaid as a Tribal FQHC agree to be paid using an Alternative Payment Methodology that is the all-inclusive rate for services published annually by HHS.¹⁰²</p>				

¹⁰¹ CMCS Informational Bulletin. Available online: <https://www.medicaid.gov/sites/default/files/2023-09/cib090823.pdf>

¹⁰² CMCS Informational Bulletin. Available online: <https://www.medicaid.gov/sites/default/files/2023-09/cib090823.pdf>

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Prescription Drugs

Note: Prescription drug reimbursement information for Colorado, Idaho, Montana, Nebraska, Utah, South Dakota, and Wyoming is as of December 2023.¹⁰³

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Ingredient Costs	<p>Reimbursement is based on the lower of National Average Drug Acquisition Cost (NADAC), No NADAC Wholesale Acquisition Cost (WAC) plus 0%, Federal Upper Limit (FUL), State Maximum Allowed Cost (SMAC), Ingredient Cost submitted, Gross Amount Due (GAD), or Provider's Usual and Customary (U&C). (Reimbursement for claims that pay GAD or U&C do not include the \$10.65 PDF).</p> <p>340B products, Federal Supply Schedule (FSS), and Nominal Price should not bill more than the average acquisition cost (AAC).</p> <p>Drugs purchased outside of 340B and provided by 340B contact pharmacies are not covered.</p> <p>Prescription-administered drugs (PAD) submitted under the medical benefits will be reimbursed at 100% of ASP. PADs without an ASP will be reimbursed at WAC plus 0%.</p>	<p>Ingredient cost for all drugs for retail pharmacies, rural, mail order, specialty, government, institutional and long-term care pharmacies shall be based upon the lower of the U&C charge to the public or the allowed ingredient cost. The allowed ingredient cost is the lesser of AAC or submitted ingredient cost. If AAC is not available, the allowed ingredient cost is the lesser of WAC or the submitted drug ingredient cost.</p> <p>Physician-administered drugs (PAD) are reimbursed at ASP -3.3%, excepting injectable opioid antagonists, which are reimbursed at ASP +2.2%. PADs without ASP are reimbursed at WAC.</p>	<p>Reimbursement is based on the Average Acquisition Cost (AAC) or the Wholesale Acquisition Cost (WAC) if the AAC is not available.</p>	<p>Reimbursement is based on the lower of Average Acquisition Cost (AAC), Submitted Ingredient Cost, Wholesale Acquisition Cost (WAC) or Federal Upper Limit (FUL).</p>	<p>Reimbursement is based on the lower of National Average Drug Acquisition Cost (NADAC), Federal Upper Limit (FUL), Maximum Allowable Cost (MAC), or Provider's Usual and Customary (U&C).</p> <p>If NADAC pricing is not available:</p> <ul style="list-style-type: none"> WAC plus 0% will be included in the lower of logic (legend, non-legend, specialty drugs, long-term care). ASP plus 6% and when ASP is unavailable, WAC plus 6.8% or manual pricing at actual acquisition cost (physician administered drugs). AAC (340B purchased drugs, FSS, nominal price); the lesser of NADAC, WAC plus 0%, ASP plus 6%, FUL (clotting factor). 	<p>Reimbursement is based on Provider's Usual and Customary (U&C), State Maximum Allowed Cost (SMAC), National Average Drug Acquisition Cost (NADAC), or Wholesale Acquisition Cost (WAC).</p>	<p>Reimbursement is based on the lower of Utah WAC, Federal Upper Limit (FUL), Utah Maximum Allowable Cost National Average Drug Acquisition Cost (NADAC), or Submitted Ingredient Cost.</p>

¹⁰³ Medicaid.gov, *State Prescription Drug Resources*, Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/index.html>

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Prescription Drugs

Note: Prescription drug reimbursement information for Colorado, Idaho, Montana, Nebraska, Utah, South Dakota, and Wyoming is as of December 2023.¹⁰³

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Dispensing Fee¹⁰⁴	Dispensing fee: \$10.65	<p>Range from \$9.31 to \$13.40, depending on the annual volume of prescriptions filled by a pharmacy. Pharmacies are surveyed on volume annually.</p> <p>Government pharmacies are not to use the tiered professional dispensing fee and are reimbursed a \$0.00 professional dispensing fee.</p> <p>Rural pharmacies are reimbursed at the professional dispensing fee of \$14.14.</p> <p>Enhanced professional dispensing fee for clotting factor drugs are \$0.03 per unit.</p>	Dispensing fees: range from \$11.51 to \$15.11, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fees: range from \$11.41 to \$15.57, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fee: \$10.02	Dispensing fee: \$10.50	<p>Dispensing fees: \$9.99 (urban in-state), \$10.15 (rural in-state) or \$9.99 (out-of-state).</p> <p>\$716.54 for hemophilia clotting factor dispensed by the contracted pharmacy and in accordance with the hemophilia disease management program</p>
State Maximum Allowance Cost (MAC)	Yes	No	Yes	No	Yes	Yes	Yes

¹⁰⁴ Medicaid.gov, Medicaid Covered Outpatient Prescription Drug Reimbursement Information by State. Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/medicaid-covered-outpatient-prescription-drug-reimbursement-information-state/index.html#:~:text=Pharmacy%20Benefit%20Manager-Professional%20dispensing%20fee%20is%3A,%2415.34%20for%20compounded%20prescriptions>

Psychiatric Residential Treatment Facility (PRTF)

Per Diem	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Per Diem Rate Ranges (SFY 2023)	\$341.00 - \$392.00	\$765.00	N/A	\$343.28	\$435.25	\$354.63	Not Covered
Median Rate (in-state)	\$366.50	\$765.00	N/A	\$343.28	\$435.25	\$354.63	Not Covered

WY Medicaid Rate as % of Other States	77%
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School Based Services

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

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	<p>Wyoming currently operates a school-based Medicaid program. Necessary healthcare services in schools are paid for by Wyoming Department of Education.</p> <p>As of July 2022, CMS approved Wyoming's SPA, authorizing the SBS Program to go live.</p> <p>Reimbursement for services is based upon a Medicaid fee schedule and are reimbursed on a fee-for-service basis. Reimbursement will be the lesser of the LEA's billed charges or the Wyoming fee schedule rate. The LEAs will remit funds reimbursed that will get recirculated into the Department of Education School Foundation Program Account.</p>	<p>Colorado pays school districts interim payments based on a monthly rate according to a one-twelfth methodology, whereas interim payments are based upon historical Certified Public Expenditures and divided equally amongst 12 months. Interim payments are tied to claim submissions by each district and are reconciled during the cost reporting process. Colorado offers Medicaid administrative claiming.¹⁰⁵</p>	<p>Idaho reimburses school districts in accordance with established Medicaid rates using a fee-for-service basis and uses an Intergovernmental Transfer process to fund the non-federal share of the Medicaid claim. Idaho does not reference an administrative claiming policy.¹⁰⁶</p>	<p>Montana operates two school-based Medicaid programs: direct services and administrative claiming. Montana reimburses direct services on a fee-for-service basis. Administrative claiming funds activities related to referring individuals to services, assisting families in accessing Medicaid services, and seeking appropriate providers.¹⁰⁷</p>	<p>Nebraska pays schools for direct services and administrative claims through time studies and an annual cost report. Interim rates are calculated based on these reports, and payments are reconciled at year end. Nebraska allows for administrative claiming to enroll eligible children in Medicaid and assist in access to services.¹⁰⁸</p>	<p>Payment is limited to the federal share of a school district's established rate and the district is responsible for the state share of the claim. Rates are established for each district annually based on the projected cost of the service or a contracted rate. Costs and revenues are settled annually through a cost reconciliation. The administrative claiming program allows for additional reimbursement for outreach activities not claimable in the fee-for-service program.¹⁰⁹</p>	<p>Utah makes monthly interim payments based on reported annual costs to providers for health services. These payments are reconciled at year end through a cost reconciliation process. In an effort to minimize overpayments, LEAs are given the option to be paid at either 80% or 90% of the total calculated amount.</p> <p>LEAs are asked to submit claims for Medicaid covered services, although they will not be paid for claim charges. All claims will be submitted to Medicaid with a \$0.00 charge, as LEAs are only paid through the monthly interim payment.</p> <p>Rates are based on the LEA's actual, certified costs provided in their most recent annual cost report from the previous fiscal year.¹¹⁰</p>

¹⁰⁵ Colorado Department of Health Care Policy and Financing, *School Health Services*. Available online: <https://www.colorado.gov/pacific/hcpf/school-health-services>

¹⁰⁶ Idaho Medicaid, *Provider Handbook*. Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Agency%20Professional.pdf>

¹⁰⁷ Montana Medicaid, *Administrative Claiming Program*. Available online: <https://medicaidprovider.mt.gov/docs/schools/mactimestudyguide032019.pdf>

¹⁰⁸ Nebraska DHHS, *Nebraska School-Based Services*. Available online: <https://dhhs.ne.gov/Pages/Medicaid-Provider-School-Based-Services.aspx>

¹⁰⁹ South Dakota SSD, *South Dakota Billing and Policy Manual*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/School_Districts.pdf

¹¹⁰ Medicaid.gov, *SPA*. <https://www.medicaid.gov/medicaid/spa/downloads/UT-21-0019.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Inpatient	<p>Non-state government owned providers who have a Medicaid deficit, identified as having costs greater than Medicaid payments during a given year, qualify for a Qualified Rate Adjustment (QRA) payment.</p> <p>Private providers with a Medicaid deficit also qualify for a Private Hospital Assessment payment. Both the QRA and private hospital assessments are cost based and qualify for a federal match.</p>	<p>Colorado provides an “Uncompensated Care Supplemental Hospital Medicaid Payment” that is calculated prospectively on a yearly Federal Fiscal Year (FFY) basis. The payment is distributed based on number of beds and “Essential Access Hospital” qualification. Colorado also has a Hospital Quality Incentive Payment (HQIP) that is a payment per discharge based on a normalized score of four out of seven possible measures.¹¹¹</p> <p>Colorado makes an additional supplemental payment for teaching hospitals, including separate</p>	<p>Idaho pays a supplemental payment to non-state government owned hospitals with a Medicaid deficit, and Idaho uses a cost-based method to calculate its inpatient UPL. Idaho distributes a pool of supplemental payments based on each hospital’s proportion of total inpatient days in the base year of the supplemental payment calculation. Supplemental payments for private hospitals are calculated and distributed the same way as non-state government owned providers.¹¹⁴</p> <p>Idaho pays supplemental</p>	<p>In state, private hospitals receive a direct Graduate Medical Education (GME) lump sum based on GME information in the cost report.¹¹⁶</p> <p>All in state hospitals may receive a Hospital Reimbursement Adjustor, which is calculated based on the proportion of Medicaid inpatient days for one provider out of total Medicaid inpatient days for all eligible hospitals. The result is adjusted for rural hospitals and cannot exceed the UPL.¹¹⁷</p>	<p>The only identified supplemental payment made by Nebraska are for supplemental GME reimbursements. There are three types of GME payments made, all of which are paid at the claim level:</p> <ul style="list-style-type: none"> • Direct medical education - calculated based on the number of intern and resident full-time equivalents from the cost report¹¹⁸ • Indirect medical education - calculated based on eligibility for the same type of payment for Medicare • Managed Care Medical 	<p>In state, private providers receive a direct GME lump sum based on relevant information included in each provider’s Medicare Cost Report. A set amount of GME funding is distributed based on Medicaid inpatient days and weighted intern and resident full-time equivalency taken from provider’s cost reports. One provider, the Center for Family Medicine, is also eligible for direct GME payments based on the South Dakota Rural Residency program.¹²¹</p> <p>Supplemental payments were extended for qualifying, private hospitals and</p>	<p>Utah providers are eligible for direct GME payments. This predetermined amount of GME funding is distributed using allocation percentages that are directly listed in Utah’s state plan.¹²³</p>

¹¹¹ Medicaid.gov, *Colorado SPA 14-052*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-14-052.pdf>

¹¹⁴ Medicaid.gov, *Idaho SPA 22-0005*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ID-22-0005.pdf>

¹¹⁶ Medicaid.gov, *Montana SPA 18-0057*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0057.pdf>

¹¹⁷ Medicaid.gov, *Montana SPA 18-0027*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0027.pdf>

¹¹⁸ Medicaid.gov, *Nebraska SPA 10-04*, Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-04-Ltr.pdf>

¹²¹ Medicaid.gov, *South Dakota SPA 18-005*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SD/SD-18-005.pdf>

¹²³ Medicaid.gov, *Utah SPA 13-018*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-13-018-Att.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		<p>payments for state universities, rural family medicine residency programs, and pediatric teaching hospitals.¹¹²</p> <p>There is also a payment for public providers that see a high volume of indigenous peoples and an “Urban Safety Net Provider” payment for reimbursement of uncompensated indigenous care. The state also provides supplemental payments based on metropolitan statistical areas and for large rural hospitals. Additionally, there is an inpatient hospital base rate supplement to bring providers up to the UPL after other supplements have been applied.¹¹³</p>	<p>payments to in-state and private nursing home facilities The UPL will use the average daily reimbursement rates for each facility.¹¹⁵</p>		<p>Education - based on managed care discharge volume.¹¹⁹</p> <p>Nebraska added supplemental payments for graduate medical education services to qualified inpatient hospitals.¹²⁰</p>	<p>nursing facilities for an additional state fiscal year¹²².</p>	

¹¹² Medicaid.gov, *Colorado SPA 20-0016*, Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-20-0016.pdf>

¹¹³ Medicaid.gov, *Colorado SPA 17-0049*, Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-17-0049.pdf>

¹¹⁵ Medicaid.gov, *Idaho SPA 18-005*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0005.pdf>

¹¹⁹ Medicaid.gov, *Nebraska SPA 10-03*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-03-Att.pdf>

¹²⁰ Medicaid.gov, *Nebraska SPA 22-0005*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ne-22-0005.pdf>

¹²² Medicaid.gov, *South Dakota SPA 22-0006*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/SD-22-0006.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Outpatient	Non-state government owned and private hospitals with a Medicaid deficit qualify for QRA payments. Both the QRA and private hospital assessments are cost based and qualify for a federal match.	*None	*None	*None	Nebraska provides supplemental payments for dental services provided by public entities. ¹²⁴ Nebraska provides supplemental payments for graduate medical education services to qualified outpatient hospitals.	*None	Utah pays in-state government owned, non-state government owned, and private providers a supplemental payment equal to each provider's Medicaid deficit. Private rural hospitals receive an increased proportion of the supplemental payment pool. ¹²⁵ The State updated the SPA to address the utilization trends for outpatient hospital upper payment limits. ¹²⁶
Physician	Physicians and other professional service providers that are owned or operated by private or non-state government owned hospitals are eligible for a Professional Services Supplemental Payment (PSSP)	The Colorado Medicaid physician supplemental payment program uses a calculated Medicare to commercial conversion factor to estimate the average commercial rate for eligible physician services provided by physicians,	*None	*None	Nebraska makes supplemental payments for services provided by University of Nebraska Medical Center and its affiliated practices, including physicians, nurse practitioners, midwives, nurse anesthetists, audiologists,	*None	*None

¹²⁴ Medicaid.gov, *Nebraska SPA 10-04*, Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-04-Ltr.pdf>

¹²⁵ Medicaid.gov, *Utah SPA 18-0003*, Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-18-0003.pdf>

¹²⁶ Medicaid.gov, *Utah SPA 22-0009*, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/UT-22-0009.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>effective July 1, 2020.</p> <p>The supplemental payment is calculated an average commercial rate for all services. Medicaid payment amounts are subtracted from the estimated commercial rate for each service to identify the available supplemental payments. Calculations are performed on an annual basis.</p>	<p>nurse anesthetists, physician assistants, clinical nurse specialists, nurse midwives, nurse practitioners, psychologists, clinical social workers, optometrists, and dentists that are employed by the University of Colorado School of Medicine, a state-owned provider.¹²⁷</p> <p>To calculate a provider’s average commercial rate, Colorado Medicaid first estimates the Medicare payment made for each service and then inflates the Medicare payment using the Medicare to commercial conversion factor. Medicaid paid amounts are subtracted from the estimated commercial rate for each service to calculate the available supplemental payments. Calculations are</p>			<p>optometrists, mental health practitioners, and psychologists. Nebraska Medicaid calculates an average commercial payment for physician services and paying the difference between the estimated commercial equivalent payments and Medicaid FFS and TPL payments.¹²⁹</p>		

¹²⁷ Medicaid.gov, Colorado SPA 21-0020, Available Online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-21-0020.pdf>

¹²⁹ Medicaid.gov, Nebraska SPA 22-0002, Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ne-22-0002.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		performed on a quarterly basis. Colorado updated its SPA to increase the supplemental payment pool for Rural Family Medicine Residency Development Payment, Family Medicine Residency Program Payment, State University Teaching Hospital Payment, Pediatric Major Teaching Payment and the Urban Safety Net Provider Payment. ¹²⁸					

¹²⁸ Medicaid.gov, Colorado SPA 22-0034, Available Online: <https://www.medicaid.gov/medicaid/spa/downloads/co-22-0034.pdf>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>Medicaid previously referred to telehealth as telemedicine and has since redefined the term to telehealth. CMS defines Telehealth as a way to, “improve a patient’s health by permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site.” Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. Telecommunications may include technologies such as telephones, electronic mail systems, and remote patient monitoring devices to collect and transmit patient data. While all state Medicaid programs reimburse for some type of telehealth, policies vary across states with differences in how telehealth is defined, regulated, and reimbursed.¹³⁰</p>							
<p>Service and Reimbursement Coverage</p>	<p>Wyoming Medicaid reimburses for live video visits at the same rate as in-person visits for eligible providers and services.</p> <p>Wyoming terminated the state COVID 19 PHE on March 14th, 2022.¹³¹</p> <p>Post PHE policies require telehealth to be performed in real time with interactive audio and video, via telecommunications systems. This means that the Member must be</p>	<p>Colorado Medicaid reimburses at minimum, the same rate as the medical assistance program rate for a comparable in-person service for live video visits for all services covered by Health First Colorado.</p> <p>Colorado terminated the State PHE on July 8, 2021.¹³³</p> <p>Post PHE policies require telehealth to be performed via two-way live</p>	<p>Idaho Medicaid reimburses a fee-for-service rate for two-way live video for eligible providers and services.</p> <p>Idaho terminated the COVID 19 PHE on April 15, 2022.¹³⁶</p> <p>Post PHE policies require telehealth to be performed via real-time, full motion two-way video <i>and</i> audio.</p> <p>Covered telehealth includes select services for</p>	<p>Montana Medicaid reimburses for medically necessary live video visits at the same rate of payment as services delivered in person.</p> <p>The Montana Administration terminated the PHE on June 30, 2021.¹³⁹ Post PHE policies do not provide reimbursement for consultations provided by telephone (interactive audio),</p>	<p>Nebraska Medicaid reimburses eligible Medicaid live video at minimum, the same fee-for-service rate of in person services.</p> <p>Nebraska terminated the COVID 19 PHE on June 30, 2021.¹⁴²</p> <p>Post PHE policies allow for audio only services for the delivery of individual behavioral health services for an established patient and crisis</p>	<p>South Dakota Medicaid reimburses the lesser of the provider’s usual and customary charge or the fee schedule rate for live video for eligible providers and services.</p> <p>South Dakota terminated the COVID 19 PHE on June 30, 2021.¹⁴⁸</p> <p>Post PHE policies require telehealth to be delivered via two-way audio <i>and</i> video. Two-way</p>	<p>Utah Medicaid reimburses for live video or audio for eligible providers and services. The reimbursement rate for telemedicine services is subject to reimbursement policies set by the state plan and may be based on 1) a monthly reimbursement rate; 2) a daily reimbursement rate; 3) an encounter rate.¹⁵⁰</p>

¹³⁰ Center for Medicare and Medicaid Services, *Telehealth*. Available online: <https://www.medicare.gov/medicaid/benefits/telehealth/index.html>

¹³¹ Wyoming Board of Medicine, *COVID-19 Information and Resources*. Available online: <https://wyomedboard.wyo.gov/resources/coronavirus-covid-19-information-and-resources>

¹³³ Colorado Governor, *Governor Polis Ends COVID-19 Health Emergency Order*. Available online: <https://www.colorado.gov/governor/news/5746-governor-polis-ends-covid-19-health-emergency-order>

¹³⁶ Idaho Official Government Website, *Public health disaster emergency declaration to end April 15*. Available online: <https://gov.idaho.gov/pressrelease/public-health-disaster-emergency-declaration-to-end-april-15/>

¹³⁹ State of Montana Newsroom, *Governor Gianforte Ends State of Emergency in Montana*. Available online: <https://news.mt.gov/Governors-Office/Governor-Gianforte-Ends-State-of-Emergency-in-Montana>

¹⁴² Nebraska DHHS, *Gov. Ricketts Ends Coronavirus State of Emergency*. Available online: <https://dhs.ne.gov/Pages/Gov-Ricketts-Ends-Coronavirus-State-of-Emergency.aspx>

¹⁴⁸ South Dakota Department of Social Services, *State of South Dakota Office of the Governor Executive Order 2020-34*. Available online: <https://sdsos.gov/general-information/executive-actions/executive-orders/assets/2020-34%20-%20.PDF>

¹⁵⁰ Utah State Legislature, *26-18-13 Telemedicine – Reimbursement – Rulemaking*. Available online: https://le.utah.gov/xcode/Title26/Chapter18/26-18-S13.html?v=C26-18-S13_2017050920170509

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>able to see <i>and</i> interact with the off-site practitioner at the time services are provided via telehealth technology. Communication between a healthcare practitioner and a member is not covered via telephone, email, or fax.</p> <p>In addition, group psychotherapy will no longer be covered, and Medicaid will not reimburse for the use or upgrade of technology</p> <p>Currently, Wyoming reimburses for both originating and distance sites; however, providers may not bill for both the originating (spoke) site and the distance (hub) site, unless the provider is at one location</p>	<p>interactive audio <i>and</i> video telecommunication s equipment. Services may be provided via telephone, live chat, or interactive audiovisual modality for only FQHC, RHC, and IHS provider types.</p> <p>Covered services include services covered by the Health First Colorado benefit, provided within the scope and training of an enrolled provider’s license, and appropriate to be rendered via telemedicine.</p> <p>Primary care and specialty providers are reimbursed as the “originating provider” when the member is present with the provider at the originating site. If no originating provider is present</p>	<p>children with developmental disabilities, early intervention services through the infant toddler program, interpretive services, occupational and physical therapists, physician/non-physician practitioner services, school-based services, and speech language pathologists.</p> <p>Fee for service reimbursement is not available for email or fax.</p> <p>Only one eligible provider may be reimbursed per service per participant per date of service. No reimbursement is available for the use of equipment at the originating or remote sites. The</p>	<p>facsimile machine transmissions, or crisis hotlines. However, telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.¹⁴⁰</p> <p>Montana does not allow the originating and distant providers to be within the same facility or community. In addition, the same provider may not be reimbursed as both the originating and distance provider.¹⁴¹</p>	<p>management and intervention for an established patient.¹⁴³ Telephone consultations with another physician may be covered by the State if the name of the consulting physician is indicated on or in the claim.¹⁴⁴</p> <p>Services will continue to be covered and reimbursed on the Medicaid fee-for-service program. Additionally, managed care contracts with managed care plans will be amended to add coverage of health care services. Lastly, the department will look to establish rates for transmission cost reimbursement for</p>	<p>audio services may be covered if the patient does not have access to face-to-face audio/visual telemedicine technology. Audio-only SUD services are covered for FQHCs, RHCs, and IHS facilities and reimbursed at the encounter rate.</p> <p>Reimbursement is limited to the lesser of the provider’s usual and customary charge or the fee contained on the State fee schedule for live, two-way audio <i>and</i> video. FQHC/RHC and IHS/Tribal 638 providers may bill for audio-only evaluation and management services and be reimbursed at the</p>	<p>Utah Terminated the COVID 19 PHE on July 1, 2021.¹⁵¹</p> <p>Post PHE policies cover telehealth services such as consultation, evaluation and management, manual health, substance use disorder, teledentistry, and telepsychiatric consultations. Interprofessional telephone or internet assessments and management services are covered for consultative psychiatrists</p> <p>Services not otherwise covered by Utah Medicaid will not be covered when delivered via telehealth.</p> <p>The provider at the originating site receives no additional</p>

¹⁴⁰ Montana Legislation, 53-6-122 *Telehealth Services – requirements—limitations*. Available online:

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

¹⁴¹ Montana Medicaid Provider Manual, *Telemedicine*. Available online: <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026797-telemedicine>

¹⁴³ Nebraska Legislature, 71-8503 *Nebraska Telehealth Act*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8503>

¹⁴⁴ Nebraska DHHS, 471 NAC 18. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-18.pdf

¹⁵¹ Utah State Legislature, HB 294 2021-11. Available online: <https://le.utah.gov/~2021/bills/static/HB0294.html>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	and the member is at a different location even though the pay to provider is the same. ¹³²	during a Telemedicine Services appointment, then the location of the originating site is at the member's discretion and can include the member's home. A primary care provider may be reimbursed as the "distant provider" if they facilitate an in-person visit in the state of Colorado. Medical specialist providers may be reimbursed as the "distant provider." ^{134 135}	place of service used should be the location of the participant. Telehealth services billed without being identified as such are not covered. Covered telehealth services may be reimbursed within limitations defined by the Department. ^{137 138}		telehealth consultation. ¹⁴⁵ The reimbursement rate is <i>not</i> dependent on the distance between the health care practitioner and the patient. ^{146,147}	fee schedule rate. ¹⁴⁹	reimbursement for the use of telehealth services. ¹⁵²

¹³² Wyoming Department of Health CMS 1500 ICD-10 Manual effective 1/1/2023. Available online: <https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/CMS-1500-Provider-Manual>

¹³⁴ Colorado Department of Health Care Policy and Financing, *Telemedicine Provider Information* Available online: <https://hcpf.colorado.gov/provider-telemedicine>

¹³⁵ Colorado Department of Health Care Policy and Financing, *Telemedicine Billing Manual*. Available online: <https://hcpf.colorado.gov/telemedicine-manual#covServ>

¹³⁷ Idaho Medicaid Provider Handbook. Available online:

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

¹³⁸ Idaho Department of Health and Welfare, 16.03.09 Medicaid Basic Plan Benefits. Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

¹⁴⁵ Nebraska Legislature, *71-8506 Medical assistance program; reimbursement; requirements*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8506>

¹⁴⁶ Nebraska General Statewide Telehealth – COVID 19 FAQs. Available online at: <https://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf>

¹⁴⁷ Nebraska Legislature, *Chapter 71-8506*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8506>

¹⁴⁹ South Dakota Medicaid Billing and Policy Manual, Telemedicine Services. Available online:

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

¹⁵² Utah Medicaid Provider Manual. Available online: <https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Remote Patient Monitoring	Wyoming reimburses for remote patient monitoring procedure codes 99453, 99454, 99457 and 99458.	Colorado reimburses for remote patient monitoring for eligible individuals with certain chronic conditions.	Idaho does not reimburse for remote patient monitoring.	Montana does not reimburse for remote patient monitoring.	Nebraska reimburses for remote patient monitoring under certain conditions. ¹⁵³	South Dakota does not reimburse for remote patient monitoring.	Utah reimburses for remote patient monitoring under certain conditions. ¹⁵⁴
Licensure Agreements: Compacts that create a streamlined process for providers to be licensed in multiple states allowing them to practice telemedicine across state lines. ¹⁵⁵	Interstate Medical Licensure Compact Audiology and Speech-Language Pathology Interstate Compact Nurse Licensure Compact EMS Personnel Licensure Interstate Compact Occupational Therapy Licensure Compact Psychology Interjurisdictional Compact Counseling Compact	Interstate Medical Licensure Compact Interstate Licensed Professional Counselor Compact Interjurisdictional Psychology Compact Member of the Physical Therapy Compact Nurse Licensure Compact EMS Compact Occupational Therapy Interstate Compact Audiology and Speech-Language Interstate Compact Interstate Licensed Professional	Interstate Medical Licensure Compact Nurses Licensure Compact EMS Compact Member of the Audiology and Speech-Language Pathology Interstate Compact Psychology Interjurisdictional Compact	Interstate Medical Licensure Compact Nurse Licensure Compact Physical Therapy Compact Occupational Therapy Compact Audiology and Speech Language Pathology Compact Counseling Compact	Interstate Medical Licensure Compact Psychology Interjurisdictional Compact Nurse Licensure Compact EMS Compact Physical Therapy Compact EMS Compact Audiology and Speech Language Pathology Interstate Compact Counseling Compact Occupational Therapy Licensure Compact	Physical Therapy Compact Interstate Medical Licensure Compact Nurse Licensure Compact EMS Compact Occupational Therapy Compact	Interstate Medical Licensure Compact Psychology Interjurisdictional Compact Nurse Licensure Compact Physical Therapy Licensure Compact Audiology and Speech-language Pathology Interstate Compact Emergency Medical Services Compact Occupational Therapy Licensure Compact Counseling Compact

¹⁵³ NE Admin. Code Title 471 Sec. 1-004.01(F) & 1-004.07, Ch. 1, p. 7 & 9.

¹⁵⁴ Utah Medicaid, *Provider Manual*, Available online:

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

¹⁵⁵ CCHP Licensure Compacts. Available online: <https://www.cchpca.org/topic/licensure-compacts/>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		Counselor Compact.					Advanced Practice Registered Nurse (APRN) Compact Physician Assistant Compact

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Vision - Ophthalmology – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$126.79	\$108.18	\$106.06	\$156.85	\$64.38	\$111.66	\$94.61	\$152.29
66984	XCAPSL CTRCT RMVL W/O ECP	\$630.39	\$537.94	\$593.41	\$450.05	\$665.09	\$1,678.60	\$133.01*	\$403.18	\$1,996.54**
92004	EYE EXAM NEW PATIENT	\$125.07	\$150.17	\$129.76	\$126.16	\$185.61	\$77.70	\$137.09	\$112.29	\$203.40
67028	NJCTN EYE DRG	\$174.67	\$112.74	\$168.97	\$94.08	\$139.43	\$461.61	\$111.71	\$84.33	\$117.32
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$214.90
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$54.86	\$7.32*	\$10.00*	\$4.00*	\$12.04*	\$34.31	\$41.62	N/A
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$159.10
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$83.93	\$37.29	\$4.00*	\$10.00*	\$47.62	\$69.12	\$63.67	N/A
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$880.17	\$736.31	\$707.14	\$617.11	\$911.01	\$2,110.24	\$182.18*	\$552.65	N/A
92134	CPTR OPHTH DX IMG POST SEGMENT	\$37.83	\$40.52	\$36.61	\$33.94	\$50.33	\$39.07	\$40.73	\$30.31	\$68.69
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.25	\$17.80	\$24.49	\$17.76	\$12.66	N/A	\$29.24
67228	TREATMENT X10SV RETINOPATHY	\$1,014.59	\$337.06	\$545.06	\$281.53*	\$417.06	\$719.40	\$333.88*	\$252.38*	N/A
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$100.05
92340	FIT SPECTACLES MONOFOCAL	\$31.99	\$0.00	\$17.57	\$23.62	\$29.77	\$82.16	N/A	\$25.88	N/A
92060	SPECIAL EYE EVALUATION	\$53.91	\$63.57	\$57.21	\$52.61	\$77.81	\$48.39	\$41.73	\$46.90	\$67.97
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$62.89	\$43.55	\$51.89	\$77.81	\$96.79	\$63.22	\$46.49	\$87.18
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$48.09	\$24.33	\$12.00	\$11.00	\$15.80	N/A	\$36.48	N/A
92136	OPHTHALMIC BIOMETRY	\$73.32	\$47.30	\$59.55	\$41.66	\$61.74	\$85.24	\$50.07	\$37.19	\$85.65
67113	REPAIR RETINAL DETACH CPLX	\$1,459.16	\$1,311.07	\$889.56	\$1,101.38	\$1,623.77	\$1,318.90	\$1,296.70	\$986.36	N/A
67108	REPAIR DETACHED RETINA	\$1,335.53	\$1,172.32	\$1,327.06	\$985.75	\$1,452.66	\$2,457.95	\$1,159.93	\$882.69	N/A

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

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

Average Ophthalmology Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	111%	111%	76%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Vision - Ophthalmology – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92134	CPTR OPHTH DX IMG POST SEGMENT	\$37.83	\$40.52	\$36.61	\$33.94	\$50.33	\$39.07	\$40.73	\$30.31	\$68.69
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$126.79	\$108.18	\$106.06	\$156.85	\$64.38	\$111.66	\$94.61	\$152.29
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$54.86	\$7.32*	\$10.00*	\$4.00*	\$12.04*	\$34.31	\$41.62	N/A
67028	NJCTN EYE DRG	\$174.67	\$112.74	\$168.97	\$94.08	\$139.43	\$461.61	\$111.71	\$84.33	\$117.32
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42	\$159.10
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.25	\$17.80	\$24.49	\$17.76	\$12.66	N/A	\$29.24
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98	\$214.90
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08	\$100.05
92136	OPHTHALMIC BIOMETRY	\$73.32	\$47.30	\$59.55	\$41.66	\$61.74	\$85.24	\$50.07	\$37.19	\$85.65
92004	EYE EXAM NEW PATIENT	\$125.07	\$150.17	\$129.76	\$126.16	\$185.61	\$77.70	\$137.09	\$112.29	\$203.40
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$83.93	\$37.29	\$4.00*	\$10.00*	\$47.62	\$69.12	\$63.67	N/A
66984	XCAPSL CTRCT RMVL W/O ECP	\$630.39	\$537.94	\$593.41	\$450.05	\$665.09	\$1,678.60	\$133.01*	\$403.18	\$1,996.54**
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.57	\$23.62	\$29.77	\$82.16	N/A	\$25.88	N/A
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$48.09	\$24.33	\$12.00	\$11.00	\$15.80	N/A	\$36.48	N/A
92133	CMPTN OPHTH IMG OPTIC NERVE	\$37.83	\$36.79	\$36.61	\$30.74	\$45.67	\$39.07	\$36.92	\$27.48	\$74.51
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$62.89	\$43.55	\$51.89	\$77.81	\$96.79	\$63.22	\$46.49	\$87.18
92060	SPECIAL EYE EVALUATION	\$53.91	\$63.57	\$57.21	\$52.61	\$77.81	\$48.39	\$41.73	\$46.90	\$67.97
76519	ECHO EXAM OF EYE	\$52.14	\$67.97	\$48.07	\$55.86	\$83.73	\$107.50	\$57.74	\$51.99	N/A
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98	\$69.03
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24	\$147.16

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

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

Average Ophthalmology Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	93%	103%	72%

SFY 2023 Wyoming Medicaid Reimbursement Benchmarking Study

Vision – Optician/Optomety – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$126.79	\$108.18	\$106.06	\$156.85	\$64.38	\$111.66	\$94.61
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$83.93	\$37.29	\$4.00*	\$10.00*	\$47.62	\$69.12	\$63.67
92004	EYE EXAM NEW PATIENT	\$125.07	\$150.17	\$129.76	\$126.16	\$185.61	\$77.70	\$137.09	\$112.29
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$54.86	\$7.32*	\$10.00*	\$4.00*	\$12.04*	\$34.31	\$41.62
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$48.09	\$24.33	\$12.00	\$11.00	\$15.80	N/A	\$36.48
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.25	\$17.80	\$24.49	\$17.76	\$12.66	N/A
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.57	\$23.62	\$29.77	\$82.16	N/A	\$25.88
V2100	LENS SPHER SINGLE PLANO 4.00	\$31.01	\$59.67	\$24.33	\$5.00*	\$1.00*	\$14.00	N/A	\$45.26
V2410	LENS VARIAB ASPHERICITY SING	\$90.40	\$136.58	\$76.28	\$15.00*	N/A	N/A	\$122.19	\$103.62
92250	EYE EXAM WITH PHOTOS	\$62.90	\$37.47	\$63.98	\$31.01	\$46.10	\$102.56	\$37.27	\$27.74
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$44.93	\$41.20	\$63.37	N/A	N/A	\$47.50	\$42.40	N/A
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$54.83	\$30.62	\$21.80	\$11.00*	\$17.19	N/A	\$41.59
92012	EYE EXAM ESTABLISH PATIENT	\$66.85	\$90.19	\$74.95	\$74.51	\$110.76	\$35.52	\$76.63	\$66.62
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$95.60	\$111.63	\$100.85	\$103.95	\$138.96	\$75.32	\$90.08	\$84.24
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42
99204	OFFICE O/P NEW MOD 45-59 MIN	\$146.99	\$165.77	\$154.83	\$155.95	\$206.97	\$107.60	\$127.92	\$125.98
V2107	SPHEROCYLINDER 4.25D/12-2D	\$39.49	\$53.33	\$30.62	\$5.00*	\$5.75*	\$18.27	N/A	\$40.45
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$62.89	\$43.55	\$51.89	\$77.81	\$96.79	\$63.22	\$46.49
92002	EYE EXAM NEW PATIENT	\$70.08	\$85.93	\$71.15	\$71.90	\$106.95	\$48.84	\$72.88	\$64.31

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

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

Average Optician/Optomety Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average
	84%	107%

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Vision - Optician/Optomtry – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$54.86	\$7.32	\$10.00	\$4.00	\$12.04	\$34.31	\$41.62
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$10.25	\$17.80	\$24.49	\$17.76	\$12.66	N/A
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$102.79	\$126.79	\$108.18	\$106.06	\$156.85	\$64.38	\$111.66	\$94.61
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$48.09	\$24.33	\$12.00	\$11.00	\$15.80	N/A	\$36.48
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$83.93	\$37.29	\$4.00	\$10.00	\$47.62	\$69.12	\$63.67
92004	EYE EXAM NEW PATIENT	\$125.07	\$150.17	\$129.76	\$126.16	\$185.61	\$77.70	\$137.09	\$112.29
V2100	LENS SPHER SINGLE PLANO 4.00	\$31.01	\$59.67	\$24.33	\$5.00	\$1.00	\$14.00	N/A	\$45.26
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$17.57	\$23.62	\$29.77	\$82.16	N/A	\$25.88
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$54.83	\$30.62	\$21.80	\$11.00	\$17.19	N/A	\$41.59
92250	EYE EXAM WITH PHOTOS	\$62.90	\$37.47	\$63.98	\$31.01	\$46.10	\$102.56	\$37.27	\$27.74
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33	\$90.11	\$68.12	\$84.67	\$112.41	\$48.42	\$59.26	\$66.08
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$44.93	\$41.20	\$63.37	N/A	N/A	\$47.50	\$42.40	N/A
V2410	LENS VARIAB ASPHERICITY SING	\$90.40	\$136.58	\$76.28	\$15.00	N/A	N/A	\$122.19	\$103.62
92012	EYE EXAM ESTABLISH PATIENT	\$66.85	\$90.19	\$74.95	\$74.51	\$110.76	\$35.52	\$76.63	\$66.62
V2107	SPHEROCYLINDER 4.25D/12-2D	\$39.49	\$53.33	\$30.62	\$5.00	\$5.75	\$18.27	N/A	\$40.45
99212	OFFICE O/P EST SF 10-19 MIN	\$38.45	\$56.50	\$40.78	\$52.24	\$70.12	\$32.28	\$36.87	\$40.98
99214	OFFICE O/P EST MOD 30-39 MIN	\$91.28	\$127.44	\$100.51	\$120.07	\$158.46	\$72.63	\$83.86	\$93.42
V2105	SPHEROCYLINDER 4.00D/4.25-6D	\$35.30	\$46.85	\$38.60	\$21.80	\$5.75	\$18.89	N/A	\$35.54
92134	CPTR OPHTH DX IMG POST SEGMT	\$37.83	\$40.52	\$36.61	\$33.94	\$50.33	\$39.07	\$40.73	\$30.31
92083	VISUAL FIELD EXAMINATION(S)	\$72.96	\$62.89	\$43.55	\$51.89	\$77.81	\$96.79	\$63.22	\$46.49

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

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

Average Optician/Optomtry Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average
	83%	108%

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>The Case Management Society of America defines case management as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes.”¹⁵⁶</p>							
<p>Waiver Services: Case Management</p>	<p>Case management assists participants in gaining access to needed services regardless of the funding source. Case managers are responsible for conducting assessments and periodic reassessments of participant needs; facilitation of the development of a person-centered service plan; initiating level of care evaluations; providing choice of services and providers; service coordination,</p>	<p>Case management includes referral of needed Medicaid services that enable the child to remain in their community.^{160,161}</p>	<p>Case managers are responsible for acting as the primary coordinator and point of contact for both the family and providers. Main responsibilities include assisting with funds allocation, transition to adult services, and accessing personal care services, transportation, resources for job development and service providers.^{162,163}</p>	<p>Reimbursable case management activities include assessment and evaluation of needs, developing a plan of care, referral, and linkage to service providers to meet the needs identified in the plan of care, and monitoring to ensure needs are being met. Case management is reimbursed at a monthly rate, billed for every month that one of the above services is performed.^{164,165}</p>	<p>Services coordinators are responsible for eligibility determinations and assessments of clients. They are also responsible for determining the best mix of services and resources to meet their clients’ needs and implementing the plan of care to achieve client goals. They also conduct periodic reviews.^{167,168}</p>	<p>Case management requires the development of a person-centered Individualized Support Plan. Case managers are also required to develop a 24-hour individual back-up plan with paid and natural supports in addition to providing transition, assessment, and referral assistance.¹⁶⁹</p>	<p>Case management is intended to maintain the individual in the home in accordance with the person’s service needs. In addition to normal case management activities (assessment, service planning, referral, monitoring) case managers also assist individuals with accessing State Plan services as well as requesting a fair hearing for any denial of services</p>

¹⁵⁶ Case Management Society of America: What is a Case Manager. Available online at: <https://cmsa.org/who-we-are/what-is-a-case-manager/>

¹⁶⁰ Colorado Children’s Home and Community Based Services Waiver Application. Available online at: <https://medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81116>

¹⁶¹ Colorado DPHCPF, *Medical Assistance – Section 8.500 10 CCR 2505-10 8.500*, Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6591&fileName=10%20CCR%202505-10%208.500>

¹⁶² Idaho Developmental Disabilities Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>

¹⁶³ Idaho Children’s DD Provider Handbook. Available online at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6326&dbid=0&repo=PUBLIC-DOCUMENTS>

¹⁶⁴ Montana Big Sky Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82371>

¹⁶⁵ Montana Developmental Disabilities Program Manual of Service Reimbursement Rates and Procedures. Available online at: <https://dphhs.mt.gov/assets/dsd/DDP/RatesInformation/DRAFTTCMRateManual2EffJuly2021.pdf>

¹⁶⁷ Nebraska HCBS for Aged & Adults & Children with Disabilities Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82441>

¹⁶⁸ Nebraska HHS Finance and Support Manual, Title 480, Chapter 5. Available online at: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-480/Chapter-05.pdf

¹⁶⁹ South Dakota Choices Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83186>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>referral, and other related activities to help the participant obtain needed services; and ongoing monitoring of plan implementation, IBA, and participant health and welfare; responding to crises; and quarterly observation of services.¹⁵⁷</p> <p>Case management is reimbursed either at a 15-minute rate or a monthly rate. A minimum of two hours of direct services must be documented in order to bill using the monthly unit.¹⁵⁸ ¹⁵⁹</p>			<p>Case management assists members in gaining access to needed services based on an evaluation of their current state regardless of the funding source. Case managers are financially accountable for waiver expenditures and are reimbursed using a daily rate.¹⁶⁶</p>			<p>or providers. Case management is paid in 15-minute increments at 124% of the TCM rate.^{170 171 172}</p>

¹⁵⁷ Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

¹⁵⁸ Wyoming Comprehensive Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

¹⁵⁹ Wyoming Comprehensive and Supports Waiver Service Index. Available online at: <https://health.wyo.gov/wp-content/uploads/2023/10/DD-Waiver-Service-Index-edited-10.1.2023.pdf>

¹⁶⁶ Montana Severe and Disabling Mental Illness HCBS Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82396>

¹⁷⁰ Utah New Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83336>

¹⁷¹ Utah New Choices Waiver Attachment B – Special Provisions. Available online at:

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

¹⁷² Utah Waiver for Individuals Age 65 or Older Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83346>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
<p>CMS defines skilled care as “nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It’s health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care.”¹⁷³</p>							
<p>Waiver Services: Skilled Nursing</p>	<p>Skilled nursing services may be provided on a long-term basis and are not subject to a physician’s review. Skilled nursing services may not include companionship or other diversional or recreational services.¹⁵⁷</p> <p>Skilled nursing services are medical care services including the application of the nursing process (assessment, diagnosis, planning, intervention, evaluation) and the execution of a medical regimen. Skilled nursing</p>	<p>Skilled nursing is covered in the state plan and therefore does not have waiver services for skilled nursing.</p>	<p>Skilled nursing must be provided by an RN or LPN under the supervision of an RN. Nursing services include, but aren’t limited to NG tube maintenance, volume ventilator maintenance, IV therapy/parenteral nutrition, injections, and blood glucose and pressure monitoring. Nursing services are paid on a per-visit basis and are billed in 15-minute increments.¹⁷⁵</p> <p>Skilled nursing includes oversight, training, and skilled care that is within the scope of the Nurse Practice Act,</p>	<p>Private duty nursing service provides medical management, direct treatment, consultation, and training for the member and/or caregivers. Waiver services may only be used after State Plan home health nursing limits have been reached. Reimbursement is different for LPNs and RNs and services are billed in 15-minute increments.¹⁷⁷</p> <p>Private duty nursing (PDN) services are delivered by an RN or LPN in the home. PDN services must be medically</p>	<p>N/A</p>	<p>Nursing services are provided by RNs who hold a current license under the provisions of SDCL chapter 36-9. Services are limited to those that are not covered under the State Plan. Nursing services are needed services that can only be provided by a licensed nurse such as periodic evaluation, counseling, and/or screening to promote and maintain an individual’s optimal health status. Services are reimbursed in 15 minute units.^{180, 181, 182}</p>	<p>Skilled nursing respite is an intermittent service provided by a RN to relieve primary caregivers from the stress of providing continuous skilled care. This service is provided in a private residence.¹⁸³</p> <p>The reimbursement rate for skilled nursing respite care (agency) is based on the State Plan private duty nursing rates. The individual rate is equivalent to 63.7% of the agency based rate.¹⁸⁴</p>

¹⁷³ Centers for Medicare and Medicaid Services. Skilled Nursing Facility Care. Available online at: <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care#:~:text=Skilled%20care%20is%20nursing%20and,condition%2C%20and%20evaluate%20your%20care.>

¹⁷⁵ Idaho Medicaid Provider Guidelines. Available online at: <https://www.idmedicaid.com/Provider%20Guidelines/Nursing%20Services.pdf>

¹⁷⁷ Montana Waiver Services. Available online at: <https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/ddpmedicaidwaivers>

¹⁸⁰ South Dakota DHS, *Assistive daily Living Services (ADLS) Waiver*, Available online at:

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/HCBS/Assistive_Daily_Living_Services.pdf

¹⁸¹ South Dakota DHS, *Services for People with Quadriplegia (ADLS Program)*, Available online at: <https://dhs.sd.gov/en/rehabilitation-services/services-for-people-with-quadriplegia>

¹⁸² South Dakota DHS, *Nursing Services*, Available online at: <https://dhs.sd.gov/en/ltss/nursing-services>

¹⁸³ Utah Medically Complex Children’s Waiver Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83376>

¹⁸⁴ Utah Waiver for Technology Dependent, Medically Fragile Individuals Application. Available online at: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83326>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	services must require a level of expertise that non-medically trained providers cannot deliver. Providers may only be reimbursed for direct participant care, CNAs and non-licensed individuals cannot provide these services. Rates for skilled nursing are based on the State Plan and are paid in 15-minute increments. ¹⁷⁴		provided by with an RN or LPN with RN supervision. Reimbursement rates differ by provider qualifications. ¹⁷⁶	necessary and are only provided to members who require continuous in-home care that cannot be provided by a Home Health Agency. Rates are calculated based on the number of PDN providers, entry level salaries, and employment costs from provider agencies. ^{178,179}			

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Adult day care provides day-time programs for adults who need supervision when their caregivers are not available. There are two basic types of adult day care programs: social adult day care; and adult day health care. ¹⁸⁵							
Waiver Services: Adult Day Services	Adult day services include socialization and companionship, assistance with activities of daily living (ADLs), and supervision as	Adult day encompasses both health and social services needed to achieve optimal functioning of the individual. Services must be provided	Adult day health is a supervised, structured service provided for four or more hours per day on a regular basis in a non-institutional,	Adult day provides a broad range of health, nutritional, recreational, and social services in a setting other than the home. Transportation is	Adult day health services are structured social, habilitation, and health activities provided outside the client's home in a community-	Adult day services provide regular care, supervision, and structured activities in a non-institutional community-based setting. Services	Adult day health services provide a supervised setting in which health and social services are provided on an intermittent basis to ensure the

¹⁷⁴ Wyoming Community Choices Waiver (CCS). Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

¹⁷⁶ Idaho Aged and Disabled Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>

¹⁷⁸ Montana DPHHS, *Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual*, Available online at: <https://dphhs.mt.gov/assets/BHDD/WaiverManual/SDMIHCBS370PrivateDutyNursing.pdf>

¹⁷⁹ Montana DPHHS, *1915(c) Home and Community Based Services Waiver*, Available online at:

<https://dphhs.mt.gov/assets/boardscouncils/August2019/1915cHomeCommunityBasedWaiverSummaries.pdf>

¹⁸⁵ Key Messages and Tips for Providers: Institutional Long-Term Services and Supports. Available online at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/key-messages-Adult-Daycare-Ben-%5BApril-2016%5D.pdf>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	<p>specified in a program plan. Adult day services in the social model does not include ADL assistance.¹⁸⁶</p> <p>Adult day services consist of meaningful activities that maximize skills and abilities, keep participants engaged in the community, stimulate, and develop personal skills, introduce new leisure pursuits, establish relationships, and build on previously learned skills. Services are billed as a 15-minute</p>	<p>for four or more hours per day on a regular basis in an integrated community-based setting. Reimbursement is based on all-inclusive units, either for a partial day (3-5 hours) or full day (more than 5 hours).^{188, 189, 190, 191, 192}</p>	<p>community setting. Adult day health provides a variety of social, recreational, and health activities including assistance with activities of daily living. Services are billed in 15-minute increments.¹⁹³</p>	<p>included as a part of day services.^{194, 195}</p>	<p>based setting. Transportation and therapies are not included and are billed separately.</p> <p>Adult day is a non-habilitative service consisting of meaningful day activities taking place in the community. Adult day includes social and recreational activities, staff to help meet participant needs, community involvement to the greatest extent possible, and assistance with ADLs and health maintenance. Adult day is paid at an hourly rate not</p>	<p>include both health and social activities needed to ensure optimal functioning of the individual. Services are reimbursed at an hourly rate.^{199, 200}</p>	<p>optimal functioning of the waiver participant.</p> <p>Adult day care is furnished four or more hours per day on a regularly scheduled basis as specified in the care plan in a community-based setting encompassing health and social services. Adult day services are paid at a daily rate.²⁰¹</p>

¹⁸⁶ Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

¹⁸⁸ Colorado Elderly, Blind and Disabled Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81121>

¹⁸⁹ Colorado HCBS Waiver for Community Mental Health Supports Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81106>

¹⁹⁰ Colorado Persons with Brain Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81111>

¹⁹¹ Colorado Persons with Spinal Cord Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81166>

¹⁹² Colorado Medical Assistance Section 8.400 Long Term Care, Nursing Facility Care, Adult Day Care Services. Available online at:

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

¹⁹³ Idaho Adult DD Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>

¹⁹⁴ Montana Home and Community Based Waiver Policy Manual. Available online at: <https://dphhs.mt.gov/assets/sltc/BigSkyWaiver/HCBSPolicyManual/700/BSW703.pdf>

¹⁹⁵ Montana DPHHS Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual, Available online at:

<https://dphhs.mt.gov/assets/BHDD/WaiverManual/SDMIHCBS300AdultDayHealth.pdf>

¹⁹⁹ South Dakota HOPE Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83171>

²⁰⁰ South Dakota Division of Developmental Disabilities Resource & Planning Guide. Available online at:

https://dss.sd.gov/docs/medicaid/general_info/tribal/2021/01_26_21/Division_of_Developmental_Disabilities_Resource_Guide.pdf

²⁰¹ Utah Medicaid Provider Manual. Available online under directory, Medicaid Provider Manuals>All Inclusive Master Searchable Provider Manual: <https://medicaid.utah.gov/utah-medicaid-official-publications/>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	rate. Reimbursement is also tiered by participant needs. ¹⁸⁷				including transportation. ^{196, 197, 198}		

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Personal care services “assists [participants] with activities of daily living and helps them remain in their homes and communities.” ²⁰²							
Waiver Services: Personal Care Services	Personal care consists of a range of assistance, enabling participants to accomplish tasks they would normally do for themselves if they did not have a disability. Services may be episodic, or ongoing and may include ADLs, IADLs, and some health-related services like range of motion exercises and medication	Personal care services include assistance with ADLs such as eating, bathing, dressing, hygiene,. Services may also include light housework and assistance preparing meals, but not the cost of the meals. Services can also include going to appointments or the grocery store. ²⁰⁴	N/A	Personal care services include supervision and monitoring; assistance with personal hygiene, bathing, dressing, eating, and ambulating; performing household tasks incidental to member’s health needs. Personal care is only available through waivers if state	Personal care includes a range of assistance to help clients accomplish tasks that they would normally do themselves, if they did not have a disability. This includes general household tasks, health-related services, and ADLs. Services are reimbursed in 15-minute increments. ²⁰⁷	Personal care includes in-home assistance with ADLs. These services can only be used when State Plan services have been exhausted. ⁸⁶ Personal attendant services include a range of assistance enabling waiver participants to perform services they would normally do	Personal assistance is provisioned on an hourly or daily basis and includes supportive services specific to the needs of a medically stable individual who can direct their own care. Services include ADLs, chore and homemaking assistance, and transportation.

¹⁸⁷ Wyoming Comprehensive Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

¹⁹⁶ Nebraska Developmental Disabilities Day Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82466>

¹⁹⁷ Nebraska HHS Division of Developmental Disabilities Policy Manual. Available online at: <https://dhhs.ne.gov/Guidance%20Docs/DHHS-DD%20Policy%20Manual.pdf>

¹⁹⁸ Nebraska Comprehensive Developmental Disabilities Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82446>

²⁰² Medicaid Personal Care Services. Available online at: <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000368.asp>

²⁰⁴ Colorado Personal Care Services. Available online at: https://hcpf.colorado.gov/long-term-services-supports-benefits-services-glossary#Personal_Care

²⁰⁷ Nebraska Medicaid Personal Assistance Services Rate Listing. Available online at: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/Personal%20Assistance%20July%201%202021.pdf>

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	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	administration. Services are billed in 15-minute increments with a maximum of 7,280 annual units for the Comprehensive waiver (Supports waiver does not have limits). ²⁰³	Personal care services must be furnished in the home and are reimbursed on an hourly basis. 188Personal care services include assistance enabling participants to complete tasks they would normally do for themselves if they did not have a developmental disability. Assistance may be hands-on (i.e., doing the task) or prompting the individual to perform the task. Services may be provided on an episodic, emergency, or continual basis. ²⁰⁵		plan services are insufficient. ²⁰⁶		themselves if they didn't have a disability. Waiver services differ from State Plan services in that they must be participant directed. Personal care services provide assistance with ADLs such as eating, bathing, personal hygiene. Personal care services are tiered based on the level of participant need and are reimbursed in 15-minute increments. ²⁰⁸	Personal attendant services include physical and/or cognitive assistance with ADLs including eating, bathing, dressing, and hygiene. It may also include meal preparation, but not the cost of meals. Services must be coordinated with state plan personal care services to avoid duplication. Rates are the same as those under the state plan unless the participant directed option is used. ²⁰⁹

²⁰³ Wyoming Department of Health HCBS Section Comprehensive and Supports Waiver Service Index. Available online at: <https://health.wyo.gov/wp-content/uploads/2023/10/DD-Waiver-Service-Index-edited-10.1.2023.pdf>

²⁰⁵ Colorado Supported Living Services Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81146>

²⁰⁶ Montana Home and Community-Based Waiver for Individuals with Developmental Disabilities. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82381>

²⁰⁸ South Dakota ADLS Waiver Application. Available online at: <https://www.medicaid.gov/medica15id/section-1115-demo/demonstration-and-waiver-list/83181>

²⁰⁹ Utah Community Supports Waiver for Individuals with ID and Other Related Conditions Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83341>