

Wyoming Department of Health
OPPS EAPG Transition
Frequently Asked Questions

Overview: The Wyoming Department of Health (WDH) is transitioning their Outpatient Prospective Payment System (OPPS) payment method from an Ambulatory Payment Classification (APC)-based to an Enhanced Ambulatory Patient Grouping (EAPG)-based methodology. WDH is working with Guidehouse to implement the Solventum EAPG methodology for Wyoming Medicaid Outpatient services. To assist in this effort, WDH and Guidehouse have drafted this Frequently Asked Questions (FAQ) document to share information about the upcoming transition.

This FAQ document was most recently updated on October 16, 2026, and addresses questions posed by providers as well as potential questions regarding the EAPG methodology and implementation. WDH will continue to update this document as we receive additional questions. If you have any further questions, please email them to WY_EAPG_Transition@guidehouse.com.

Contents:

<i>Background</i>	2
1. Why is WDH transitioning to an EAPG methodology?	2
2. What is the timing for EAPG implementation?	2
3. Where do I go if I have questions?	2
4. Will WDH submit a State Plan Amendment and/or revise its administrative rules? ...	2
5. Are managed Medicaid plans involved in this payment methodology change?	2
<i>Payment Details</i>	2
6. How are observation services treated under the EAPG payment methodology?	2
7. How does bundling affect payment when a claim includes a higher-weight procedure and several lower-weight services?	2
8. Can multiple lower-weight procedures affect payment for the primary procedure? ...	2
<i>Financial Impact</i>	3
9. Has Wyoming Medicaid analyzed the hospital-specific payment impact of the methodology change?	3

Wyoming Department of Health
OPPS EAPG Transition
Frequently Asked Questions

Background

1. Why is WDH transitioning to an EAPG methodology?

WDH will transition to an EAPG methodology to provide a more standardized and transparent approach to reimbursing outpatient hospital services based on the types and relative resource intensity of services provided. The EAPG methodology will also better account for multiple services provided during the same visit, aligning reimbursement more closely with current patterns of outpatient care.

2. What is the timing for EAPG implementation?

The Department is targeting an effective date of October 1, 2027 for implementation.

3. Where do I go if I have questions?

For additional information, please visit the WDH website. If you have any further questions, please email them directly to Guidehouse at WY_EAPG_Transition@guidhouse.com.

4. Will WDH submit a State Plan Amendment and/or revise its administrative rules?

Yes. The Wyoming Department of Health, Division of Healthcare Financing, intends to revise its administrative rules and submit a Medicaid State Plan Amendment (SPA) to implement the transition from the current reimbursement methodology EAPGs. The Department is targeting an effective date of October 1, 2027 for both actions, subject to completion of the applicable rulemaking process and approval of the SPA by the Centers for Medicare & Medicaid Services (CMS). Formal public notices and opportunities for public comment will be provided in the coming months.

5. Are managed Medicaid plans involved in this payment methodology change?

No. Wyoming Medicaid operates entirely under a fee-for-service model and does not use managed Medicaid plans.

Payment Details

6. How are observation services treated under the EAPG payment methodology?

Observation services lasting eight hours or more qualify as an extended EAPG and may receive additional payment. Observation services lasting less than eight hours are treated as a standard medical visit and are bundled into the overall payment.

7. How does bundling affect payment when a claim includes a higher-weight procedure and several lower-weight services?

Payment is generally concentrated on the higher-weight significant procedure. Lower-weight ancillary services, such as laboratory tests, may be packaged or bundled and therefore may not receive separate payment. The relative weight assigned to the significant procedure is intended to account for the typical resources associated with those bundled services.

8. Can multiple lower-weight procedures affect payment for the primary procedure?

Lower-weight procedures are generally packaged or bundled into the payment for the higher-weight significant procedure rather than paid separately. The payment for the significant procedure is intended to reflect the resources associated with those bundled services.

Wyoming Department of Health
OPPS EAPG Transition
Frequently Asked Questions

Financial Impact

9. Has Wyoming Medicaid analyzed the hospital-specific payment impact of the methodology change?

Not yet, as we are still in the early stages of analysis. Guidehouse will complete a hospital-level impact analysis, and additional FAQs will be posted on the Wyoming Medicaid website and shared with hospitals as information becomes available.