

Medicaid and State Healthcare Benefit Plans

Provider Eligibility Job Aid

New Plan Names Effective 10/25/2021	Plan Names Prior to 10/25/2021	Plan Description	Co-pay*	Service Coverage Types**												Threshold***					Covered Services	ID Card		
				D	RX	I	O	M	V	W	N	AP	BP	C/D	T	OT	PT	ST	BV**	OV**				
ADULT	ADSS, EDI, MCAD, NONH	Medicaid Adult Standard Full Coverage	Y	X	X	X	X	X	X					X	X	X	X	20	20	30	30	12	This plan covers prescriptions, inpatient & outpatient hospital, medical, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers, and some other services. This plan includes copays.	Y
BCC	BCC	Breast and Cervical Cancer Screening	N				X	X															Coverage is limited to specific screening and diagnostic services for breast and cervical cancer. The Breast and Cervical Cancer Screening Program's provider manual specifies certain diagnosis/procedure combinations and certain settings of care. For info, contact the program at 800-264-1296 or visit the Wyoming Cancer Program website at https://health.wyo.gov/publichealth/prevention/cancer/provider-information/	N
CASII	CASI	Medicaid Child & Adolescent Service Intensity Instrument (CASII Evaluations)	N					X															This plan covers Medicaid Child & Adolescent Service Intensity Instrument - CASII evaluations only.	N
CCW	WLTC	Medicaid Community Choice Waiver	N	X	X	X	X	X	X	X			X	X	X	X							This plan covers Medicaid Community Choices waiver services approved as part of a Home and Community Based services plan of care as an alternative to a nursing facility. Most services under this benefit plan are subject to prior authorization.	Y
CDTP	ADAP	Communicable Treatment Disease Program	Y		X																		This member is eligible for the Communicable Disease Treatment Program (CDTP) Benefit Plan. Medical claims are processed by this system. For info email CDU.treatment@wyo.gov Pharmacy claims are processed by PBM ScriptGuideRX at 855-357-7479.	Y
CME	CHPR	Medicaid Care Management Entity - CME	N					X															This plan covers youth with serious emotional disturbance who are eligible for Medicaid Care Management Entity services. Prior authorization for services are coordinated with the CME contractor, Magellan Healthcare. http://www.magellanofwyoming.com/	Y
CMHW	CMHW	Medicaid Children's Mental Health Waiver	N	X	X	X	X	X	X	X	X	X	X	X	X	X	20	20	30	30			This plan covers Medicaid Children's Mental Health waiver services approved as part of a Home and Community Based Services plan of care. Most services under this benefit plan are subject to prior authorization.	Y
COAW	ABIW, COAW, DDAW	Medicaid Comprehensive Adult Waiver	N	X	X	X	X	X	X	X			X	X	X	X	20	20	30	30	12		This plan covers Medicaid Comprehensive Adult waiver services approved as part of a Home and Community Based Services plan of care. Most services under this benefit plan are subject to prior authorization.	Y

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COCW	COCW, DDCW	Medicaid Comprehensive Child Waiver	N	X	X	X	X	X	X	X				X	X	X	X	20	20	30	30			This plan covers Medicaid Comprehensive Child waiver services approved as part of a Home and Community Based Services plan of care. It offers supplemental services that are in addition to any base services offered to other Medicaid-eligible children.	Y	
COLR	COLR	Colorectal Cancer Screening	N				X	X																Coverage is limited to specific screening and diagnostic services related to colorectal cancer. The Colorectal Cancer Screening Program's provider manual specifies certain diagnosis/procedure combinations and certain settings of care. For info, contact the program at 800-264-129 or visit the Wyoming Cancer Program website at https://health.wyo.gov/publichealth/prevention/cancer/provider-information/	N	
CSH1	CSH1	Children's Special Health - Special Needs Children	N		X	X	X	X	X																This plan covers specific diagnoses or conditions as approved by the Children's Special Health Program. Must have other primary insurance. \$40,000 per year limit for all services per client. For additional information contact CSH at 1-800-438-5795.	Y
CSH2	CSH2	Children's Special Health - Newborn Intensive Care	N			X	X	X	X																This plan covers specific diagnoses or conditions as approved by the Children's Special Health Program. Must have some other primary insurance. Case Limit of \$40,000 in level 3 hospital. For additional information contact CSH at 1-800-438-5795.	Y
CSH3	Not Applicable	Children's Special Health - Newborn	N			X	X	X	X																This plan covers specific diagnoses or conditions as approved by the Children's Special Health Program. Must have some other primary insurance. Very limited \$3,000 max lifetime benefit. For additional information contact CSH at 1-800-438-5795.	Y
CSH4	Not Applicable	Children's Special Health - Maternal High Risk	N			X	X	X	X																This plan covers specific diagnoses or conditions as approved by the Children's Special Health Program. Case Limits \$5,000 hospital stay plus \$5,500 air ambulance transport per pregnancy. For additional information contact CSH at 1-800-438-5795.	Y
DDP	DDP	Disability Determination	N				X	X																	This plan covers a physician consultation and diagnostic screening and testing for Social Security Income determination only.	N
EMERGENCY	ALEN	Medicaid Emergency Services for Non-Citizens	N			X	X	X																	This plan only covers emergency conditions treated by medical providers where going without medical treatment could cause serious danger, loss of bodily function, or severe pain. Please consult the Medicaid manual for certain settings of care limits.	Y
FPW	FPW	Medicaid Family Planning Waiver - Pregnant by Choice	N		X	X	X	X																	This plan only covers prescriptions, inpatient hospital stays, outpatient hospital and medical services related to family planning methods and products approved by the FDA.	Y

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HSPC	HSPC	Medicaid Hospice Only	N	X	X	X	X	X	X	X				X	X	X	X	20	20	30	30	12	This plan covers services provided by physicians and the attending hospice provider. Some other services may be covered when not related to the client's terminal illness and approved by the hospice provider.	Y
IP65	IP65	Medicaid Inpatient Psychiatric Services for Individuals age 65 and over	N	X	X	X	X	X	X				X	X	X	X		20	20	30	30	12	This plan covers prescriptions, inpatient & outpatient, medical, nursing home, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers, limited dental and vision for those age 65 and over.	Y
KIDA	KIDA	Medicaid Child Standard Full Coverage	N	X	X	X	X	X	X					X	X	X	X	20	20	30	30		This plan covers dental, prescriptions, inpatient & outpatient hospital, medical, vision, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers. No copays are applicable for this plan.	Y
KIDB	KIDB	Medicaid Child Standard Full Coverage (CHIP expansion)	N	X	X	X	X	X	X							X	X	20	20	30	30		This plan covers dental, prescriptions, inpatient & outpatient hospital, medical, vision, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers. No copays are applicable for this plan.	Y
KIDC	KIDC	Medicaid Child Standard Full Coverage (CHIP expansion) with copays	Y	X	X	X	X	X	X							X	X	20	20	30	30		This plan covers dental, prescriptions, inpatient & outpatient hospital, medical, vision, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers. This benefit plan includes copays.	Y
LTCS	LTCS	Long Term Care Screening	N																				This plan covers LT101 and PASRR screenings only involved in applying for Medicaid long-term care services options including nursing home, and Community Choices waiver.	N
NH	NH,SHPS	Medicaid Nursing Home	N	X	X	X	X	X	X				X	X	X	X	X	20	20	30	30	12	This plan covers prescriptions, inpatient and outpatient hospital, medical and nursing home services, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers, limited dental and vision.	Y

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Not Applicable	PACE (end date 1/31/21)	Medicaid PACE	N																			This plan covers Medicaid eligible medical services as well as home and community based services for participants 55 years and older who meet nursing home level of care. Services are provided by and billed to Cheyenne Regional Medical Center PACE.	Y			
PE	PE	Medicaid Presumptive Eligibility Pregnancy Related	N		X		X	X	X									X	X	20	20	30	30	12	This plan covers prescriptions, outpatient hospital and medical services, the lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers, and limited vision services.	Y
POUT	POUT (end date 1/31/21)	Project Out	N					X																	Project Out is a transition and diversion program designed to provide an alternative to placement in a skilled nursing facility. No medical coverage is provided. For more info contact the Home and Community Based Services Unit at 1-855-203-2823.	N
PREGNANT	MATR	Pregnant Women Standard Full Coverage	N	X	X	X	X	X	X					X	X	X	X			20	20	30	30	12	This plan covers prescriptions, inpatient & outpatient hospital, medical, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers, and some other services. This plan includes no copays.	Y
QMB	QMB	Qualified Medicare Beneficiary	N											X	X	X									This plan pays Medicare Part B premiums. In addition it covers the lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers. Medicare should be billed before billing Wyoming Medicaid.	Y
SLMB	SLMB	Special Low-Income Medicare Beneficiaries	N												X										This plan pays Medicare Part B premiums only. No other services are covered under this benefit plan.	N
SUAW	SUAW	Medicaid Supports Adult Waiver	N	X	X	X	X	X	X	X				X	X	X	X			20	20	30	30	12	This plan covers Medicaid Supports Adult waiver services approved as part of a Home and Community Based Services plan of care. Most services under this benefit plan are subject to prior authorization.	Y
SUCW	SUCW	Medicaid Supports Child Waiver	N	X	X	X	X	X	X	X				X	X	X	X			20	20	30	30		This plan covers Medicaid Supports Child waiver services approved as part of a Home and Community Based Services plan of care. Most services under this benefit plan are subject to prior authorization.	Y
T25	T25	Title 25	N			X		X																	This plan covers inpatient psychiatric hospital stays and medical services. All other services are not covered under this plan.	N
TBI	TBI	Medicaid Tuberculosis Infected	Y	X	X		X	X	X									X	X	20	20	30	30	12	This plan covers prescriptions, outpatient hospital and medical services, lesser of coinsurance and deductible or difference between Medicaid allowable and Medicare paid on Medicare crossovers, and limited dental and vision services.	Y

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TCM	SCM	Targeted Case Management	N						X																		This plan covers Targeted Case Management services while individuals are applying for waiver services or while on the waitlists for the Comprehensive waiver and Support waiver programs.	N
W99	DDPA	DD Psych Assessment	N						X																		This plan covers psychological assessments for applicants and renewals for the Comprehensive and Support waiver programs. Assessments are offered to those with developmental disability and acquired brain injury applying for or renewing applications.	N

** Service Coverage Type & Threshold Key				
D		Dental	C/D	Medicare Co-Insurance and Deductible
RX		Pharmacy	T	Non-Emergency Medical Transportation
I		Inpatient	OT	Occupational Therapy
O		Outpatient	PT	Physical Therapy
M		Medical	ST	Speech Therapy
V		Vision	BV	Behavioral Health Visits
W		Waiver	OV	Office Visits
N		Nursing Home		
AP		Part A Premiums		
BP		Part B Premiums		

* **Co-payments** - For specific procedure codes, revenue codes, and complete co-pay policy refer to Chapter 6 in the Provider Manuals.

*** **Thresholds** = Number of visits per calendar year - Refer to Chapter 6 in the Provider Manuals for the complete Threshold Policy.