Medicaid and State Healthcare Benefit Plans
Provider Eligibility Job Aid

Last Updated 04/09/2025

Legend | Medicaid Benefits | Non-Medicaid Benefits

Medicaid Benefits

Benefit Plan Names	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	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 and 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
BMP	Benefits Monitoring Program	N																		The objectives of the Benefits Monitoring Program (BMP) are to promote quality health care, identify beneficiaries that may be mis-using or over-using Medicaid benefits, modify improper utilization of services through education and monitoring, and ensure that beneficiaries are receiving medically necessary services.	N
CASII	Medicaid Child and Adolescent Service Intensity Instrument (CASII Evaluations)	N					X													This plan covers Medicaid Child and Adolescent Service Intensity Instrument - CASII evaluations only.	N
CCW	Medicaid Community Choice Waiver	N							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
CME	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/)	N
CMHW	Medicaid Children's Mental Health Waiver	N							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	Medicaid Comprehensive Adult Waiver	N							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
COCW	Medicaid Comprehensive Child Waiver	N							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
DDP	Disability Determination	N				X	X													This plan covers a physician consultation and diagnostic screening and testing for Social Security Income determination only.	N

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EMERGENCY	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.	N
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
HSPC	Medicaid Hospice Only	N	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
INCAR-MA	Incarceration - MA	N			X															This plan restricts services to inpatient hospital while an otherwise eligible member is incarcerated; existence of Incarcerated alone does not guarantee payment of claims.	N
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 and 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	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 and 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	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 and 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	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 and 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	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

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NH	Medicaid Nursing Home	N	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
PE	Medicaid Presumptive Eligibility Pregnancy Related	N		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
PREGNANT	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 and 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	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	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	Medicaid Supports Adult Waiver	N							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	Medicaid Supports Child Waiver	N							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
TBI	Medicaid Tuberculosis Infected	Y	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	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
TICM-CCW	Transition Intensive Case Management	N					X													This plan covers intensive case management services while individual is in nursing home setting preparing to transition to Community Choices Waiver.	N
W99	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

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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 (https://health.wyo.gov/publichealth/prevention/cancer/provider-information/)	N
BHC-FULL	Behavioral Health Center Full Coverage	N									X										This plan covers a comprehensive set of mental and substance use treatment services at contracted behavioral health center entities. This benefit plan is a non-Medicaid benefit plan and does not cover pharmacy or medical benefits. The provider network is limited to providers with active contracts with the Wyoming Department of Health Behavioral Health Division for Title 35 related behavioral health services.	N
BHC-SCREEN	Behavioral Health Center Screening	N									X										This plan covers a limited number of behavioral health screening services per year at contracted behavioral health centers. All other services and providers are not covered under this plan.	N
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 (https://health.wyo.gov/publichealth/prevention/cancer/provider-information/)	N
CSH1	Children's Special Health - Special Needs Children	N		X	X	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	Children's Special Health - Newborn Intensive Care	N			X	X	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	Children's Special Health - Newborn	N			X	X	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

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CSH4	Children's Special Health - Maternal High Risk	N			X	X	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
T25	Title 25	N			X		X								X						This plan covers inpatient psychiatric hospital stays and medical services. All other services are not covered under this plan.	N

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

**Service Coverage Type	Full Description
D	Dental
RX	Pharmacy
I	Inpatient
O	Outpatient
M	Medical
V	Vision
W	Waiver
N	Nursing Home
MH	Mental Health and Substance Abuse
AP	Part A Premiums
BP	Part B Premiums
C/D	Medicare Co-Insurance and Deductible
BP	Non-Emergency Medical Transportation

***Threshold	Full Description
OT	Occupational Therapy
PT	Physical Therapy
ST	Speech Therapy
BV	Behavioral Health Visits
OV	Office Visits

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