

Medicaid Reimbursement Survey, 2001

New Hampshire

 Division of
Health Policy Research

For more information contact:
Suk-fong Tang, PhD
Division of Health Policy Research
Department of Practice and Research
Phone: (847) 434-7622
Fax: (847) 228-9651
e-mail: stang@aap.org

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



AAP Medicaid Reimbursement Survey, 2001

| | <u>New Hampshire</u> | <u>New England Region*</u> | <u>US[~]</u> | <u>Medicare[#]</u> |
|--|----------------------|----------------------------|-----------------------|-----------------------------|
| EPSDT - Preventive Medicine Services | | | | |
| 99381 - New Patient, under 1 year | \$40.00 | \$59.19 | \$56.07 | \$101.77 |
| 99382 - New Patient, 1 through 4 years | \$40.00 | \$60.83 | \$57.66 | \$111.33 |
| 99383 - New Patient, 5 through 11 years | \$40.00 | \$62.99 | \$58.42 | \$109.42 |
| 99384 - New Patient, 12 through 17 years | \$42.00 | \$65.09 | \$63.03 | \$120.51 |
| 99385 - New Patient, 18 through 39 years | \$36.00 | \$68.88 | \$63.61 | \$118.60 |
| 99391 - Established Patient, under 1 year | \$40.00 | \$53.50 | \$46.31 | \$79.58 |
| 99392 - Established Patient, 1 to 4 years | \$40.00 | \$54.04 | \$48.39 | \$90.29 |
| 99393 - Established Patient, 5 to 11 years | \$40.00 | \$55.65 | \$49.14 | \$89.52 |
| 99394 - Established Patient, 12 to 17 years | \$42.00 | \$57.79 | \$53.34 | \$100.24 |
| 99395 - Established Patient, 18 to 39 years | \$36.00 | \$52.79 | \$52.25 | \$99.47 |
| 99401 - Individual Counseling, 15 min | \$15.00 | \$19.08 | \$23.38 | \$40.55 |
| 99402 - Individual Counseling, 30 min | \$25.00 | \$34.84 | \$39.61 | \$71.54 |
| EPSDT - Evaluation and Management | | | | |
| 99201 - New Patient, office visit | \$18.00 | \$29.75 | \$29.20 | \$35.58 |
| 99202 - New Patient, expanded office visit | \$30.00 | \$44.00 | \$42.09 | \$61.98 |
| 99203 - New Patient, low complexity | \$38.00 | \$60.67 | \$56.58 | \$91.44 |
| 99204 - New Patient, intermediate complexity | \$57.00 | \$85.49 | \$80.14 | \$132.76 |
| 99205 - New Patient, high complexity | \$72.00 | \$102.48 | \$98.50 | \$167.57 |
| 99211 - Established Patient, office visit | \$15.00 | \$19.64 | \$16.65 | \$19.89 |
| 99212 - Established Patient, expanded office visit | \$25.00 | \$31.34 | \$25.98 | \$35.96 |
| 99213 - Established Patient, low complexity | \$27.00 | \$38.21 | \$33.58 | \$50.50 |
| 99214 - Established Patient, intermediate complexity | \$44.00 | \$57.31 | \$49.50 | \$78.81 |
| 99215 - Established Patient, high complexity | \$67.00 | \$84.98 | \$72.48 | \$117.07 |
| 92551 - Screening test, hearing evaluation | \$5.00 | \$13.22 | \$11.42 | NA |
| 92567 - Tympanometry, hearing evaluation | \$8.00 | \$12.94 | \$14.39 | \$22.19 |

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

| | <u>New Hampshire</u> | <u>New England Region*</u> | <u>US ~</u> | <u>Medicare #</u> |
|---|---|----------------------------|-------------|-------------------|
| EPSDT - Newborn Care | | | | |
| 99431 - Initial newborn care | \$40.00 | \$67.32 | \$62.07 | \$69.25 |
| 99433 - Subsequent newborn care | \$25.00 | \$26.33 | \$32.41 | \$36.73 |
| 99435 - Admit and discharge on same day | \$67.50 | \$66.81 | \$85.01 | \$91.82 |
| Immunizations | | | | |
| | State provides vaccines through a universal immunization program. | | | |
| 90471 - One vaccine administration | \$3.00 | \$4.57 | \$7.10 | NA |
| 90472 - Each additional vaccine administration | \$5.00 | \$6.65 | \$6.85 | NA |
| 90647 - Hemophilus Influenza B | SP | \$17.55 | \$17.69 | NA |
| 90657 - Influenza virus (6-35 months) | \$5.38 | \$4.17 | \$6.43 | NA |
| 90658 - Influenza virus (3+ years) | \$5.38 | \$4.92 | \$7.32 | NA |
| 90669 - Pneumococcal conjugate vaccine | \$18.00 | \$53.92 | \$37.59 | NA |
| 90701 - DPT | \$2.00 | \$8.92 | \$11.48 | NA |
| 90702 - DT (< 7 years) | \$2.00 | \$4.94 | \$7.64 | NA |
| 90707 - Measles, mumps, rubella | SP | \$30.10 | \$20.79 | NA |
| 90713 - IPV | SP | \$48.46 | \$16.70 | NA |
| 90716 - Varicella | SP | \$57.12 | \$29.45 | NA |
| 90718 - Td (>= 7 years) | \$2.00 | \$6.74 | \$7.13 | NA |
| 90721 - DTaP, HIB | \$10.00 | \$19.06 | \$24.53 | NA |
| 90744 - Hepatitis B (pediatric/adolescent age) | SP | \$37.95 | \$23.25 | NA |
| 90749 - Unlisted immunization procedure | OM | na | \$5.89 | NA |
| 90782 - Therapeutic or diagnostic injection | \$2.00 | \$5.04 | \$4.45 | \$4.59 |
| Evaluation and Management | | | | |
| 99173 - Visual acuity screening, quant, bilateral | OM | \$5.03 | \$24.55 | NA |
| 99217 - Observation care discharge | \$30.00 | \$27.83 | \$39.65 | \$69.25 |
| 99218 - Initial care, low severity | \$33.79 | \$33.84 | \$46.56 | \$70.78 |
| 99219 - Initial care, intermediate severity | \$53.59 | \$54.28 | \$71.47 | \$117.07 |
| 99220 - Initial care, high severity | \$75.00 | \$72.73 | \$93.10 | \$160.68 |
| 99354 - Prolonged service, 1 hr, face-to-face | \$54.00 | \$54.69 | \$72.18 | \$118.98 |

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'BO' Bundled with other services. 'SP' State provides Vaccine. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

| | <u>New Hampshire</u> | <u>New England Region*</u> | <u>US ~</u> | <u>Medicare #</u> |
|---|----------------------|--------------------------------|-------------|-------------------|
| Evaluation and Management, cont. | | | | |
| 99358 - Prolonged service, 1 hr, no face-to-face | \$33.70 | \$33.70 | \$52.48 | NA |
| 99361 - Team medical conference | \$15.00 | \$23.13 | \$29.57 | NA |
| 99371 - Telephone call for consultation | \$5.00 | \$5.00 | \$6.64 | NA |
| 99372 - Telephone call - intermediate | \$10.00 | \$10.00 | \$14.32 | NA |
| 99373 - Telephone call - complex or lengthy | \$15.00 | \$15.00 | \$20.82 | NA |
| 99374 - Supervision of home health care patient | NC | \$35.36 | \$40.64 | \$89.52 |
| Newborn Care | | | | |
| 99436 - Physician attendance at delivery | \$67.32 | \$44.28 | \$73.87 | 92.58 |
| 99440 - Newborn resuscitation | \$70.00 | \$69.19 | \$119.61 | 172.54 |
| 54150 - Circumcision | \$80.00 | \$59.19 | \$85.19 | 299.18 |
| Hospital Care | | | | |
| 99221 - Initial hospitalization, low complexity | \$56.00 | \$52.39 | \$47.91 | \$71.54 |
| 99222 - Initial hospitalization, moderate complexity | \$86.00 | \$67.09 | \$75.08 | \$117.45 |
| 99223 - Initial hospitalization, high complexity | \$100.00 | \$82.11 | \$97.28 | \$160.68 |
| 99231 - Subsequent hospitalization, low complexity | \$22.00 | \$22.90 | \$25.56 | \$35.96 |
| 99232 - Subsequent hospitalization, moderate complexity | \$30.00 | \$33.71 | \$37.01 | \$57.39 |
| 99233 - Subsequent hospitalization, high complexity | \$42.00 | \$49.97 | \$52.71 | \$81.49 |
| 99238 - Hospital discharge, under 30 min | \$32.00 | \$31.57 | \$42.65 | \$68.86 |
| Consultations | | | | |
| 99242 - Office visit, straightforward decision | \$42.00 | \$49.75 | \$59.28 | \$89.52 |
| 99243 - Office visit, low complexity | \$65.00 | \$65.51 | \$74.80 | \$118.22 |
| 99244 - Office visit, moderate complexity | \$78.00 | \$84.28 | \$101.31 | \$167.57 |
| 99245 - Office visit, high complexity | \$102.00 | \$108.50 | \$129.06 | \$219.22 |
| 99254 - Initial inpatient visit, moderate complexity | \$78.00 | \$73.05 | \$94.20 | \$148.44 |
| 99255 - Initial inpatient visit, high complexity | \$102.00 | \$94.95 | \$122.84 | \$203.15 |

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in U and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

| | <u>New Hampshire</u> | <u>New England Region*</u> | <u>US[~]</u> | <u>Medicare[#]</u> |
|--|----------------------|--------------------------------|-----------------------|-----------------------------|
| Pathology and Laboratory | | | | |
| 81000 - Urinalysis, non-automated | \$3.50 | \$3.45 | \$3.93 | NA |
| 81001 - Urinalysis, automated | \$3.50 | \$3.37 | \$4.02 | NA |
| 85095 - Bone marrow aspiration | \$46.40 | \$44.35 | \$62.86 | \$177.90 |
| 86580 - Tuberculosis, intradermal | \$5.44 | \$5.56 | \$6.94 | \$10.33 |
| 87060 - Throat or nose culture | \$8.54 | \$8.21 | \$9.32 | NA |
| 87430 - Streptococcus screen | \$12.67 | \$13.95 | \$15.28 | NA |
| Psychiatry | | | | |
| 90801 - Diagnostic interview examination | \$65.00 | \$58.22 | \$85.19 | \$149.59 |
| 90804 - Individual psychotherapy, 20-30 min | \$32.50 | \$35.30 | \$42.53 | \$66.57 |
| 90806 - Individual psychotherapy, 45-50 min | \$65.00 | \$63.71 | \$68.24 | \$100.62 |
| 90808 - Individual psychotherapy, 75-80 min | \$72.00 | \$82.24 | \$104.06 | \$151.50 |
| 90862 - Pharmacologic management | \$26.18 | \$26.96 | \$32.47 | \$53.56 |
| Allergy/Immunology | | | | |
| 95004 - Percutaneous tests with allergenic extracts | \$1.63 | \$2.01 | \$2.52 | \$4.21 |
| 95010 - Percutaneous tests, sequential and incremental | \$6.80 | \$5.00 | \$7.51 | \$20.28 |
| 95015 - Intracutaneous tests, with biologicals | \$3.85 | \$4.42 | \$7.91 | \$21.42 |
| 95024 - Intracutaneous tests with allergenic extracts | \$2.81 | \$2.58 | \$3.84 | \$5.74 |
| 95115 - Allergenic immunotherapy, single injection | \$7.00 | \$7.00 | \$8.77 | \$15.69 |
| 95117 - Allergen immunotherapy, two or more injections | \$11.62 | \$9.24 | \$11.80 | \$20.28 |
| Cardiology | | | | |
| 32020 - Thoracostomy tube | \$150.00 | \$148.60 | \$165.92 | \$239.11 |
| 92950 - Cardiopulmonary resuscitation | \$107.00 | \$116.25 | \$142.99 | \$216.54 |
| 93303 - Transthoracic echocardiography | \$128.89 | \$81.48 | \$152.73 | \$231.46 |
| 93307 - Echocardiography, real-time with image documentation | \$121.89 | \$66.52 | \$141.84 | \$213.48 |
| 93320 - Doppler echocardiography | \$57.00 | \$45.56 | \$79.96 | \$93.73 |
| 93501 - Right heart catheterization | \$175.00 | \$208.73 | \$494.75 | \$861.19 |
| 93510 - Left heart catheterization | \$900.00 | \$390.41 | \$889.40 | \$1721.61 |

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

| | <u>New Hampshire</u> | <u>New England Region*</u> | <u>US ~</u> | <u>Medicare #</u> |
|--|----------------------|--------------------------------|-------------|-------------------|
| Critical Care | | | | |
| 31500 - Intubation, endotracheal | \$70.00 | \$65.16 | \$82.49 | \$125.87 |
| 36488 - Place catheter, percutaneous, < 2yrs old | \$25.00 | \$52.64 | \$77.79 | \$86.85 |
| 36489 - Place catheter, percutaneous, > 2yrs old | \$50.00 | \$70.46 | \$93.40 | \$156.09 |
| 36600 - Arterial puncture, diagnostic | \$5.00 | \$14.87 | \$19.33 | \$27.55 |
| 36620 - Arterial line placement | \$39.00 | \$43.34 | \$52.72 | \$60.45 |
| 99291 - Evaluation and management, first hour | \$72.00 | \$76.54 | \$128.27 | \$218.45 |
| 99292 - Evaluation and management, add'l. 30 minutes | \$36.00 | \$38.22 | \$64.97 | \$110.18 |
| Emergency Care | | | | |
| 10120 - Simple surgical removal of foreign body | \$12.50 | \$31.39 | \$49.43 | \$105.59 |
| 12015 - Simple surgical repair of facial wound | \$45.00 | \$75.76 | \$130.39 | \$242.94 |
| 36400 - Venipuncture, under 2 years | \$10.00 | \$12.67 | \$15.89 | \$26.02 |
| 36410 - Venipuncture, over 2 years | \$10.00 | \$22.77 | \$16.06 | \$23.34 |
| 36415 - Venipuncture for specimen collection | NC | \$2.31 | \$3.43 | NA |
| 62270 - Lumbar puncture, diagnostic | \$37.00 | \$49.49 | \$68.30 | \$153.03 |
| 99282 - Visit, low complexity decision | \$22.00 | \$19.42 | \$25.85 | \$30.61 |
| 99283 - Visit, intermediate complexity decision | \$36.00 | \$29.60 | \$41.68 | \$64.66 |
| 99284 - Visit, high complexity decision | \$54.00 | \$41.09 | \$61.28 | \$100.62 |
| Gastrointestinal | | | | |
| 43239 - Upper gastrointestinal endoscopy with biopsy | \$126.00 | \$166.42 | \$204.69 | \$286.17 |
| 44389 - Colonoscopy with biopsy | \$75.00 | \$156.34 | \$216.47 | \$324.43 |
| 45331 - Sigmoidoscopy with biopsy | \$85.00 | \$79.72 | \$100.61 | \$120.13 |
| Ophthalmology | | | | |
| 67311 - Strabismus surgery, horizontal | \$335.00 | \$377.97 | \$464.71 | \$523.37 |
| 67314 - Strabismus surgery, vertical | \$424.00 | \$417.45 | \$467.65 | \$581.91 |
| 68810 - Nasolacrimal probing | \$42.93 | \$101.87 | \$119.33 | \$313.72 |
| Otolaryngology | | | | |
| 42820 - Tonsillectomy/adenoidectomy, under 12 years | \$179.00 | \$171.08 | \$222.10 | \$304.53 |
| 42821 - Tonsillectomy/adenoidectomy, over 12 years | \$215.00 | \$202.68 | \$250.07 | \$335.14 |
| 69436 - Tympanostomy and tubes | \$100.00 | \$104.18 | \$141.75 | \$159.15 |

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

AAP Medicaid Reimbursement Survey, 2001

| | <u>New Hampshire</u> | <u>New England Region*</u> | <u>US ~</u> | <u>Medicare #</u> |
|---|----------------------|--------------------------------|-------------|-------------------|
| Perinatal Pediatrics (neonatal intensive care) | | | | |
| 36510 - Umbilical vein catheterization | \$15.00 | \$32.24 | \$46.90 | \$65.04 |
| 36660 - Umbilical artery catheterization | \$25.00 | \$48.16 | \$63.13 | \$74.99 |
| 99295 - Inital NICU care | \$408.00 | \$272.63 | \$507.18 | \$830.97 |
| 99296 - Subsequent NICU, unstable neonate | \$198.00 | \$190.32 | \$275.07 | \$415.48 |
| 99297 - Subsequent NICU, stable neonate | \$96.00 | \$85.64 | \$149.76 | \$208.12 |
| 99298 - Subsequent NICU, recovering VLBW infant | \$83.19 | \$66.17 | \$103.67 | \$145.76 |
| Plastic Surgery | | | | |
| 40700 - Cleft lip repair | \$400.00 | \$463.19 | \$650.69 | \$910.16 |
| 42200 - Cleft palate repair | \$500.00 | \$481.15 | \$656.73 | \$855.45 |
| Pulmonology | | | | |
| 31622 - Bronchoscopy | \$138.00 | \$139.71 | \$194.02 | \$235.67 |
| 32000 - Thoracentesis | \$49.00 | \$58.71 | \$81.52 | \$155.71 |
| 94010 - Spirometry, including graphic record | \$18.00 | \$16.99 | \$24.94 | \$37.11 |
| Radiology | | | | |
| 71010 - Frontal chest x-ray | \$10.00 | \$12.08 | \$19.74 | \$29.08 |
| Surgery | | | | |
| 28262 - Extensive clubfoot release | \$300.00 | \$565.26 | \$784.66 | \$1300.78 |
| 44950 - Appendectomy | \$284.00 | \$338.29 | \$417.04 | \$558.95 |
| 49500 - Bilateral inguinal hernia, under 5 years | \$225.00 | \$286.22 | \$322.60 | \$338.20 |
| 49505 - Bilateral inguinal hernia, over 5 years | \$273.00 | \$312.73 | \$359.36 | \$439.59 |
| Urology and Dialysis | | | | |
| 50200 - Renal biopsy | \$60.00 | \$79.61 | \$128.50 | \$159.15 |
| 90918 - ESRD (end stage renal disease), under 2 | \$160.00 | \$242.04 | \$342.08 | \$614.04 |
| 90919 - ESRD, 2 through 11 years | \$160.00 | \$226.06 | \$269.41 | \$482.82 |
| 90920 - ESRD, 12 through 19 years | \$160.00 | \$217.86 | \$253.45 | \$416.25 |
| 90945 - Peritoneal dialysis | \$30.00 | \$52.77 | \$67.69 | \$86.85 |

* Includes CT, MA, ME, NH, RI & VT. ~ Unweighted average of state Medicaid payments, reflects reimbursement for non-prepaid services. Percent enrollees in non-prepaid Medicaid plans are available by state in Appendix A of this report. ^ Data provided by state in 1998/99 Survey; not included in US and regional averages. 'NA' Not applicable. 'NC' Not covered. 'BR' By Report. 'OM' Other method. 'NP' Information not provided by state. 'na' Data unavailable. # Data from Medicare RBRVS: The Physicians' Guide, 2000, American Medical Association. National average, unadjusted for Geographic Practice Cost Indices(GPCI). Explanations of state and local Medicare rate variations are available at the AAP Website, at <http://www.aap.org/visit/2001RBRVS.pdf>.

Appendix A. Percent Non-prepaid* Medicaid Enrollees under Age 21, by State, FY 1998

| | |
|------------------|--------------|
| US | 50.0% |
| Alabama | NA |
| Alaska | NA |
| Arizona | NA |
| Arkansas | 39.6% |
| California | 3.7% |
| Colorado | 7.2% |
| Connecticut | 7.3% |
| Delaware | 9.5% |
| Dist of Columbia | 39.4% |
| Florida | 51.6% |
| Georgia | 92.5% |
| Hawaii | NA |
| Idaho | NA |
| Illinois | 89.6% |
| Indiana | 62.9% |
| Iowa | 9.9% |
| Kansas | 75.2% |
| Kentucky | 66.0% |
| Louisiana | NA |
| Maine | 92.8% |
| Maryland | 11.6% |
| Massachusetts | 20.5% |
| Michigan | 37.7% |
| Minnesota | 32.8% |
| Mississippi | 96.3% |
| Missouri | 41.7% |
| Montana | 0.0% |
| Nebraska | NA |
| Nevada | 46.0% |
| New Hampshire | 84.5% |
| New Jersey | 20.0% |
| New Mexico | 11.7% |
| New York | 64.2% |
| North Carolina | 69.0% |
| North Dakota | 96.4% |
| Ohio | 57.1% |
| Oklahoma | NA |
| Oregon | 10.2% |
| Pennsylvania | 39.1% |
| Rhode Island | 12.5% |
| South Carolina | 96.1% |
| South Dakota | 0.0% |
| Tennessee | 1.8% |
| Texas | NA |
| Utah | 19.7% |
| Vermont | 40.9% |
| Virginia | 71.3% |
| Washington | 17.9% |
| West Virginia | NA |
| Wisconsin | 26.1% |
| Wyoming | NA |

* Percent Medicaid enrollees in non-prepaid plans. All services to these enrollees are reimbursed on a fee-for-service basis by the state. In addition, providers to enrollees in some prepaid plans may receive fee-for-service payments from the state through carve-outs. 'NA' Not applicable, or data unavailable.