



# Diabetes In Wyoming: Policy, Prevention and Progress

April 2026

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## Disclosure

- ***Tracey Haas, DO, MPH and all others assisting in this CME activity reported no relevant relationships that would create a conflict of interest for CME purposes.***

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## Objectives



Discuss how the Medicaid landscape affects Diabetes care in Wyoming



Understand the different types of diabetes and impacts in Wyoming



Address funding and policies affecting Medicaid members



Discuss Type II prevention through screening and referring for Social Determinations of Health



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## Medicaid Eligibility in Wyoming



- Children:
  - 0-5 <= 154% FPL
  - 6-18 <= 133% FPL
  - CHIP - up to 200% FPL, and NOT eligible for Medicaid
- Pregnant: <=154% FPL
- Aged, Blind, Disabled:
  - <=300% Federal Benefit Rate Income Standard
- Total of 14 categories — including individuals with Intellectual/Developmental Disabilities or Acquired Brain Injury (ID/DD/ABI), Supplemental Security Income (SSI), Long-Term Care and more



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# Wyoming Medicaid Enrollment: SFY25

- 89,298 enrollees (15.2% of total WY residents)
  - Children 0-5: 15,987 (52.2%)
  - Children 6-17: 33,350 (26%)
  - Adults 18-64: 31,409 (10%)
  - Adults 65+: 8,570 (7.4%)
  - Pregnant: 5236
  - CHIP: 6205

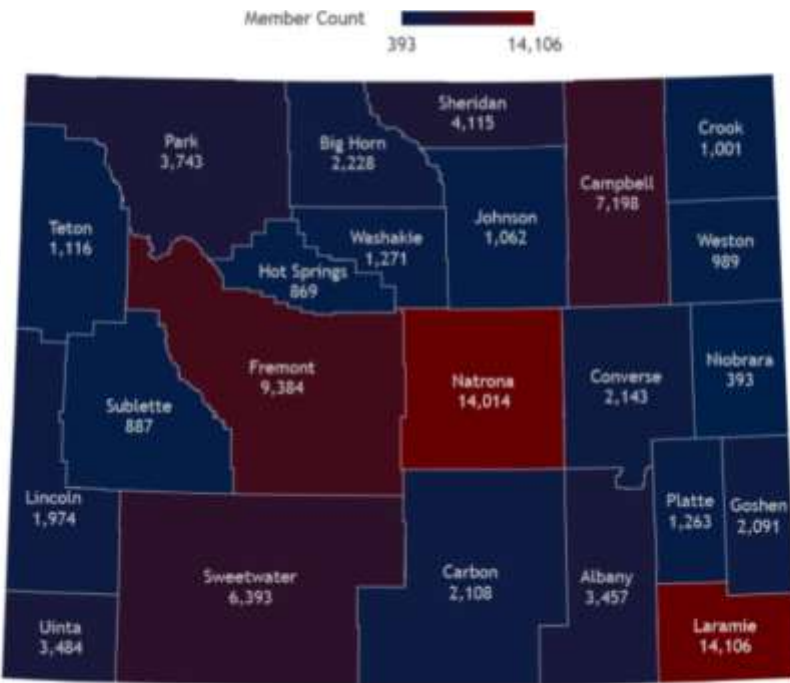


\*50% reside in Fremont, Natrona and Laramie counties  
 \*62.2% are children <21



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Figure 20. Medicaid Enrollment by County



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# Medicaid Information



[Home Page - Wyoming Department of Health:](#)

[health.wyo.gov](http://health.wyo.gov)

[1-855-294-2127](tel:1-855-294-2127) to apply over the phone

Has a lot of Medicaid Resources, including:

**Fee Schedules**

**Eligibility Requirements**

[Home | Serving Wyoming Medicaid Providers and Members](#)

[wyomingmedicaid.com](http://wyomingmedicaid.com)

for enrolled members and provider groups



# Medicaid Access/ Contacts

For Medicaid Billing Issues and general questions:

Vendor = Acentra

888-WYO-MCAD (996-6223)

For Medicaid Prior Authorization Issues:

**Services:**

Vendor = Telligen - Utilization management

**833-610-1057**

**Prescriptions:**

Vendor = Optum Rx

**877-207-1126**



# Understanding Diabetes



→ Type I	→ GDM	→ Type II
<p><b>Autoimmune</b></p> <ul style="list-style-type: none"> <li>• Insulin-producing cells are killed by the immune system</li> <li>• Full insulin dependence</li> <li>• Not preventable/reversible</li> <li>• Primarily affects children</li> </ul>	<p><b>Gestational</b></p> <ul style="list-style-type: none"> <li>• Pregnancy hormones cause insulin resistance</li> <li>• Conditional insulin need</li> <li>• Not preventable/usually reversible</li> <li>• Affects pregnant women</li> </ul>	<p><b>Insulin Resistant</b></p> <ul style="list-style-type: none"> <li>• Chronic resistance leads to insulin deficiency</li> <li>• Progressive insulin dependence</li> <li>• Preventable</li> <li>• Primarily affects adults 45+</li> </ul>

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## Hba1c and Types of Diabetes

- **What is an A1C?** An A1C - also known as hemoglobin A1c - is a blood test that measures the average blood sugar level over the past three months. It provides an indication of how well a person's diabetes is being controlled over time.
- **Higher A1C levels are linked to diabetes complications**, so reaching and maintaining your individual A1C goal is really important if you have diabetes.



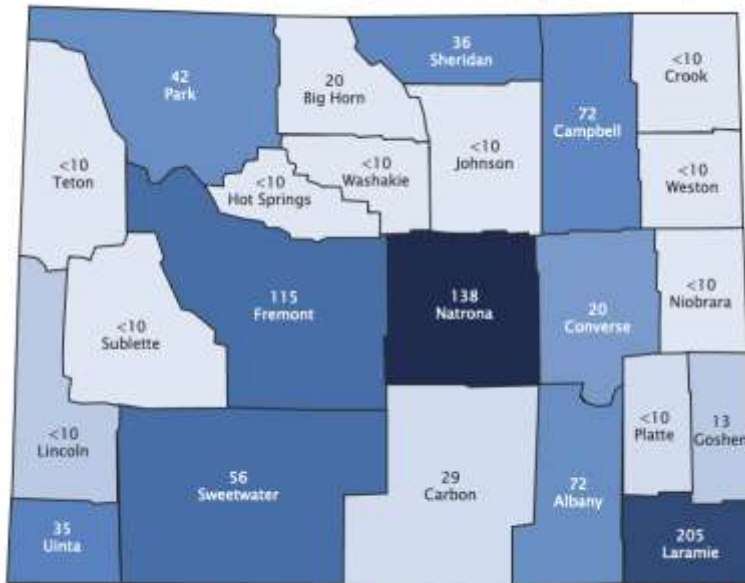
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# Diabetes in WY: Medicaid Members

- **Age 18-64:** 15.5% of ALL member types have some form of Diabetes
- **Age 65+:** 7.15%
- **Ages 0-20:** 255 have Diabetes (73% have Type I)
- 920 have a diagnosis of pre-diabetes in SFY 25

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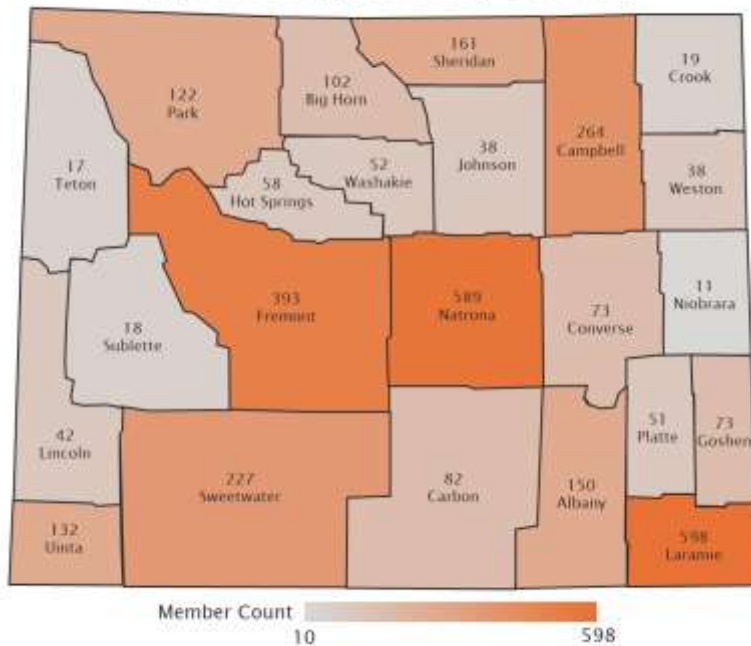
Prediabetes Diagnosis by County



Member Count 10 89

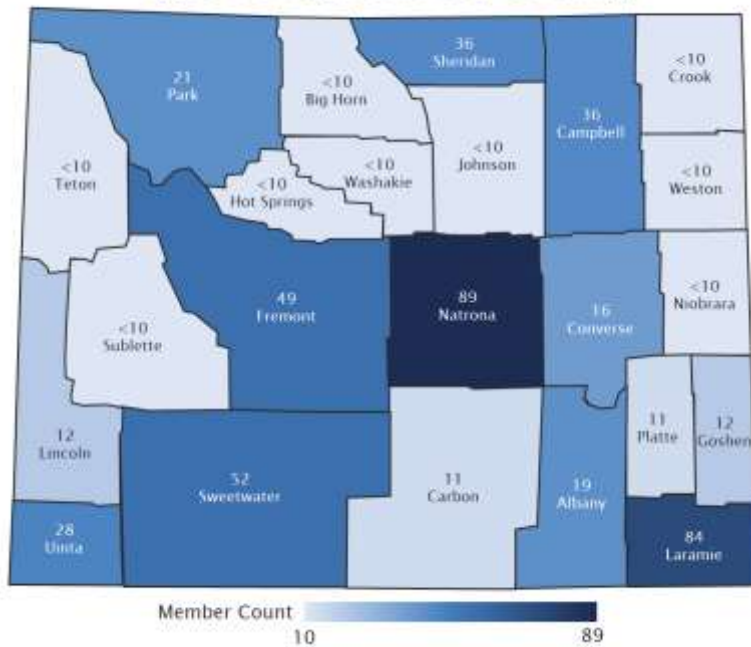
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### Type II Diagnosis by County



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### Type I Diagnosis by County




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## Medicaid Diabetes Coverage


- Annual screenings for all ages
- Preventative nutrition services

**Annual Screenings**




- Quarterly PCP visits for those with a diagnosis
- Includes labs and medications

**Quarterly PCP Visits**




- Eye exams (glasses not included)
- Foot exams

**Eye & Foot Exams**



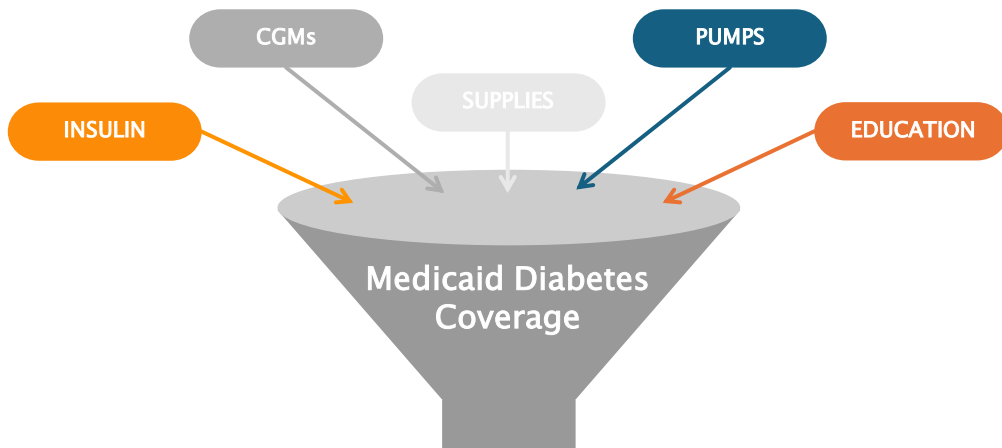
- Insulin and diabetes supplies including CGMs and automated insulin delivery systems based on diagnosis

**Insulin & Diabetes Supplies**



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## Wyoming Medicaid & Diabetes Coverage



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# WY Medicaid and CGM Coverage

- All Type I (all E10's)
  - Type II and GDM- if using insulin daily\*
  - Preferred systems:
    - Dexcom G6
    - Dexcom G7
    - Freestyle Libre
    - Freestyle Libre 2
    - Freestyle Libre 3/Plus
- \*if documented problematic hypoglycemic episodes



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## WYOMING MEDICAID Preferred Drug List (PDL) April 15, 2026

Please refer to the Additional Therapeutic Criteria Chart, [Dosage Limitation List](#) (red font indicates quantity/dose limits apply), and Wyoming Medicaid Provider Manual for additional criteria.

THERAPEUTIC CLASS	PREFERRED AGENTS	PREFERRED AGENTS REQUIRING CLINICAL CRITERIA	CLINICAL CRITERIA	NON-PREFERRED AGENTS <small>GENERIC MANDATORY POLICY APPLIES</small>
DIABETES	<b>SULFONYLUREAS</b>			metformin SR 24H low (use preferred agent) metformin SR 24H med (use preferred agent)
	<b>GLUCOSIDASE INHIBITORS</b>			miglitol
	<b>MEGLITINIDS</b>			repaglinide
	<b>THIAZOLIDINEDIONES</b>			ACTOPLUS MET (use separate agents)
	<b>SULFONYLUREAS</b>			
	<b>DIPEPTIDYL PEPTIDASE 4 (DPP-4) INHIBITORS</b>			alogliptin GLYXambi (use separate preferred agents) STEGLIANN (use separate preferred agents)
	<b>DPP-4 INHIBITOR COMBO AGENTS</b>			alogliptin/metformin alogliptin/proglitazone (use separate preferred agents) JENTADUETO XR
	<b>GLUCOSIDASE INHIBITORS</b>			
	<b>MEGLITINIDS</b>			
	<b>THIAZOLIDINEDIONES</b>			
	<b>SULFONYLUREAS</b>			
	<b>GLUCOSIDASE INHIBITORS</b>			
	<b>MEGLITINIDS</b>			
	<b>THIAZOLIDINEDIONES</b>			



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**WYOMING MEDICAID  
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THERAPEUTIC CLASS	PREFERRED AGENTS	PREFERRED AGENTS REQUIRING CLINICAL CRITERIA	CLINICAL CRITERIA	NON-PREFERRED AGENTS GENERIC/MANDATORY POLICY APPLIES
		<b>INSULIN MIMETICS (GLP-1 RECEPTOR AGONISTS)</b> semaglutide Rybelsus Tirzepatide Mounaro Victoza	Trial and failure of metformin greater than or equal to a 90 day supply in the last 12 months will be required before approval can be given for a preferred agent unless ASCVD or risk factors are present, in which case the trial of metformin is waived. A 90 day trial of failure of the preferred agent is required before approval can be given for a non-preferred agent. <b>Dosage Limits Apply</b> Semaglutide: 2mg/week Tirzepatide: 5.1mg/day	Trasimetide (use brand) MOUNARO OZEMPR® SOLIQUA SULTOPHY (use separate preferred agents)
		<b>SGLT2 INHIBITORS</b> Farxiga Jardiance Synjardy Xigduo XR	Trial and failure of metformin greater than or equal to a 90 day supply in the last 12 months will be required before approval can be given for a preferred agent unless there is a diagnosis of ASCVD, CKD, or heart failure, in which case the trial of metformin will be waived. A 90 day trial and failure of a preferred agent is required before approval can be given for a non-preferred agent.	GLYXAMBI (use separate preferred agents) INVOKANA INVOKANA SGLXINOMET (use separate preferred agents) STEGLATRO STEGLIAMN (use separate preferred agents) SYNJARDY XR (use separate preferred agents) TRIGLYCIN XR (use separate preferred agents)
		<b>FAST-ACTING INSULIN</b> Humalog Humalog P3/25 Humalog JR Humalog Mix Novolog Mix	Prior authorization will be required when using two different delivery forms of the same type of insulin concurrently.	ADWELOG (use preferred agent) FIASP (use preferred agent) Insulin Ispra (use preferred agent) LIRUVIEW
		<b>LONG-ACTING INSULIN</b> Lantus SoloStar® Lantus Mix	Prior authorization will be required when using two different delivery forms of the same type of insulin concurrently.	BASAGLAR (use preferred agent) Insulin Glargine (use preferred agent) Insulin Degludec NOVOLOG TOULERO (use preferred agent) TRISIBA® (use preferred agent) SULTOPHY (use separate preferred agents)



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THERAPEUTIC CLASS	PREFERRED AGENTS	PREFERRED AGENTS REQUIRING CLINICAL CRITERIA	CLINICAL CRITERIA	NON-PREFERRED AGENTS GENERIC/MANDATORY POLICY APPLIES
<b>DIABETIC METERS/TEST STRIPS</b> ACCU-CHEK GUIDE/STRIPS ACCU-CHEK GUIDE ME FREESTYLE Ibtro (only) FREESTYLE FREEDOM FREESTYLE FREEDOM LITE FREESTYLE INSURAN FREESTYLE FREEDOM NEO B FREESTYLE SIDERICK II DOLICISSON XTEA			<b>Quantity limits apply</b> Insulin Dependent Clients: 10 strips/day Non-Insulin Dependent Clients: 4 strips/day  Clients are limited to 1 meter/30 days	ALL OTHER METERS AND TEST STRIPS ONE TOUCH ULTRA II ONE TOUCH ULTRA MINI ONE TOUCH ULTRA BLUE ONE TOUCH VERIO ONE TOUCH VERIO FLEX ONE TOUCH VERIO REFLECT ONE TOUCH VERIO IQ
<b>EXTERNAL DIABETIC DEVICES</b> OMNIPOD DASH OMNIPOD B OMNIPOD G5 FS, 2 PLUS GE				OMNIPOD G5
<b>CONTINUOUS BLOOD GLUCOSE MONITORS</b>	DEXCOM G6 DEXCOM G7 FREESTYLE LIBRE FREESTYLE LIBRE 2 FREESTYLE LIBRE 3 PLUS		Prior authorization will be required to verify if the client is injecting insulin daily. Monitors will also be limited to the labeled age.	GUARDIAN MINIMED
<b>ACUTE HYPOGLYCEMIA AGENTS</b> BAGSINI ZEGALOGUE (autoinjector)				GLYRE (use preferred agent)



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**WHAT IS IT?**

Outsmart Diabetes is an incentive program offered through the WYhealth Care Management Program.



**WHAT IS THE OBJECTIVE?**

A pilot project to bridge the gap between diabetes diagnosis and sustained healthy outcomes



**WHAT IS THE AFFECT?**

A mechanism to support healthy behaviors and empower members to take care of themselves and their health



**MORE INFORMATION**

ODP information can be found on our webpage



# What is the Outsmart Diabetes Program (ODP)?

Health.wyo.gov  
Wyoming Medicaid  
WYhealth




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## Outsmart Diabetes Program Design



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## ODP Program Numbers



Program Participants	SFY2024	SFY2025	SFY2026*
Adults with Diabetes Diagnosis	4,600	4,474	2,729
Diabetes Referrals into WYHealth	1,949	2,381	599
Engaged in Diabetes Management Program	381	107	33
Engaged in Outsmart Diabetes Program	121	100	44
Incentive Program Cards Issued	238	173	88

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## ODP Graduate Outcomes



Program Participants	SFY2024	SFY2025
Average A1 Decrease	.4 percentage points	.9 percentage points
Average Weight Decrease	16 Pounds	6.4 Pounds
% Total Enrollees Completed LDL Testing	89%	93%
% Total Enrollees Completed Foot Exam	93%	95%
% Total Enrollees Completed Eye Exam	82%	61%
% Total Enrollees Completed Dental Exam	59%	26%

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## How to Refer Patients to Outsmart Diabetes

For easiest referrals – go to the Wyoming Dept of Health website

Under Divisions, click: Healthcare Financing, Wyoming Medicaid,  
 Click: Wyoming Medicaid Health Management, WYhealth  
 Click: [Enroll in WYhealth](#)



OR, Call WYhealth @ 888-545-1710, press #4

- [Diabetes & Outsmart Diabetes Incentive Program - Wyoming Department of Health](#)



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## WY Medicaid and Dietician Services

- Eligibility type determines coverage – please see the Provider Manual and fee schedules for more details
- Medical Nutrition Therapy can be prescribed for a multitude of conditions, not just diabetes
- Diabetes Prevention Program for people with pre-diabetes
- Nutrition services for people on our adult waivers is also available; these cover menu planning, caregiver training and participant education



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## Medical Nutrition Therapy Coverage



### 17.1.1.1 Covered Current Procedural Terminology Codes

#### 97802

Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes – Maximum allow 4 units per day

#### 97803

Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes – Maximum allow 4 units per day

#### 97804

Medical nutrition therapy; group (2 or more indiv.), 30 minutes each – Maximum allow 2 units per day



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# Current fee schedule for Dietician services

- **97802** – initial MNT visit, per 15 min, up to 4/day: \$29.05/\$116.20
- **97803** – follow-up visits, per 15 min, up to 4/day: \$24.74/\$98.96
- **97804** – Group visits for 2 or more people, per 30 min, up to 2/day: \$13.57/\$27.14 per person
- **S9470** – \$31.47 for 30 min session for waiver clients
- **G9873-9/G9882-5** – \$18.53 per visit for Diabetes prevention program

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## Documentation Needed to Bill for MNT

### 17.1.1.2 Documentation Requirements

Required Elements	Objective Data	Plan
<ul style="list-style-type: none"> <li>• Date of MNT visit along with beginning and ending</li> <li>• ICD-10 code – defines type of visit/counseling</li> <li>• Subjective Data – reason for visit and primary care physician</li> <li>• History                             <ul style="list-style-type: none"> <li>- Past &amp; present medical</li> <li>- Nutrition &amp; Medication</li> <li>- Weight &amp; Exercise</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory results (if available)</li> <li>• Height</li> <li>• Weight</li> <li>• MBI</li> <li>• Calorie Needs</li> <li>• Drug/Nutrient Interactions</li> </ul>	<ul style="list-style-type: none"> <li>• Individual dietary instruction that incorporates diet therapy and education handouts for nutrition-related problem</li> <li>• Plan for follow-up</li> <li>• Documentation of referral for identified needs</li> <li>• Send a letter to the Member's physician describing dietary instruction provided and progress.</li> </ul>

All entries must be signed and dated by the dietician.

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# Diabetes Prevention Program

First 6 Months



## 17.1.2 Diabetes Prevention Program (DPP)

DPP may be used only one time per Member. The clinical intervention consists of a minimum of 16 core dietician sessions throughout a 6 month period to facilitate weight control. After completion of the initial core sessions, less intensive monthly follow-up visits may be utilized to ensure healthy behaviors are maintained.

### First 6 Months of DPP Initial Core Sessions

- Sessions 1-4: G9873 - One (1) Expanded Model (EM) Core Session
- Sessions 5-8: G9874 - Four (4) EM Core Sessions
- Sessions 9-16: G9875 - Nine (9) EM Core Sessions

Session 1 cannot be performed via telehealth. Sessions 2-16 can be provided via telehealth. For billing purposes, use the telehealth modifier, GT, to indicate.



# Diabetes Prevention Program

Months 7-9



## 17.1.2 Diabetes Prevention Program (DPP)

### Months 7-9:

#### G9876

Two EM Core Maintenance Sessions

- Utilized when DPP criteria is NOT achieved

#### G9878

Two EM Core Maintenance Sessions

- Utilized when DPP criteria IS achieved

These sessions can all be provided via telehealth. For billing purposes use the telehealth modifier, GT, to indicate these services.



# Diabetes Prevention Program

Months 10-12



## 17.1.2 Diabetes Prevention Program (DPP)

### Months 10-12:

**G9877**

Two EM Core Maintenance Sessions

- Utilized when DPP criteria is NOT achieved

**G9879**

Two EM Core Maintenance Sessions

- Utilized when DPP criteria IS achieved

These sessions can all be provided via telehealth. For billing purposes use the telehealth modifier, GT, to indicate these services.



# Second & Subsequent Years of DPP



### Months 13-15

**G9882**

Two EM Ongoing Maintenance Sessions

### Months 16-18

**G9883**

Two EM Ongoing Maintenance Sessions

### Months 19-21

**G9884**

Two EM Ongoing Maintenance Sessions

### Months 22-24

**G9885**

Two EM Ongoing Maintenance Sessions

These sessions can all be provided via telehealth. For billing purposes use the telehealth modifier, GT, to indicate these services.



## DPP Billing Requirements



### 17.1.2.2 Billing Requirements

DPP services and non-DPP services may be billed on separate claim forms; however, multiple services for the same Member may be submitted on the same claim. The Telehealth modifier should be billed with any G-code that is associated with a session that was furnished as a virtual make-up session.

**Dietitian services** must be ordered by a physician or nurse practitioner.

Dates of service in excess of 20 per calendar year will require authorization of medical necessity.

## Collaborations

### CommuniCare – CIE

CommuniCare is a new initiative that aims to improve access to community services, health, and equity by improving coordination and communication between service providers in Wyoming as a Community Information Exchange® (CIE).

A Community Information Exchange® (CIE) is a network of cross-sector partners who commit to sharing information and coordinating care with each other. Partners can access a variety of tools and Wyoming 211's comprehensive resource database where they contribute to a single longitudinal client record, share information important to care, and make bi-directional, closed-loop referrals. As a result, their shared clients will have more efficient access to the care and support they need to improve their health and quality of life.

[Visit now →](#)



# Resolving Medicaid Issues

## For Medicaid Billing Issues:

Vendor = Acentra  
888-WYO-MCAD

## For Medicaid Prior Authorization Issues:

### Services:

Vendor = Telligen - utilization management contract  
833-610-1057

### Prescriptions:

Vendor = Optum Rx  
877-207-1126



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# QUESTIONS/COMMENTS

Tracey.Haas@wyo.gov



**Want to check coverage on what's covered under your Medicaid benefits?**

You can look at the Member Handbook. Use your phone's camera to scan the QR code or visit:

<https://tinyurl.com/3ahwb5k7>

Or, call the Wyoming Medicaid Customer Service Center @ 855-294-2127.



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## Female Preventive Care Recommendations

Here are some important preventive care recommendations for women to help maintain good health at every stage of life.



Age Group	Screening	How Often
20s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
	Cervical Cancer Screening/Pap Smear	Every 3 Years
	Dental Care & Cleaning	Once
	Eye Exam	Annually
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
30s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
	Cervical Cancer Screening/Pap Smear	Every 3 Years
	Dental Care & Cleaning	Once per Year
	Eye Exam	Every 5 Years
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
40s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Every 2 Years
	Weight/Calorie Risk Assessment	Every 2 Years
	Cervical Cancer Screening/Pap Smear	Every 2 Years
	Dental Care & Cleaning	Once per Year
	Eye Exam	Every 5 Years
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
50s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
	Cervical Cancer Screening/Pap Smear	Every 3 Years
	Dental Care & Cleaning	Once per Year
	Eye Exam	Every 5 Years
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
60+	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once
	Cervical Cancer Screening/Pap Smear	Every 2 Years
	Dental Care & Cleaning	Once per Year
	Eye Exam	Every 2-3 Years
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once

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## Male Preventive Care Recommendations

Here are some important preventive care recommendations for men to help maintain good health at every stage of life.



Age Group	Screening	How Often
20s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
30s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
40s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
50s	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
60+	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually
	Adult Wellness Visit	Annually
	Blood Cholesterol Screening	Annually
	Weight/Calorie Risk Assessment	Once per Year
	Eye Exam	Annually
	Immunizations	Annually

Wyoming Department of Health



## Pregnancy Preventive Care Recommendations

For a healthy pregnancy, be sure to schedule all the recommended preventive care based on your age, along with the ones listed here:



Screening	How Often
Breastfeeding Support	Throughout: As needed
Counseling for Healthy Weight Gain in Pregnancy	As Needed
Gestational Diabetes Screening	At 24+ Weeks Gestation
Hepatitis B Virus Infection Screening	Once
Screening for HIV Infection	Once, First Pregnancy
Syphilis Infection Screening	Once, Depends on Risk
Tetanus Toxoid Vaccine with Folic Acid	Daily

Female Only

Male Only

Both Females & Males

Chronic Health

Pregnancy

**Gestational Diabetes Screening** - Gestational diabetes screening is a test for pregnant women to check if they have high blood sugar. It's usually done between 24 and 28 weeks of pregnancy. Early detection helps doctors control blood sugar with diet, exercise, or medicine, reducing risks for both mom and baby, like high birth weight or early delivery.

Wyoming Department of Health



## Chronic Health Preventive Care Recommendations

If you have a chronic health condition, there are extra screening recommendations for preventive care you and your doctor can consider in addition to the ones listed for your sex and age.



Age Group	Screening	How Often
20s	Chronic Kidney Disease (CKD)	Annually
	Screening in those with Type 2 Diabetes	Annually
30s	Healthy Diet Counseling for Adults with Cardiovascular Disease Risk Factors	Annually
	Chronic Kidney Disease (CKD)	Annually
40s	Screening in those with Type 2 Diabetes	Annually
	Healthy Diet Counseling for Adults with Cardiovascular Disease Risk Factors	Annually
50s	Chronic Kidney Disease (CKD)	Annually
	Screening in those with Type 2 Diabetes	Annually
60+	Healthy Diet Counseling for Adults with Cardiovascular Disease Risk Factors	Annually
	Chronic Kidney Disease (CKD)	Annually
60+	Screening in those with Type 2 Diabetes	Annually
	Healthy Diet Counseling for Adults with Cardiovascular Disease Risk Factors	Annually

WY Department of Health

