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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 7, 2021

Teri Green
State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

RE: TN 21-0004

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 25, 2021. This plan amendment is to modify rates for physician services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 (HCFA-179) and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

21 - 0004

2. STATE
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
01/01/2021

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.400

7. FEDERAL BUDGET IMPACT:

FFY21 (\$11,982.29)

FFY22 No change from previous year

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B Clinic Services - number 5 – Physician Services

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19B, Clinic Services 5 – Physician Services

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to modify rates payable to Physician Services as approved by Wyoming State Governor.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED:

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
122 WEST 25th STREET, 4th FLOOR
CHEYENNE, WY 82002

CC: JOLENE FLORES, SENIOR ADMINISTRATIVE ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 25, 2021

18. DATE APPROVED:
May 7, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Todd McMillion

22. TITLE:

Director, Division of Reimbursement Review

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

5. PHYSICIAN SERVICES

Reimbursement for physician services is the lesser of charges or the Medicaid fee schedule amount. A maximum allowable fee is established by procedure code regardless of provider location. All public and private providers are reimbursed according to the same fee schedule. Providers may access the fee schedule on the agency website or upon request by calling the fiscal agent.

Physician fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY 2007 rate year using the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rate for these services, for dates of service on or after January 1, 2021 are on the official Web site of the Department of Health at <http://health.wyo.gov> or <http://wymedicaid.portal.conduent.com/>

New procedures or by report procedures are reimbursed at 67.5% of billed charges until sufficient data (consultant recommendations or profiling of charges) is available to establish a relative value or allowable fee. Fee for specific procedures are adjusted when a significant number of claims or fees are defined as outliers. The modification may be performed by adjusting the relative value and conversion factor or by establishing a specific fee.