

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 21-0005**

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



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**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 21-0005

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 25, 2021. This plan amendment is to modify rates for dental 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](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

21 - 0005

2. STATE  
WYOMING

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

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

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 (\$2,532.38)  
FFY22 No change from previous year

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19B Clinic Services - Dental Services

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B, Clinic Services- Dental Services

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to modify rates payable to Dental 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 25<sup>th</sup> STREET, 4<sup>th</sup> FLOOR  
CHEYENNE, WY 82002

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

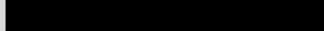
**FOR REGIONAL OFFICE USE ONLY**

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

State: WYOMING

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

## DENTAL SERVICES

Reimbursement is the lesser of charges or the established fee schedule amount. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and the fee schedule is published on the Medicaid website: <https://wymedicaid.portal.conduent.com/>

Effective for services provided on or after January 1, 2021, for dental procedures, Wyoming will set a fee at 67.5% of the fee determined by the National Dental Customized Fee Analyzer and fee data from average billed charges of Wyoming dental providers. For procedures that do not have sufficient data to set a fee, reimbursement will be determined by report and reimbursed at 67.5% of billed charge until sufficient data is available to establish an allowable fee. Fees for specific procedures are adjusted and set when a significant number of claims or fees are defined as outliers, or there is a comparable CPT code with a set fee. CPT fees are determined using the Resource-Based Relative Value Scale (RBRVS). This fee will be utilized to price the dental code.

TN No.  
Supersedes  
TN No.  
CMS ID: WY-15-0002

Approval Date 5/7/21Effective Date January 1, 2021