

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

1. TRANSMITTAL NUMBER:  
09-004

2. STATE  
WYOMING

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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  
July 1, 2009

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 447.53, 447.54, 447.55

7. FEDERAL BUDGET IMPACT:  
a. FFY 2009                      \$ 15,000  
b. FFY 2010                      \$ 15,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18A, Pages 1  
Attachment 4.18A, Pages 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.18A, Page 1  
Attachment 4.18A, Page 3  
Attachment 4.18H, Pages 1-2 (Delete)

10. SUBJECT OF AMENDMENT:  
Copayment

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:  
Governors Review Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 6/18/09

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
OFFICE OF HEALTH CARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

CC: YVONNE STAYER, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
6/18/09

18. DATE APPROVED:  
9/16/09

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/09

~~20. SIGNATURE OF REGIONAL OFFICIAL:~~

21. TYPED NAME:  
Richard C. Allen

~~22. TITLE:~~  
Associate Regional Administrator

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



Region VIII

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September 16, 2009

Teri Green, Medicaid Director  
Wyoming Division of Health Care Financing  
401 Hathaway Building  
Cheyenne, WY 82002

RE: Wyoming #09-004

Dear Ms. Green:

This is your official notification that Wyoming State Plan amendment 09-004 regarding "Co-pay Adjustments" has been approved effective July 1, 2009.

If you have any questions concerning this amendment, please contact Bernadette Quevedo-Mendoza at (303) 844-7121.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

CC: Yvonne Stayer  
Lee Clabots, Deputy Director

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Services and Basis for determination	Type of Charge			
	Deduct.	Coins.	Copay.	Amount
Pharmaceutical Products			X	\$1 Generic \$3 Brand
Practitioner Visits – office, home, eye & medical psych-therapy			X	\$2
Outpatient Hospital Visits – non-emergency room visit			X	\$3.40
Rural Health Clinic & FQHC- per encounter			X	\$2

Co payments were based on the average payment for these services and in accordance with 42 CFR 447.53, 447.54, 447.55. Exemptions for cost sharing apply to: recipients under the age of 21, pregnant women; institutionalized individuals; emergency services; family planning services and supplies; individuals who receive hospice care (as defined in section 1905(o) of the Act).

Cost sharing will be excluded for items and services furnished directly by the Indian Health Services, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under a purchase order under contract health services as (as described in 42 CFR part 136, subpart C) to an American Indian or Alaska Native, who is enrolled as a member of a Federally-recognized tribe or otherwise meets the definition of an “Indian” at section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1608).

TN No. 09-004  
 Supersedes  
 TN No. 04-004

Approval Date 9/16/09 Effective Date July 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers and recipients are notified of copayment requirements through Medicaid bulletins. During claims processing exceptions are identified as follows: age, race, and institutional status from the recipient file; provider taxonomy from the provider file; pregnancy services are indicated on the claims or from the diagnosis file; emergency services from the diagnosis file; family planning services from the procedure/diagnosis/drug file. There are no HMO providers in the state. Hospice services are identified through eligibility lock in status.

- E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

     Cumulative maximums have been established as described below:

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TN No. 09-004  
Supersedes  
TN No. 97-01

Approval Date 9/16/09

Effective Date July 1, 2009