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## **Table of Contents**

**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-16-0004

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

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June 7, 2016

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

RE: Wyoming #16-0004

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0004. This SPA is seeking to update the reimbursement rates for nurse midwife services provided in accordance with 42 CFR 440.165 and 441.21 by qualified and enrolled providers.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

A solid black rectangular box used to redact the signature of Richard C. Allen.

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

cc: Thomas Forslund, Director  
Sheree Nall  
Cindy Tallerdy

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

1. TRANSMITTAL NUMBER:

WY16-0004

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE

July 1, 2016

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 440.165 and 441.21 and Section 1905 (a)(17)

7. FEDERAL BUDGET IMPACT:

FFY 2017 = \$8,798.86

FFY 2018 = \$8,798.86

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18B #17

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B, #17

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to update the reimbursement rates for nurse midwife services provided in accordance with 42 CFR 440.165 and 441.21 by qualified and enrolled providers.

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:



16. RETURN TO:

TERI GREEN

STATE MEDICAID AGENT

DIVISION OF HEALTHCARE FINANCING

6101 YELLOWSTONE ROAD, SUITE 210

CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

CC: CINDY TALLERDY, SENIOR ADMINISTRATIVE ASSISTANT  
(SAME ADDRESS)

15. DATE SUBMITTED: March 25, 2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 25, 2016

18. DATE APPROVED:

June 7, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

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

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## 17. NURSE-MIDWIFE SERVICES

Reimbursement will be the lesser of charges or a percentage of the physician fee schedule amount. All public and private providers are reimbursed according to the same fee schedule. A maximum allowable fee is established by procedure code regardless of provider location. 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 SFY2007 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 rates for these services, for dates of service on or after July 1, 2015 are on the official website of the Department of Health, Medicaid at <http://wdh.state.wy.us> or <http://wyequalitycare.acs-inc.com>. Rates will be updated on July 1, 2016 and will be effective for the services provided on or after that date.

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TN#\_\_WY16-004\_\_\_\_\_Approval Date: June 7, 2016Effective Date: July 1, 2016

Supercedes:

TN#\_\_95-005\_\_\_\_\_