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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0001

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

May 5, 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 #16-0001

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0001. This SPA is seeking to change the payment methodology for Non-Emergency Transportation services provided by commercial carrier and for lodging to be based on fee schedule.

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,

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

cc: Thomas Forslund, Director
Chris Bass
Cindy Tallerdy

**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:
WY16-001

2. STATE
WYOMING

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

4. PROPOSED EFFECTIVE DATE
July 1, 2016

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 431.53

7. FEDERAL BUDGET IMPACT:

SFY17 - \$100,000.00
SFY18 - \$100,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B 24a
Attachment 3.1B 24a
Attachment 3.1D

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to change the payment methodology for Non-Emergency Transportation services provided by commercial carrier and for lodging to be based on fee schedule.

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: February 16, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 16, 2016

18. DATE APPROVED:

May 5, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

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

24a. Reimbursement for use of a private vehicle shall be at a rate established by the Medicaid agency utilizing a cost/benefit analysis. The rate is published and updated annually. The cost/benefit analysis compares the average cost per gallon of fuel and determines if the current fee is adequate to cover cost of mileage for vehicle traveling 15 miles on one gallon of fuel.

Reimbursement for public carrier and lodging is the lessor of charges or the Medicaid 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 non-emergency transportation and lodging services. Reimbursement rates for dates of service on or after July 1, 2015 are on the official website of the Department, Medicaid <http://wymedicaid.acs-inc.com>.

Rates will be updated on 7/1/2016 and will be effective for services provided on or after that date. All rates are published on the Wyoming Medicaid web site (<http://wymedicaid.acs-inc.com>).

TN No.: 16-001

Supersedes

TN No.: 03-006

Approved Date: May 5, 2016 Effective Date: July 1, 2016

State: Wyoming

METHODS USED TO ASSURE TRANSPORTATION OF RECIPIENTS TO AND FROM PROVIDERS OF CARE

42 CFR 431.53 ASSURANCE OF TRANSPORTATION

Transportation by air and ground ambulance, public carrier or other suitable means and overnight lodging will be furnished when determined by the agency to be necessary in the individual case.

A toll free number is available to recipients to obtain travel authorization and request assistance with travel. This number is accessible from in-state and out-of-state for recipient calls.

The Travel Call Center has created information partnerships with external agencies such as volunteer organizations, senior citizen centers, faith based organizations, health associations, youth associations, special interest associations, rehabilitation agencies and participants in the WYDOT 49 CFR 5311 programs. The external agencies are contacted to assist in providing transportation services.

The call center provides travel and lodging options and advises recipients on available modes of transportation.

TN# 16-001
Supersedes
TN# 03-006

Approval Date: May 5, 2016 Effective Date: July 1, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

24a. Transportation services are limited to conveyance to and from providers of appropriate care and overnight lodging. Transportation must be to a Medicaid covered service. The least costly mode of transportation consistent with a client's condition must be used. Air and ground ambulance service is limited to emergencies except in certain specified situations. Transportation services must be pre-authorized by the Medicaid Travel Call Center.

TN# 16-001
Supersedes
TN# 03-006

Approval Date: May 5, 2016

Effective Date: July 1, 2016