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## **Table of Contents**

**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-16-0014

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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March 21, 2017

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

RE: Wyoming #16-0014

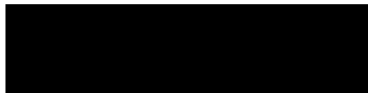
Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0014. This SPA will modify coverage and rates payable to Indian Health Services and eligible tribal health facilities operating under P.L. 93-638.

Please be informed that this State Plan Amendment was approved today with an effective date of October 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,



Gary Williams  
Acting 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**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

WY16-0014

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

October 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 447.321

7. FEDERAL BUDGET IMPACT:

FFY17 - \$6,708,415

FFY18 - \$7,245,088

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B Clinic Services, Item 9, Page 2-3 of 3 -- New  
Attachment 4.19B, Clinic Services, Item 9, Page 1 of 3, - Revised

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B, number 9 Clinic services, revised to create a  
separate page for Indian Health Services, Number 9 will STILL  
exist as modified

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to modify coverage and rates payable to Indian Health Services and eligible tribal health facilities operating under P.L.  
93-638.

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: October 3, 2016

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
DIVISION OF HEALTHCARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

October 3, 2016

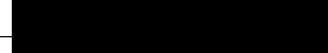
18. DATE APPROVED:

March 21, 2017

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Gary Williams

22. TITLE:

Acting ARA, DMCHO

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

42 CFR 447.321

9. CLINIC SERVICES

- a.) Payment for clinic services will not exceed the upper limits of payment specified in 42 CFR 447.321.
- b.) Family Planning Clinics - Reimbursement is the lessor of the charges or the fee schedule amount.
- c.) End Stage Renal Disease Centers (ESRD) – ESRD clinics will be reimbursed at the lessor of the Medicare rate for services in the state where the facility is located or billed charges.
- d.) County Health Departments – Payment is made at the lessor 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 clinic services.

The Agency's fee schedule was last updated January 1, 2014 and is effective for dates of service provided on or after that date. All rates are published on the Medicaid provider website located at:  
[https://wyequalitycare.acs-inc.com/fee\\_schedule.html](https://wyequalitycare.acs-inc.com/fee_schedule.html).

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## POLICY AND METHODS OF ESTABLISHING PAYMENT/PER VISIT RATES FOR INDIAN HEALTH SERVICES

9. CLINIC SERVICES (continued)

(e). Payments to Indian Health Services and any 638 tribal health facility that is federally recognized and tribally-operated or operated by the Indian Health Service shall be made according to the following:

- A. Clinic Categories of Service – Payment for multiple encounters on the same date of service will be allowed only if the services are categorically different and/or are provided for distinct and separate diagnoses. Different categories of allowable services shall include but are not limited to practitioner services, mental health services, optometric services, dental services, physical therapy, occupational therapy, and speech therapy. Any services provided outside of the clinic shall be reimbursed according to the fee schedule.

Pharmacy encounters will be paid at the federal OMB clinic encounter rate and will not be limited to a certain number of prescriptions per day.

End Stage Renal Disease (ESRD) clinics will be paid up to one (1) encounter per day if medically necessary.

Nursing Home Reimbursement is located in section 4.19-D of the State Plan.

- B. Payments to Indian health facilities operating under P.L. 93-638 or Indian Health Services shall be a per encounter and based upon the approved rates published each calendar year in the Federal Register by the U.S. Department of Health and Human Service, under the authority of Section 321 (a) and 322 (b) of the Public Health Service Act (42 USC 248 and 249 (b)), Public Law 83-568 (42 USC 2001 (a)), and the Indian Health Improvement Act (25 USC 1601 seq.). Each year, upon release of the new OMB rate, Wyoming will make adjustments for primary care clinic services and behavioral health services. The adjustments will reflect the percentage by which Wyoming's rates fall above the Medicaid regional average rates as outlined in the most recent Wyoming Medicaid Access Monitoring Review plan (42 CFR 447.203). Based on the July 2016 AMRP, increases to the annual published OMB encounter rate will be:

- |                                    |                     |
|------------------------------------|---------------------|
| a. Behavioral Health Services      | Base OMB Rate + 13% |
| b. Primary Care Clinic Services    | Base OMB Rate + 10% |
| c. All other categories of service | Base OMB rate       |

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## POLICY AND METHODS OF ESTABLISHING PAYMENT/PER VISIT RATES FOR INDIAN HEALTH SERVICES

9. CLINIC SERVICES (continued)

Upon the release of each new OMB rate, the same corresponding percentage will be applied to primary care clinic services and behavioral health services. A mass adjustment will be completed for all claims with dates of service back to the effective date of the calendar year's OMB rate + the corresponding percentage. The percentages will be updated every three years upon issuance of an updated AMRP or as needed for updates to the AMRP in the interim. If the updated Access Monitoring Review Plan (AMRP) determines Medicaid's regional average by service type is equal to or less than Wyoming Medicaid's current rate, the encounter paid by service type will be the approved OMB rate published for that year.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of clinic services. The agency's fee schedule rate was set as of October 1, 2016 and is effective for services provided on or after that date. All rates are published on the Medicaid provider website located at: [https://wyequalitycare.acs-inc.com/fee\\_schedule.html](https://wyequalitycare.acs-inc.com/fee_schedule.html).