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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 20-0006

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



Financial Management Group

May 5, 2021

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

RE: Wyoming TN 20-0006

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) to Attachment 4.19-B, WY#20-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 8, 2020. This state plan amendment implements new supplemental payments for physician and other professional service practitioners affiliated with non-state and private hospitals.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 (HCFA-179) and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**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:
WY 20-0006

2. STATE
WYOMING

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

4. PROPOSED EFFECTIVE DATE
July 1, 2020

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 Subpart G.

7. FEDERAL BUDGET IMPACT:

NSGO & Private Hospital: July 1, 2020 – September 30, 2020:
\$1,346,738.00

NSGO & Private Hospital: July 1, 2020 – September 30, 2020:
FY 2021: \$5,386,950.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

NSGO: Attachment 4.19-B, Part 1

Addendum 4 – Page 27-28

Private Hospital: Attachment 4.19-B, Part 1

Addendum 4 – Page 29-30

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

Professional Services Supplemental Payments – Non-State Government Owned or Operated Hospitals

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: July 08, 2020

16. RETURN TO:

TERI GREEN

STATE MEDICAID AGENT

DIVISION OF HEALTHCARE FINANCING

122 West 25th Street, 4 West

CHEYENNE, WY 82002

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

July 9, 2020

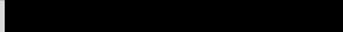
18. DATE APPROVED:

May 5, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Todd McMillion

22. TITLE:

Director, Division of Reimbursement Review

REMARKS:

STATE: WYOMING

1905(a)(5)(a) Physician Services

Professional Services Supplemental Payments – Non-State Government Owned or Operated Hospitals

Subject to the provisions of this section, effective July 1, 2020 all provider groups owned or operated by licensed non-state government owned or operated (NSGO) hospitals meeting the definition of “health care provider” (pursuant to 42 CFR 433.52) located in Wyoming shall be eligible for a quarterly professional services supplemental payment (PSSP) (based on an annual calculation). The PSSP will be the result of an analysis of the costs of the following covered services furnished to Wyoming Medicaid patients (excludes inpatient and outpatient services):

- a) Physician Services, to include Physician Assistants and Nurse Practitioners;
- b) Certified Registered Nurse Anesthetists;
- c) Certified Nurse Midwives;
- d) Services provided by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, and Licensed Addictions Therapist;
- e) Home Health Care Services not otherwise provided as inpatient or outpatient services;
- f) Chiropractic Services;
- g) Optometric/optician Services;
- h) Therapist services, defined to include physical therapy, speech therapy, occupational therapy, respiratory therapy, audiological services, and rehabilitative specialist services not otherwise provided as inpatient or outpatient services;
- i) Psychological Services;
- j) Laboratory and x-ray services, defined as services provided in a licensed, free-standing laboratory or x-ray facility. This definition does not include laboratory or x-ray services provided in a physician's office, hospital inpatient department, or hospital outpatient department; and

In order to qualify to receive supplemental payments, the physician or professional service practitioner must be:

- a) Licensed by the State of Wyoming
- b) Enrolled as a Wyoming Medicaid provider
- c) A provider type that provides the covered services listed above
- d) Employed by, or under contract to provide services at or in affiliation with a non-state owned or operated governmental entity and identified by the NSGO entity as a physician or practitioner that is employed by, under contract to provide services at or in affiliation with said entity.

The PSSP amount available for each provider group owned or operated by a NSGO hospital participating in the PSSP program will equal the difference between the Medicaid payment

ceiling that Wyoming commercial payers would pay under average commercial rate (ACR) principles and the amount paid for the same services by the Wyoming Department of Health (the Department). Aggregate payments to provider groups owned or operated by NSGO hospitals shall not exceed the Medicaid upper payment limit (UPL) in accordance with section 1902(a)(30(A) of the Social Security Act. The Department will perform the Medicaid UPL analysis prior to making the supplemental payments.

For services furnished by provider groups owned or operated by a NSGO hospital, the Department will collect from each provider group their current payment arrangement for at least three commercial payers contracted with the provider group. The Department will calculate the ACR by procedure code, modifier, and place of service combination for each provider group that is owned or operated by a NSGO hospital using at least three commercial paid claims sets or fee schedules specific to the provider group. The Department will limit its analysis to covered services within the Medicaid program.

The Department will extract paid claims for the preceding calendar year for provider groups that qualify for inclusion in the PSSP program. The Department will align the provider group's ACR for each procedure code to each Medicaid claim for services furnished by the provider group and calculate the average commercial payments for the claims.

The Department will calculate an aggregate Medicare-to-ACR equivalent ratio (MER), for each NSGO hospital, to create an estimated payment for procedure codes without an ACR. For the provider-specific MER, the Department will divide the estimated average commercial payments for each provider's Medicaid claims by the total estimated Medicare payments for the same set of claims. The Medicare rates will be the most currently available national rates that align with the UPL year. The Department will apply this MER to the current Medicare payment for all included procedure codes found in the claims data to create an estimated Medicaid payment ceiling.

The Department will calculate the PSSP and the UPL demonstration annually using claims data from the most recently completed calendar year. Provider PSSP estimates will be available July 1 of each year.

The Medicare equivalent ratios of the ACR will be re-determined every three years. The Department may add new provider groups owned or operated by NSGO hospitals to the PSSP payment calculations annually.

To have provider groups included in the PSSP program, NSGO hospitals must provide ownership or affiliation attestation documents and the required commercial payer fee schedules or paid claims information for provider groups.

STATE: WYOMING

Professional Services Supplemental Payments – Privately Owned or Operated Hospitals

Subject to the provisions of this section, effective July 1, 2020 all provider groups owned or operated by licensed privately owned or operated (private) hospitals meeting the definition of “health care provider” (pursuant to 42 CFR 433.52) located in Wyoming shall be eligible for a quarterly professional services supplemental payment (PSSP) (based on an annual calculation). The PSSP will be the result of an analysis of the costs of the following covered services furnished to Wyoming Medicaid patients (excludes inpatient and outpatient services):

- a) Physician Services, to include Physician Assistants and Nurse Practitioners;
- b) Certified Registered Nurse Anesthetists;
- c) Certified Nurse Midwives;
- d) Services provided by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, and Licensed Addictions Therapist;
- e) Home Health Care Services not otherwise provided as inpatient or outpatient services;
- f) Chiropractic Services;
- g) Optometric/optician Services;
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- i) Psychological Services;
- j) Laboratory and x-ray services, defined as services provided in a licensed, free-standing laboratory or x-ray facility. This definition does not include laboratory or x-ray services provided in a physician's office, hospital inpatient department, or hospital outpatient department; and

In order to qualify to receive supplemental payments, the physician or professional service practitioner must be:

- a) Licensed by the State of Wyoming
- b) Enrolled as a Wyoming Medicaid provider
- c) A provider type that provides the covered services listed above
- d) Employed by, or under contract to provide services at or in affiliation with a privately owned or operated governmental entity and identified by the private entity as a physician or practitioner that is employed by, under contract to provide services at or in affiliation with said entity.

The PSSP amount available for each provider group owned or operated by a private hospital participating in the PSSP program will equal the difference between the Medicaid payment ceiling that Wyoming commercial payers would pay under average commercial rate (ACR) principles and the amount paid for the same services by the Wyoming Department of Health (the Department). Aggregate payments to provider groups owned or operated by private hospitals shall not exceed the Medicaid upper payment limit (UPL) in accordance with section 1902(a)(30)(A) of the Social Security Act. The Department will perform the Medicaid UPL analysis prior to making the supplemental payments.

For services furnished by provider groups owned or operated by a private hospital, the Department will collect from each provider group their current payment arrangement for at least three commercial payers contracted with the provider group. The Department will calculate the ACR by procedure code, modifier, and place of service combination for each provider group that is owned or operated by a private hospital using at least three commercial paid claims sets or fee schedules specific to the provider group. The Department will limit its analysis to covered services within the Medicaid program.

The Department will extract paid claims for the preceding calendar year for provider groups that qualify for inclusion in the PSSP program. The Department will align the provider group's ACR for each procedure code to each Medicaid claim for services furnished by the provider group and calculate the average commercial payments for the claims.

The Department will calculate an aggregate Medicare-to-ACR equivalent ratio (MER), for each private hospital, to create an estimated payment for procedure codes without an ACR. For the provider-specific MER, the Department will divide the estimated average commercial payments for each provider's Medicaid claims by the total estimated Medicare payments for the same set of claims. The Medicare rates will be the most currently available national rates that align with the UPL year. The Department will apply this MER to the current Medicare payment for all included procedure codes found in the claims data to create an estimated Medicaid payment ceiling.

The Department will calculate the PSSP and the UPL demonstration annually using claims data from the most recently completed calendar year. Provider PSSP estimates will be available July 1 of each year.

The Medicare equivalent ratios of the ACR will be redetermined every three years. The Department may add new provider groups owned or operated by private hospitals to the PSSP payment calculations annually.

To have provider groups included in the PSSP program, private hospitals must provide ownership attestation documents and the required commercial payer fee schedules or paid claims information for provider groups.