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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 21-0002

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

April 6, 2021

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

RE: TN 21-0002

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 19, 2021. This plan amendment is to clarify how the payments are calculated for rehabilitative services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 (HCFA-179) and a copy of the new state plan page.

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 solid 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**

1. TRANSMITTAL NUMBER:
WY21-0002

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
January 1, 2021

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 440.130
42 CFR 440.60

7. FEDERAL BUDGET IMPACT:
FFY 1: \$0
FFY 2: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B 13d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.19B 13d

10. SUBJECT OF AMENDMENT:

The update is to the language to clarify how the payments are calculated for rehabilitative services in the state plan 4.19B, 13D. The effective date will be January 1, 2021.

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

STATE AGENCY OFFICIAL:

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED:
January 19, 2021

16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
122 WEST 25th STREET, 4th FLOOR
CHEYENNE, WY 82002

CC: HEATHER GALLO, EXECUTIVE ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
January 19, 2021

18. DATE APPROVED:
4/6/2021

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Todd McMillion

22. TITLE:
Director, Division of Reimbursement Review

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

13d. REHABILITATIVE SERVICES – MENTAL HEALTH & SUBSTANCE ABUSE

Outpatient mental health and substance abuse treatment services are reimbursed on a fee-for-service basis utilizing the American Medical Association's Current Procedural Terminology, HCPCS Level I (CPT) and HCPCS Level II codes. 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 bill rehabilitation services using either a HCPCS Level I (CPT) or HCPCS Level II code, not both. 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 of mental health and substance abuse illnesses. The agency's fee schedule rate was set as of 1/1/2021 and is effective for services provided on or after that date. All rates are published (<https://wymedicaid.portal.conduent.com>). The rates for HCPCS Level II codes will be paid at or below 90% of the Medicare fee schedule rates for Wyoming. Rates do not include the cost of room and board and include only Medicaid allowable costs. Payment made by Medicaid will not duplicate payments made to other public agencies or private entities under other program authorities for this same purpose.

TN# 21-0002
Supersedes
TN# 16-006

Approval Date 4/6/21 Effective Date January 1, 2021