

Table of Contents

State/Territory Name: WY

State Plan Amendment (SPA) #: 21-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 15, 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 21-0003

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 21-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 28, 2021. This SPA amends the payment methodology for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME/POS).

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 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,

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-21-0003

2. STATE
WYOMING

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

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:
21st Century CURES ACT/Social Security Act title XIX, Section
1903(i)(27)

7. FEDERAL BUDGET IMPACT:

FY21 - \$(200,000.00)
FY22 - \$(200,000.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Update Attachment 4.19B 7

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to change the payment methodology for DME/POS based on the 21st Century CURES ACT, to pay at or below 100% of the lowest Medicare rate for those codes impacted by the CURES ACT, except oxygen and oxygen services. Codes not impacted by the CURES ACT will be priced based on fees determined to assure access to services and adequate provider participation.

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: 1-28-21

16. RETURN TO:

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

CC: JOLENE FLORES, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
January 28, 2021

18. DATE APPROVED:
April 15, 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

WYOMING

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

7. HOME HEALTH SERVICES

Home Health Agency

Reimbursement for home health services other than disposable medical supplies is the lesser of charges or the established fee schedule amount. Disposable medical supplies are reimbursed at charges.

Medical Supplier

For HCPCS codes subject to Section 1903(i)(27) of the Social Security Act:

Reimbursement for DMEPOS is set at the lower of the following, excluding oxygen, oxygen related equipment, and oxygen related supplies:

1. Ninety seven and a half percent (97.5%) of the Medicare DMEPOS fee schedule rate for Wyoming geographic areas, set as of January 1 each year, and updated on an annual basis as needed;
2. The provider's charge; or
3. Actual acquisition cost plus shipping plus a percentage of billed charges.

For HCPCS codes not subject to Section 1903(i)(27) of the Social Security Act, codes for which Medicare does not have an assigned rate, and oxygen, oxygen related equipment, and oxygen related supplies:

Reimbursement for DMEPOS is set at the lower of the following:

1. The Wyoming Medicaid Fee Schedule amount;
2. The provider's charge; or
3. Actual acquisition cost plus shipping plus a percentage of billed charges.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date. All rates are published on the Medicaid Web site at https://wymedicaid.portal.conduent.com/fee_schedule.html.

TN NO. WY-21-0003

Approval Date 4/15/21

Effective Date: January 1, 2021

Supersedes

TN NO. 18-0003