

Table of Contents

State/Territory Name: WY

State Plan Amendment (SPA) #: 23-0011

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/ Division of Reimbursement Review

August 11, 2023

Mr. Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

RE: Wyoming State Plan Amendment (SPA) Transmittal Number 23-0011

Dear Mr. Grossman:

We have reviewed the proposed Wyoming state plan amendment (SPA) to attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 5, 2023. This SPA updated the reimbursement methodology for hospice services when quality data is not submitted by a provider.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,



Todd McMillion
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER WY 2 3 _ 0 0 1 1	2. STATE WY
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT Medicaid

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/01/2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 418

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0.00
b. FFY 2024 \$ 0.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B section 18, page 1

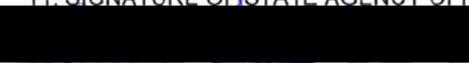
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19B section 18, page 1

9. SUBJECT OF AMENDMENT
This amendment updates methodology for payment based on quality data submission.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Lee Grossman

13. TITLE
State Medicaid Agent

14. DATE SUBMITTED
5/5/23

15. RETURN TO
Wyoming Department of Health – Division of Healthcare Financing – Medicaid
Herschler Building, 122 West 25th Street, 4 West,
Cheyenne, WY 82002

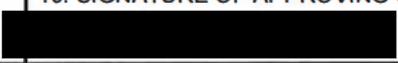
FOR CMS USE ONLY

16. DATE RECEIVED
5/5/23

17. DATE APPROVED
August 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/23

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS
P&I change to box 14 for submission date 8/7/23
P&I change to boxes 7 and 8 for section and page number 8/7/23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

18. REIMBURSEMENT METHODOLOGY FOR HOSPICE CARE

Payments for hospice services are made to a designated hospice provider based on the Medicaid hospice rates published annually by the Centers for Medicare and Medicaid Services (CMS). Additionally, the rates are adjusted for regional differences in wages using the hospice wage index published by CMS.

In accordance with Section 1814(i)(5)(A)(i) of the Social Security Act, in the case of a Medicare-certified hospice that does not submit hospice quality data, as specified by the Secretary:

1. For Federal Fiscal Years 2014 through Federal Fiscal Year 2023 (September 30, 2023), the payment rates are equal to the rates for the previous fiscal year, increased by the applicable hospice payment updated percentage increase, minus two (2) percentage points.
2. Beginning with Federal Fiscal Year 2024 (October 1, 2023) and subsequent federal fiscal years, the reduction increases to four (4) percentage points. Any reduction of the percentage change will apply only to the fiscal year involved and will not be taken into account in computing the payment amounts for a subsequent fiscal year.

The reimbursement amounts are determined within each of the following categories:

1. Routine Home Care provided days 1-60.
2. Routine Home Care provided days over 60.
3. Continuous Home Care – furnished during a period of crisis and primarily consists of nursing care to achieve palliation and management of acute medical symptoms.
4. Inpatient Respite Care – short term care and intended to relieve family members or others caring for the individual.
5. General Inpatient Care – short term and intended for pain control or acute or chronic symptom management which cannot be provided in other settings.
6. Service Intensity Add-on (SIA) – made for a visit by a social worker or registered nurse (RN) when provided during routine home care provided in the last seven (7) days of the member's life. The SIA payment is in addition to the Routine Home Care rate. The SIA payment for a visit by an RN or social worker is up to four (4) hours total that occurred on that day.

When hospice care is furnished to a client who is a resident of a nursing facility, and who would be eligible under the plan for nursing facility services if they had not elected to receive hospice care, Medicaid will pay no less than 95% of the usual per diem rate of the respective nursing facility to the hospice provider. The hospice provider is responsible for billing the room and board payment on behalf of the nursing facility.

TN NO. WY-23-0011 ___ Approval Date August 11, 2023 Effective Date: July 1, 2023

Supersedes

TN NO. WY-21-003