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State/Territory Name: CO

State Plan Amendment (SPA) WY: 23-0013

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 18, 2024

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

RE: TN 23-0013

Dear State Medicaid Agent Lee Grossman:

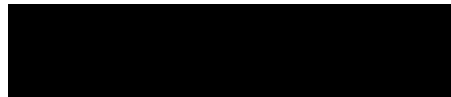
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wyoming state plan amendment (SPA) to Attachment 4.19-B WY 23-0013, which was submitted to CMS on August 30, 2023. This plan amendment allows for a new supplemental payment for in-state ground ambulance providers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

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 LaJoshica Smith at 214-767-6453 or via email at lajoshica.smith@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER
WY-23-0013

2. STATE
Wyoming

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

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, Section 447.272

7. FEDERAL BUDGET IMPACT

a. FFY 2023 \$ 3,378,719
b. FFY 2024 \$ 3,480,081

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 4.19-B, Part 1, Addendum 5, Page 1 - Page 3 (NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

State Plan amendment provides access to supplemental payments to be made to in-state ground ambulance providers that break down into three groups: state owned, non-state government owned, and privately owned

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME: Lee Grossman

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED 08/30/2023

16. RETURN TO:

LEE GROSSMAN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
122 WEST 25TH STREET, 4 WEST
CHEYENNE, WY 82002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 08/30/2023

18. DATE APPROVED
December 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2023

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

Pen & Ink change authorized for Blocks 8, 10, 11, & 15

Ground Ambulance Supplemental Payment Program and Upper Payment Limit Calculation

Subject to the provisions of this section, effective for dates of service on or after July 1, 2023 ground ambulance providers located and licensed in the state of Wyoming may be eligible for Medicaid supplemental payments. To be eligible for supplemental payments as defined in this section, WY ground ambulance providers must submit payment rates negotiated between the provider and commercial insurance companies to the Wyoming Department of Health (the Department). Calculation of supplemental payments will be made annually. Supplemental payments provided by this program are available to compensate ground ambulance providers for ambulance services provided to Medicaid FFS members.

1. Individual Ground Ambulance Provider Upper Payment Limit calculation based on claim payments

The Upper Payment Limit (UPL) for each ground ambulance provider is based on the amount Wyoming commercial insurance payers would reimburse service providers using Centers for the Medicare and Medicaid Services' (CMS) Medicare Equivalent of the Average Commercial Rate (ACR) method.

Following this method, the Department periodically, as required by the CMS, collects commercial rates from each ground ambulance provider for at least three commercial payers for a finite set of Medicaid approved procedure codes. Commercial payers exclude Medicare, Medicare Advantage/HMO, TRICARE, Medicaid, and worker's compensation payers. These codes are for emergency basic and advanced life support services (BLS and ALS) provided by ground ambulance companies. The Department limits its data collection and analysis to services covered within the Medicaid program.

Once the data is collected, the Department calculates an ACR for each unique combination of ground ambulance provider and ground ambulance service (as defined by procedure codes). If a provider indicates it has less than three commercial rates, then the Department will include all the commercial rates available. If no rates are available from a provider for a particular procedure code, then a statewide average commercial rate will be applied for that service.

The Department applies the average commercial rates to Medicaid paid claim service lines from Wyoming ground ambulance providers for a preceding 12-month period based on claim first date of service. The Department selects the claim set from a time period for which all ambulance provider billing is essentially complete. The claim data set includes services provided to Medicaid fee-for-service recipients, excluding those dually eligible for Medicare and Medicaid benefits. The average commercial rates are applied to each claim based on the ambulance provider and procedure code combination. The average commercial rates assigned to claim lines are multiplied by paid units, as applicable for each procedure code, to determine commercial payment for each provider and service combination.

The Department then calculates Medicare Allowed Amount on each Medicaid ground ambulance claim service line. The Medicare rates used are the most currently available national rates that align with the UPL rate year.

Next, the Department separately totals for each ground ambulance provider the commercial payment

calculated using ACRs and Medicare payment and calculates for each ground ambulance provider a ratio referred to as the Medicare Equivalent of the ACR. The provider specific Medicare Equivalent of the ACR is multiplied by the calculated Medicare Allowed Amount on each claim service line to determine a Medicaid payment ceiling amount for each Medicaid claim service line. The Medicaid ceiling amounts are then summed on all claims for each ground ambulance provider to determine the UPL amount for each provider.

2. Supplemental payment calculation

A ground ambulance provider located in and licensed by the state of Wyoming may be eligible for supplemental payments if its calculated annual Medicaid UPL for the payment period is greater than its total Medicaid claim Allowed Amount for the same period. In cases where the provider's annual Medicaid claim Allowed Amount is greater than the provider's UPL, then the ground ambulance provider does not qualify for a supplemental payment for the year.

If Medicaid rates for ground ambulance services did not change between the base year (timeframe of the claim data) and the UPL rate year, then Medicaid Allowed Amount is simply retrieved from the claim data. If Medicaid rates have changed between the two time periods, then the claims are repriced to reflect Medicaid reimbursement levels for the UPL rate year.

Total annual Medicaid payment for all ground ambulance providers will not exceed Medicaid Upper Payment Limit for any individual provider as defined in 42 CFR, Section 447.321. The amount of the supplemental payment will be equal to the difference between the calculated annual UPL and the Medicaid claim Allowed Amount unless one or more ground ambulance providers have a total claim Allowed Amount greater than their UPL. If this occurs, then the annual ground ambulance supplemental payment for each provider receiving a non-zero supplemental payment will be reduced by the same proportion so that total Medicaid payment for the providers does not exceed the aggregate UPL.

Ground ambulance supplemental payments are made prospectively and are not subject to cost settlement. Non-state government owned ambulance companies will receive one payment per state fiscal year. Privately owned ambulance companies will receive one payment per quarter.

3. Upper Payment Limit Demonstration

An Upper payment limit demonstration will be completed annually using claim data from a recent 12-month period, allowing time for billing and claims adjudication runout and applying supplemental payments calculated through the process described in this section of the state plan. The State will demonstrate compliance with the UPL test individually by provider in accordance with federal requirements.

4. Limitations

- A. Supplemental UPL payments are not allowed for ambulance services rendered to Medicaid managed care beneficiaries or Children's Health Insurance Program (CHIP) beneficiaries.
- B. Supplemental UPL payments are not available for air ambulance services (fixed or rotary wing).

The Medicare Equivalent of the Average Commercial Rates ratios effective July 1, 2024 are:

	<u>Medicare Equivalent of the Average Commercial Rate Ratios</u>
<u>Ground Ambulance Company</u>	
American Medical Response Ambulance Service, Inc.	3.0990
Campbell County Hospital District	2.8781
Castle Rock Special Hospital District	2.0538
Evansville, Wyoming, Town of	0.9501
Frontier Ambulance, Llc	1.4444
Hot Springs County Hospital District	1.3906
Hulett County EMS	0.9849
Iverson Memorial Hospital	2.0770
Johnson County Ambulance Rural Health Care	1.5133
Memorial Hospital Carbon County	3.4229
Memorial Hospital of Converse County	2.1454
Mills, Wyoming Fire Department	2.6642
Moorcroft, Wyoming, Town of	3.3496
North Big Horn Hospital	2.6749
North Lincoln County Hospital District, also known as Star Valley	1.8582
Platte County Memorial Hospital EMS	2.3517
Powell Valley Healthcare	2.6032
South Central Wyoming EMS	1.2672
Torrington, Wyoming, City of	1.1953
Uinta County Ambulance Service	1.1529
West Park Hospital District Ambulance	3.1238
Wyoming Medical Center	2.5891