

Table of Contents

State/Territory Name: WY

State Plan Amendment (SPA) WY: 23-0012

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

November 8, 2023

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

RE: Wyoming State Plan Amendment (SPA) Transmittal Number 23-0012

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 June 07, 2023. This amendment updates the reimbursement methodology for durable medical equipment/supplies and allows for a non-rural and rural rate according to the member's physical address.

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 (Josh) Smith via 214-767-6453 or lajoshica.smith@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
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER WY-23-0012	2. STATE WY
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT Medicaid	
4. PROPOSED EFFECTIVE DATE 07/01/2023	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ <u>141,369</u> b. FFY 2024 \$ <u>565,476</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B Section 7c, Page 1-2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Page 7

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

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.70. 447.201

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B Section 7c, Page 1-2

9. SUBJECT OF AMENDMENT
This amendment updates rates and methodology for Durable Medical Equipment (DME) for rural and non-rural areas.

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

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 June 07, 2023

17. DATE APPROVED
November 8, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/23

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

7c. HOME HEALTH SERVICES, MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES SUITABLE FOR USE IN THE HOME

Durable Medical Equipment

- A. The payment for the purchase of new Durable Medical Equipment (DME) and Medical Supplies is the lesser of:
1. Ninety percent (90%) of the rural or non-rural rate established by Medicare DMEPOS and determined by the area in which the member resides based on the zip code for rural/non-rural locations from the CMS Zip code file. Rate is effective using the Medicare DMEPOS fee schedule for January 1st, updated July 1st of each year and effective for services provided on or after those dates; or,
 2. The provider's usual and customary charge.
- B. If there is no DMEPOS fee:
1. The provider will be reimbursed a fee determined by the Medicaid Agency as needed, based on the lower of the average established fee or the average of fees from other states, when available; or
 2. The fee from cost information from providers and/or manufacturers; or
 3. Survey information from national fee analyzers or other relevant fee related information.
- C. If there is no DMEPOS fee or a fee cannot be determined by the Medicaid agency, the provider will be reimbursed a fee calculated through actual acquisition cost plus shipping plus a percentage of billed charges.
- D. The payment for rental of DME is the lesser of:
1. The provider's usual and customary charge; or
 2. Ten percent (10%) of the Medicaid Agency established fee as described in A or B, not to exceed ten (10) months. After the rental benefits are paid for ten (10) months, the DME becomes the property of the Wyoming Medicaid member unless otherwise authorized by the Medicaid Agency through specific coverage criteria.
- E. The payment for repair of DME is 50% of the Medicaid Agency established fee as described in A or B

TN NO. WY-23-0012

Approval Date November 8, 2023 Effective Date: July 1, 2023

Supersedes

TN NO. WY-21-003

F. Any durable medical equipment or supplies not listed on the fee schedule may be requested for coverage by submitting documentation to the Medicaid Agency who will determine medical necessity on a case by case basis.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The Medicaid agency's fee schedule rate was set as of January 1, 2023 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.

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Supersedes

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