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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 20-0010

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

March 11, 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 20-0010

Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 20-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 17, 2020. This plan amendment is to modify rates payable to Indian Health Services and eligible tribal health facilities operating under P.L. 93-638.

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 pages.

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,


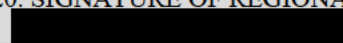
A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		1. TRANSMITTAL NUMBER: 20-0010	2. STATE WYOMING
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE 01/01/2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.321		7. FEDERAL BUDGET IMPACT: FFY21 - \$0 FFY22 - \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Clinic Services – Item 9 – Page 1 of 3 Item 9 – Page 2 of 3 4.19B Page 2a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Item 9 – page 1 of 3 – TN#16-0014 Item 9 – page 2 of 3 – TN#16-0014 Attachment 4.19B Page 2a - New	
10. SUBJECT OF AMENDMENT: Wyoming is seeking to modify coverage and rates payable to Indian Health Services and eligible tribal health facilities operating under P.L. 93-638. Tribal Notice was given on 12/08/20 and was discussed with the Tribal Health providers on 12/11/20 at the Tribal Leadership Advisory Council meeting where we had representation from all.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 122 WEST 25 th STREET, 4 th FLOOR CHEYENNE, WY 82002	
13. TYPED NAME: TERI GREEN		CC: JOLENE FLORES, SENIOR ADMINISTRATIVE ASSISTANT (SAME ADDRESS)	
14. TITLE: STATE MEDICAID AGENT			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/17/2020		18. DATE APPROVED: 3/11/2021	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, FMG Division of Reimbursement Review	
REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

42 CFR 447.321

9. CLINIC SERVICES

- a.) Payment for clinic services will not exceed the upper limits of payment specified in 42 CFR 447.321.
- b.) Family Planning Clinics - Reimbursement is the lessor of the charges or the fee schedule amount.
- c.) End Stage Renal Disease Centers (ESRD) – ESRD clinics will be reimbursed at the lessor of the Medicare rate for services in the state where the facility is located or billed charges.
- d.) County Health Departments – Payment is made at the lessor of charges or the established fee schedule amount.
- e.) Tribal Health Programs

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of clinic services.

The Agency’s fee schedule was last updated January 1, 2014 and is effective for dates of service provided on or after that date. All rates are published on the Medicaid provider website located at: https://wyequalitycare.acs-inc.com/fee_schedule.html.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

CLINIC SERVICES (continued)

(e). Payments to Indian Health Services and any 638 tribal health facility that is federally recognized and tribally-operated or operated by the Indian Health Service shall be made according to the following:

Clinic Categories of Service – Payment for multiple encounters on the same date of service will be allowed only if the services are categorically different and/or are provided for distinct and separate diagnoses. Different categories of allowable services shall include but are not limited to practitioner services, mental health services, optometric services, dental services, physical therapy, occupational therapy, and speech therapy. Any services provided outside of the clinic shall be reimbursed according to the fee schedule.

Pharmacy encounters will be paid at the federal OMB clinic encounter rate and will not be limited to a certain number of prescriptions per day.

End Stage Renal Disease (ESRD) clinics will be paid up to one (1) encounter per day if medically necessary.

Nursing Home Reimbursement is located in section 4.19-D of the State Plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

POLICY AND METHODS OF ESTABLISHING PAYMENT/PER VISIT RATES FOR INDIAN HEALTH SERVICES

Alternative Payment Methodology for Tribal Facilities Recognized as FQHCs

Under section 1905(I)(2)(B) of the Social Security Act and the Indian Self Determination Act (Public Law 93-638), facilities operated by a Tribe or Tribal organization are, by definition, FQHCs. A Tribal FQHC may bill Wyoming Medicaid for services on a per visit basis whether those services are furnished at the facility, outside the facility, by telehealth (when the practitioner is in the facility and client is off-site) or provided by off-site providers under contract to the Tribal FQHC.

Under the authority of section 1902(bb)(6) of the Social Security Act, Tribal facilities that have chosen to be designated as a Tribal FQHC to be paid using an Alternative Payment Methodology (APM). Tribal FQHCs who agree to receive this APM will receive reimbursement equivalent to the AIR for in-scope FQHC services.

Wyoming Medicaid will establish a Prospective Payment System (PPS) methodology for the Tribal FQHCs so that the agency can determine on an annual basis that the published, all-inclusive rate is higher than the PPS rate. The PPS rate will be established by reference to the PPS rate that is currently paid to non-tribal FQHCs to determine if the all-inclusive rate is higher. Tribal FQHCs are not required to report their costs for the purposes of establishing a PPS rate.