

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

1. TRANSMITTAL NUMBER:
10-005

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2010

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 414.20

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$0.00
b. FFY 2011 - \$114,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B - Service 5.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19B - Service 5.

10. SUBJECT OF AMENDMENT:

The proposed change will update Attachment 4.19B, Physician Services Reimbursement. The Department revised the methodology to discontinue the annual update of fee's using RBRVS or Comparable methodology until further notice due to constraints on Wyoming's EqualityCare budget.

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: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 6/28/10

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: AMY GUIMOND, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/28/10

18. DATE APPROVED: 9/15/10 ^{AFO}

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Diane Livesay

22. TITLE:
Acting Associate Regional Administrator

23. 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

5. PHYSICIAN SERVICES

Reimbursement for physician services is the lesser of charges or the Medicaid fee schedule amount. A maximum allowable fee is established by procedure code regardless of provider location. All public and private providers are reimbursed according to the same fee schedule. Providers may access the fee schedule on the agency website or upon request by calling the fiscal agent.

Physician fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY 2007 rate year using the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rate for these services, for dates of service on or after July 1st 2010 are on the official Web site of the Department of Health at <http://wdh.state.wy.us> or <http://wyequalitycare.acs-inc.com>

New procedures or by report procedures are reimbursed at 70% of billed charges until sufficient data (consultant recommendations or profiling of charges) is available to establish a relative value or allowable fee. Fee for specific procedures are adjusted when a significant number of claims or fees are defined as outliers. The modification may be performed by adjusting the relative value and conversion factor or by establishing a specific fee.

 TN NO. 10-005

Approval date

9/14/10Effective Date: July 1, 2010

Supersedes

TN NO. 05-005