

SUPPLEMENTAL PAYMENTS

Addendum 3. Supplemental payments for nursing home facilities

Subject to the provisions of this section, eligible providers of Medicaid nursing home facility services shall receive a supplemental payment each quarter (based on a yearly calculation).

The supplemental payments are intended to be used to improve access to health care for Medicaid clients. The payment pool will be based on the aggregate difference in the actual amount paid by the Medicaid program and the amount that would have been paid under Medicare payment principles in accordance with 42 CFR 447.272 of Federal regulations.

The supplemental payments shall not be subject to rules governing payments to nursing home facilities found in Chapter 7 of the Wyoming Medicaid rules. However, they shall not exceed the Medicaid upper payment limits as defined in 42 CFR 447.272. The Medicaid upper payment limit (UPL) analysis will be performed prior to making the supplemental payments.

The computation of the Medicaid UPL will utilize the most recent finalized Medicaid rates effective October first of each year for each nursing facility plus all add-on payments paid during the cost reporting period used to calculate the Medicaid rate for that same rate period. The Medicaid rate plus add-on payments is then subtracted from the average Medicare rate for the same time period, with the result then multiplied by the Medicaid days to arrive at the facility's contribution to the group's aggregate UPL room (over/under the UPL) for each UPL category (e.g., State-owned, non-State owned, private).

Effective for dates of service on or after April 1, 2011, the State will make quarterly supplemental payments for nursing facility services rendered during the quarter (based on a yearly calculation) for each Federal Fiscal year based on a calculation that utilizes Medicaid days for cost reporting periods ended in the previous calendar year that precedes each October 1 rate year. Supplemental payments made to nursing homes that provide nursing facility services to Medicaid clients will be distributed to all nursing facilities, based on Medicaid days for the cost reporting period ended in the previous calendar year, proportionate to the share of total Medicaid days within each provider group, applied to the equal quarterly portion of the payment pool within each UPL category.

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