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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-11-004

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
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

February 21, 2012

Teri Green, Medicaid Director
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE Wyoming #11-004

Dear Ms Green

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-004. This SPA concerns Copayment/Cost Sharing Updates.

Please be informed that this State Plan Amendment was approved on February 17, 2012 with an effective date of October 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC Chris Bass
Lee Clabots, Deputy Director

| | | |
|--|--|--------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1 TRANSMITTAL NUMBER 11-004 | 2 STATE WYOMING |
| | 3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

| | |
|---|--|
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 4 PROPOSED EFFECTIVE DATE October 1, 2011 |
|---|--|

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 447.53, 447.54, 447.55 | 7 FEDERAL BUDGET IMPACT a FFY 2010 \$ b FFY 2011 \$ 29,706 |
|--|--|

| | |
|---|--|
| 8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4 18A, Page 1 | 9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4 18A, Page 1 |
|---|--|

10 SUBJECT OF AMENDMENT
The proposed changes will update Attachment 4 18A. Client Copayment, based on the average payment for these services and in accordance with 42CFR 447.53, 447.54, 447.55 Copayments will now be updated annually on October 1st and are calculated based on the change in the medical care component of the consumer price index for all urban consumers (CPI-U)

11 GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|---|---|
| 12 SIGNATURE OF STATE AGENCY OFFICIAL | 16 RETURN TO TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTH CARE FINANCING 6101 YELLOWSONE ROAD, SUITE 210 CHEYENNE WY 82002 |
| 13 TYPED NAME TERI GREEN | CC TAMMY ARNOLD MANAGEMENT ASSISTANT (SAME ADDRESS) |
| 14 TITLE STATE MEDICAID AGENT | |
| 15 DATE SUBMITTED 08/29/2011 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|-----------------------------|-----------------------------|
| 17 DATE RECEIVED 8/29/11 | 18 DATE APPROVED 2/17/12 |
|-----------------------------|-----------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|------------------------|
| 19 EFFECTIVE DATE OF APPROVED MATERIAL 10/1/11 | OFFICIAL |
| 21 TYPED NAME RICHARD C. ALLEN | 22 TITLE ARA, DMCHO |

23 REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WYOMING

A The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act

| Services And Basis for determination | Type of Charge | | | |
|---|----------------|-------|-------|---|
| | Deduct | Coins | Copay | Amount |
| Pharmaceutical Products | | | X | \$0 65 Generic: Over 65% of generic medications average reimbursement equals \$5 92 |
| | | | X | \$3 65 Brand: Average reimbursement equals \$234 75 |
| Practitioner Visits – office, home, eye & medical psych-therapy | | | X | \$2 45 Average reimbursement equals \$88 99 |
| Outpatient Hospital Visits – non-emergency room visit | | | X | \$3 65 Average reimbursement equals \$100 64 |
| Rural Health Clinic & FQHC – per encounter | | | X | \$3 65 Average reimbursement equals \$123 00 |

Copayment amounts were based on the average payment for these services and in accordance with 42 CFR 447.53, 447 54, 447 55 Cost sharing may not be imposed for the services, items, and populations specified at sections 1916(a) (2) and (j) of the Social Security Act and 42 CFR §447 53(b)

TN# 11-004

02/17/12

Supersedes

Approval Date

[REDACTED]

Effective Date October 1, 2011TN# 09-004

Cost sharing will be excluded for items and services furnished directly by the Indian Health Services, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under a purchase order under contract health services as (as described in 42 CFR part 136, subpart C) to an American Indian or Alaska Native, who is enrolled as a member of a Federally – recognized tribe or otherwise meets the definition of an “Indian” at section 4 of the Indian Health Care Improvement Act (25 U S C § 1608) As specified under Section 5006 of ARRA, and defined by 42 CFR 447.50(b) any individual with a verified or pending AI/AN status on their eligibility record or who have an established relationship with one of the following types of facilities (I/T/U’s) will be exempted from cost sharing IHS Facility, Tribal Clinic, Urban Indian Organization Facility The State will perform a regular review of Medicaid claims to identify users of the above mentioned facilities and will flag those users as exempt from cost sharing In addition, individuals who have a letter of referral through contract health services will be flagged as exempt from cost sharing This exemption will occur through MMIS editing

Any provider that provides services to a Native American/Alaskan Indian who is exempt from cost sharing will receive full payment

Copayments will be reviewed annually to remain consistent with changes, if any, made by CMS in maximum allowed nominal cost sharing amounts

Co-payment requirements do not apply to.

- Clients under age 21
- Nursing Facility Residents
- Pregnant Women
- Family planning services
- Emergency services
- Hospice services
- Medicare Crossovers
- Inpatient Hospital stays

TN# 11-004
Supersedes
TN# 09-004

Approval Date **02/17/12**

Effective Date October 1, 2011