
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-13-009

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver CO 80202-4967



Region VIII

April 23, 2014

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

RE Wyoming #13-009

Dear Ms Green.

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-009. This SPA concerns Wyoming Medicaid implementing a new reimbursement methodology for Ambulatory Surgical Centers (ASCs) effective July 1, 2014 to better align its reimbursement for services provided by ASCs with those for services provided in other outpatient settings.

Please be informed that this State Plan Amendment is approved effective July 1, 2014. 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 FOR HEALTH CARE FINANCING ADMINISTRATION | | 1 TRANSMITTAL NUMBER. WY-13-009 | 2 STATE WYOMING |
| | | 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, 2014 | |
| 5 TYPE OF PLAN MATERIAL (Check One) | | | |
| <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 (Separate Transmittal for each amendment) | | | |
| 6 FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.321 | | 7 FEDERAL BUDGET IMPACT a. FFY 2013 - \$0 b. FFY 2014 \$0 | |
| 8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4 19B number 14 Ambulatory Surgical Centers (ASC) And Attachment 4 19B, number 9 Clinic Services- Revised | | 9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4 19B, number 9 Clinic services, revised to create a separate page for ASC NUMBER 9 will STILL exist as modified | |
| 10 SUBJECT OF AMENDMENT Amended ASC methodology added as number 14 with revisions to number 9 | | | |
| 11 GOVERNOR S REVIEW (Check One) | | | |
| <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 | |
| 12 SIGNATURE OF STATE AGENCY OFFICIAL /s/ | | 16 RETURN TO TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD SUITE 210 CHEYENNE, WY 82002 | |
| 13 TYPED NAME TERI GREEN | | 15 DATE SUBMITTED 12/23/13 | |
| 14 TITLE STATE MEDICAID AGENT | | CC | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17 DATE RECEIVED 12/23/13 | | 18 DATE APPROVED 04/23/14 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19 EFFECTIVE DATE OF APPROVED MATERIAL 07/01/14 | | 20 SIGNATURE OF REGIONAL OFFICIAL /s/ | |
| 21 TYPED NAME Richard C. Allen | | 22 TITLE ARA, DMCHO | |
| 23 REMARKS | | | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Policy and Methods of Establishing Payment Rate for Each Type of Care Provided.

43 CFR 447.321

Section 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) – Free-standing 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) Indian Health Services – Reimbursement is all-inclusive per encounter as established by Federal law

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 rate was last updated as of January 1, 2014 and is effective for services provided on or after that date. All rates are published at <http://wymedicaid.acs-inc.com>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**Policy and Methods of Establishing Payment Rate for Each Type of Care Provided.**

14 Ambulatory Surgical Center –

(a) Medicaid allowable payments for ambulatory surgical center services are made consistently with outpatient hospital services according to Section 8 of Attachment 4.19B with the following exceptions

(1) State specific Ambulatory Surgical Center Medicaid conversion factor

(11) Percent of charges. Certain services are reimbursed based on a percent of allowed charges as indicated in the APC fee schedule. These services include corneal tissue medical devices and dental (i.e., procedure code 41899)

(b) Updates. The APC conversion factor and relative weights are reviewed annually

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

The agency's fee schedule rate was set as of July 1, 2014 and is effective for services provided on or after that date. All rates are published at <http://wymedicaid.acs-inc.com>.

TN No. 13-009

Supercedes

TN No New

Approval Date 04/23/14

Effective Date 07/01/14