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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-15-0002

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

August 11, 2015

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

RE: Wyoming #15-0002

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0002. This SPA creates separation between the adult and children's' dental services and revises the reimbursement for dental services.

Please be informed that this State Plan Amendment was approved today with an effective date of June 1, 2015. 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:
15/002

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
June 1, 2015

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 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 - \$26,267.00
b. FFY 2016 - \$26,267.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, number 10, Dental Services
And
Attachment 4.19B, number 10, Dental Services

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT *(If Applicable)*:

Attachment 3.1A, number 10. Dental services, revised to create
separation of children and adult covered services. NUMBER 10
will STILL exist as modified. Attachment 4.19B, number 10,
Dental Services reimbursement methodology revision.

10. SUBJECT OF AMENDMENT:

Amended Dental Services methodology and separation of children and adult covered services, with revisions to number 10

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:
/s/

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: May 21, 2015

16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 21, 2015

18. DATE APPROVED: August 11, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
June 1, 2015

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

State: WYOMING

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

DENTAL SERVICES

Reimbursement is the lesser of charges or the established fee schedule amount. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid website: <http://wyequalitycare.acs-inc.com>

Effective June 1, 2015, for dental procedures, Wyoming will set a fee at 70% of the fee determined by the National Dental Customized Fee Analyzer and fee data from average billed charges of Wyoming dental providers. For procedures that do not have sufficient data to set a fee, reimbursement will be determined by report and reimbursed at 70% of billed charge until sufficient data is available to establish an allowable fee. Fees for specific procedures are adjusted and set when a significant number of claims or fees are defined as outliers, or there is a comparable CPT code with a set fee. CPT fees are determined using the Resource-Based Relative Value Scale (RBRVS). This fee will be utilized to price the dental code.

TN No. WY-15-0002

Supersedes

TN No.

CMS ID: 06-009

Approval Date 8/11/15

Effective Date June 1, 2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

CHILDRENS DENTAL SERVICES

Those services under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) are covered for children ages 0-21, including orthodontics.

Procedures common to dentistry and medicine are covered when performed by a dentist. The application of fluoride as a preventive protocol is covered when performed by a trained healthcare provider in addition to dentists.

ADULT DENTAL SERVICES (21 & older) - Maternity (MATR) Benefit Plan, Acquired Brain Injury (ABI) Benefit Plan, and Developmentally Disabled Adult (DDAW) Benefit Plan.

In addition to dental services to provide emergency relief of pain, adults may also receive the following services:

- Preventive visits- 1 per 6 months
- Full mouth debridement- 1 per 24 months
- Basic restorative services
- Extractions
- Partial or full denture

Limits may be exceeded for adult dental services if they are determined medically necessary.

ADULT DENTAL SERVICES (21 & older) - Aged/Disabled SSI (ADSS) Benefit Plan, Employed Individual Disabled (EID) Benefit Plan, Hospice (HSPC) Benefit Plan, Inpatient Psychology Services (IP65) Benefit Plan, Standard Full Coverage Adult (MCAD) Benefit Plan, Nursing Home (NH) Benefit Plan, No Nursing Home or Wavier (NONH) Benefit Plan, Tuberculosis Infected (TBI) Benefit Plan, and Waiver Long Term Care (WLTC) Benefit Plan.

In addition to dental services to provide emergency relief of pain, adults may also receive the following services:

- Preventive visits- 1 per 12 months
- Basic restorative services
- Extractions
- Partial or full denture

Limits may be exceeded for adult dental services if they are determined medically necessary.