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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0005

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

July 1, 2016

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

RE: Wyoming #16-0005

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0005. This SPA adds Dietitian Services to the Wyoming State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. 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,



Matthew J. Rodriguez, PharmD, Ph.C., BCPS
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director
Sheree Nall
Cindy Tallerdy

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

1. TRANSMITTAL NUMBER:
WY16-0005

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE:
July 1, 2016

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 440.130
42 CFR 440.60

7. FEDERAL BUDGET IMPACT:
FFY 2017 = \$13,275
FFY 2018 = \$13,275

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A 6d
Attachment 4.1986d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 3.1A 6d -TN#15-005
Attachment 4.1986d -TN#90-17

10. SUBJECT OF AMENDMENT:

The amendment to the State Plan will add coverage for services provided by Licensed Dietitians pursuant to WY statute 42-4-103.

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: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: April 4, 2016

16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE WY 82002

C.C. CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

April 4, 2016

18. DATE APPROVED:

July 1, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20.

21. TYPED NAME:

Matthew J. Rodriguez

22. TITLE:

Acting ARA, DMCHO

REMARKS:

[Empty box for remarks]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

6. d. Other Practitioners' Services.

- Certified Registered Nurse Anesthetists
 - There are no set limits for Certified Registered Nurse Anesthetists
 - <https://nursing-online.state.wy.us/Default.aspx?page=24>
- All ordering, referring and prescribing providers of Medicaid-covered services as required under 42 CFR 455 Subpart E
 - There are no set limitation as this is for enrollment and tracking as part of Section 4 General Program Administration 4.46 Provider Screening and Enrollment
- Licensed Dietitians
 - <http://dietetics.wyo.gov/rules-and-regulations>

Wyoming Medicaid limits coverage of Dietitians services specifically to the following:

1. For clients age 21 and older is limited to 20 visits per calendar year.
2. For clients age 20 and younger, are unlimited per EPSDT guidelines and are not subject to a limit or cost sharing

Limits may be exceeded for adults (clients age 21 and older) services if they are determined medically necessary.

TN# WY16-005 Approval Date: July 1, 2016 Effective Date: July 1, 2016
Supercedes:
TN# WY15-005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

6.d. OTHER PRACTITIONERS

Reimbursement will be the lesser of charges or a percentage of the physician fee schedule amount. All public and private providers are reimbursed according to the same fee schedule. A maximum allowable fee is established by procedure code regardless of provider location. 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 SFY2007 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 rates for these services, , for dates of service on or after July 1, 2015 are on the official website of the Department of Health, Medicaid at <http://wdh.state.wy.us> or <http://wyequalitycare.acs-inc.com>. Rates will be updated on July 1, 2016 and will be effective for the services provided on or after that date.

TN# WY16-0005

Approval Date: July 1, 2016

Effective Date: July 1,

2016

Supercedes:

TN# 90-17