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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0013

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

December 2, 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 #16-0013

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0013. This SPA is to complete a routine change to state's dual eligible cost sharing payment methodology. This SPA action will result in an implementation of a new method of calculating Wyoming Medicaid's financial responsibility for eligible individual's Medicare crossover coinsurance and deductibles for covered and non-covered services. Wyoming Medicaid is seeking to implement a "lessor of" logic and treat Medicare as a true primary payer to align with policy and reimbursement for all other dual beneficiaries with a primary payer other than Medicaid.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2017. 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,



Trinia J. Hunt
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**

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:

WY16-0013

2. STATE
WYOMING

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

4. PROPOSED EFFECTIVE DATE

1/1/2017

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:

Section 1902 (n) of the Act

7. FEDERAL BUDGET IMPACT:

FFY2017: (-\$4,448,277.13)

FFY2018: (-\$4,448,227.13)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19-B, page 1-5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 1 to Attachment 4.19-B, page 1-3

10. SUBJECT OF AMENDMENT:

Implementation of a new method of calculating Wyoming Medicaid's financial responsibility for eligible individual's Medicare crossover coinsurance and deductibles for covered and non-covered services. Wyoming Medicaid is seeking to implement a "lessor of" logic in regard to its obligations related to remaining coinsurance and deductibles.

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:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 09/27/2016

16. RETURN TO:

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

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 27, 2016

18. DATE APPROVED:

December 2, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Trinia J. Hunt

22. TITLE:


Acting ARA, DMCHO

REMARKS:

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment specified in the chart on page 2 of this supplement. Codes appearing in the chart have the meanings defined below:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters **SP**, following the method described on pages 2, 3, 4 and 5, in items 1, 2, 4 of this attachment.

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses a special rate or method as set out on page 4 in item 3 of this attachment. (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters **MR**.
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in items A and B of this attachment, for those groups and payments listed below and designated with the letters **NR**.
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item of this attachment (see 3. above).

TN No. WY16-0013

Supersedes

Approval Date: 12/2/2016

Effective Date: 1/1/2017

TN No. 91-13 HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

Other Medicaid Recipients	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

Dual Eligible (QMB Plus)	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

QT1 or SLMB	Part A	<u>Not Covered</u>	Deductibles		
	Part A	<u>Not Covered</u>	Coinsurance		
QT1 or SLMB	Part B	<u>Not Covered</u>	Deductibles		
	Part B	<u>Not Covered</u>	Coinsurance		

TN No. WY16-0013

Supersedes

TN No. 91-13

Approval Date 12/2/2016

Effective Date: 1/1/2017

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 3-5
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

1. Medicare Part A Deductible and Coinsurance - Services covered in the Medicaid State Plan.

Wyoming Medicaid covers the Medicare Part A deductible and coinsurance up to the Medicaid Fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the lesser of:

- The coinsurance and deductible up to the Medicare Part B deductible and coinsurance billed, OR
- The Medicaid Fee less any amounts paid by Medicare.

Exception to method above, if the method described above results in no payment for physician administered pharmaceuticals, then the state will pay at least \$0.01 for the physician administered pharmaceutical.

Medicare cross over claims do not count toward the service cap limits referenced in Section 4 of the Wyoming Medicaid State Plan.

Wyoming Medicaid covers the Part A deductible and coinsurance for QMB, QMB Plus, and Full Benefit Dual Eligibles who are not eligible as QMBs.

Medicaid does not cover Medicare Part A deductible and coinsurance for the QI1 or SLMB.

2. Medicare Part B Deductible and Coinsurance - Services covered in the Medicaid State Plan.

Wyoming Medicaid covers the Medicare Part B deductible and coinsurance up to the Medicaid Fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the lesser of:

- The coinsurance and deductible up to the Medicare Part B deductible and coinsurance billed, OR
- The Medicaid Fee less any amounts paid by Medicare.

Medicare cross over claims do not count toward the service cap limits referenced in Section 4 of the Wyoming Medicaid State Plan.

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Exception to method above, if the method described above results in a Medicaid payment of \$0 and the claim contains lines billed for physician administered pharmaceuticals, the state will authorize payment of \$0.01 on the pharmaceutical claim line.

Wyoming Medicaid covers the Part B deductible and coinsurance for QMB, QMB Plus, and Full Benefit Dual Eligibles who are not eligible as QMBs.

Medicaid does not cover Medicare Part B deductible and coinsurance for the QI1 or SLMB.

3. Medicare Part A & B deductible and coinsurance - Medicaid non-covered services.

For purposes of determining payment for Medicare Part A and Medicare Part B deductible and coinsurance, Wyoming Medicaid calculates the Medicaid Fee for Medicaid non-covered services using 50 percent of the Medicare allowed amount.

Wyoming Medicaid covers the Medicare Part A and Medicare Part B deductible and coinsurance for non-covered services up to the calculated Medicaid Fee, less any amounts paid by Medicare. If this amount is negative, no Medicaid payment is made. If this amount is positive, Medicaid pays the lesser of:

- The coinsurance and deductible up to the Medicare Part A or B deductible and coinsurance billed, OR
- The calculated Medicaid Fee less any amounts paid by Medicare.

Exception to method above, if the method described above results in a Medicaid payment of \$0 and the claim contains lines billed for physician administered pharmaceuticals, the state will authorize payment of \$0.01 on the pharmaceutical claim line.

Medicare cross over claims do not count toward the service cap limits referenced in Section 4 of the Wyoming Medicaid State Plan.

Wyoming Medicaid covers the Medicare Part A and Part B deductible and coinsurance for non-covered Medicaid services only for QMB and QMB plus.

For Full Benefit Dual Eligibles who are not eligible as QMBs, Wyoming Medicaid limits Medicare cost sharing to only those services covered in the Medicaid State Plan.

Wyoming Medicaid does not cover the Medicare Part A or Medicare Part B deductible and coinsurance for QI1 and SLMB.

4. Combined payments shall not exceed the amount Medicaid would have paid had it been the sole payer.

The financial obligations of Medicaid for services is based upon Medicare's allowable, not the provider's charge. Medicaid will not pay any portion of Medicare deductibles and coinsurance when payment that Medicare has made for the service equals or exceeds what Medicaid would have paid had it been the sole payer. Medicaid shall not pay on the claim if Medicare's payment is greater than what Medicaid would have paid had Medicaid been the sole payer.

TN No. WY16-0013

Supersedes

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TN No. 91-13

