
Table of Contents

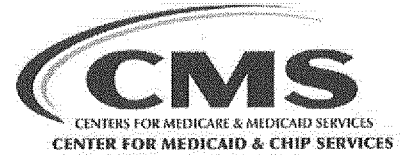
State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0007

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

APR 25 2017

Ms. Teri Green
State Medicaid Agent
Office of Health Care Financing
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002

Re: Wyoming 16-0007

Dear Ms. Green:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 16-0007. Effective for services on or after July 1, 2016, this amendment provides for an annual, lump sum supplemental payment to qualifying non-state government owned and operated nursing facilities.




We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 16-0007 is approved effective July 1, 2016. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,



Kristin Fan
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: WY16-007	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 July 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input 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 447.272		7. FEDERAL BUDGET IMPACT: FFY2016 - \$30,492.50 FFY2017 - \$867,558 FFY2018 - \$867,558	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18D Page 32D, Addendum 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Wyoming is seeking to implement a Nursing Facility IGT Program for non-state government owned facilities.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002	
13. TYPED NAME: TERI GREEN		CC: CHRIS BASS, MANAGEMENT ASSISTANT (SAME ADDRESS)	
14. TITLE: STATE MEDICAID AGENT			
15. DATE SUBMITTED: 06/20/2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:  APR 25 2017	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2016		20. SIGNATURE: 	
21. TYPED NAME: Kristin Faw		22. TITLE: Director, FMCG	
REMARKS:			

Nursing Facility Services

Non-State Government Owned Nursing Facility Supplemental Payment Program

A nursing facility located in Wyoming may be eligible for a supplemental payment if:

- 1) It is owned or operated by a non-state governmental entity; and
- 2) There are undistributed funds leftover from the Upper Payment Limit (UPL) calculation for non-state governmental entities after all other payments are made.
- 3) Its Medicare upper payment limit calculation, on an individual provider basis, results in Medicaid payments less than what Medicare would have paid.

The payment is a lump sum supplemental payment based on an annual calculation from the upper payment limit (UPL) analysis conducted for nursing facilities using the annual UPL calculation. The distribution will occur at the end of the UPL year.

The total funds available for this distribution will equal the available UPL gap remaining after UPL distributions are made under the existing authority described on page 31c, Addendum 3 of section 4.19-D. The current UPL does not allow for distributing the entire UPL gap for the NSGO class, the undistributed balance will remain available for this distribution program. The state shall distribute the funds based on the percentage to total of each provider's calculation of the difference between what Medicaid paid and what Medicare would have paid, less the original supplemental UPL payment, as calculated on the annual UPL demonstration. If this calculation results in the provider having a negative UPL gap, that provider will not qualify for a payment. The sum of the Medicaid base payments, and all other supplemental payments will not exceed the Medicare upper payment limit for the non-state governmental total group according to 42 CFR 447.272. Following is an illustration of the methodology:

Provider	UPL Available for Payment			NSGO Supplemental Payment Distribution		
	Medicaid Deficit or (Medicaid Payments Exceeding Costs)	UPL Distribution	Amount Available for NSGO Supplemental Payment Program	Providers Eligible for NSGO Supplemental Payment	% of Total	NSGO Supplemental Payment Distribution
A	B	C	D = B-C	E = If D > 0 then +D	F = E / Total E	G = F * Total D
# 1	100,000	10,000	90,000	90,000	10.00%	80,000
# 2	200,000	20,000	180,000	180,000	20.00%	160,000
# 3	300,000	30,000	270,000	270,000	30.00%	240,000
# 4	400,000	40,000	360,000	360,000	40.00%	320,000
# 5	(90,000)	10,000	(100,000)	0	0.00%	0
Total	910,000	110,000	800,000	900,000	100.00%	800,000

TN#: WY16-007
Supersedes
TN#: new

Approval Date: April 25, 2017 Effective Date: July 1, 2016

The timing of the payments will be as follows:

- 1) Upon program implementation, based on the calculated UPL room for FFY 2016, Wyoming Medicaid will distribute 25% (July 1, 2016 – September 30, 2016) of the total estimated computable amount of \$243,940 (or \$60,985 to include both state and federal shares) to qualifying providers based on each individual provider's calculated UPL room available.
- 2) Annually, at the beginning of the FFY UPL year, approximately in October, participation letters will be sent to providers asking for attestation of ownership.
- 3) At the end of the FFY UPL year, following the attestation period described above, qualifying facilities will receive a payment.

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