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## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 18-0003**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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July 20, 2018

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

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0003. This SPA is seeking to change the payment methodology for DME/POS based on the 21st Century CURES ACT, to pay 100% of the lowest Medicare rate for those codes impacted by the CURES ACT, except oxygen and oxygen services. These and codes not impacted by the CURES ACT will be priced based on fees determined to assure access to services and adequate provider participation.

Please be informed that this State Plan Amendment was approved July 18, 2018, with an effective date of June 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Wyoming should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

This amendment would affect expenditures reported on Line 12 – Home Health Services.

If you have any questions concerning this amendment, please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director  
Sheree Nall  
Lindsey Schilling  
Chris Bass

**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:

WY18-0003

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE

June 1, 2018

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:

21<sup>st</sup> Century CURES ACT/Social Security Act title XIX, Section  
1903(i)(27)

7. FEDERAL BUDGET IMPACT:

FY18 - \$(100,000.00)

FY19 - \$(200,000.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B 7

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to change the payment methodology for DME/POS based on the 21<sup>st</sup> Century CURES ACT, to pay 100% of the lowest Medicare rate for those codes impacted by the CURES ACT, except oxygen and oxygen services. These, and codes not impacted by the CURES ACT will be priced based on fees determined to assure access to services and adequate provider participation.

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: June 14, 2018

DATE RESUBMITTED: July 13, 2018

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:

June 14, 2018

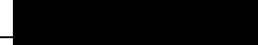
18. DATE APPROVED:

July 18, 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

7. HOME HEALTH SERVICES

Home Health Agency

Reimbursement for home health services other than disposable medical supplies is the lesser of charges or the established fee schedule amount. Disposable medical supplies are reimbursed at charges.

Medical Supplier

For HCPCS codes subject to Section 1903(i)(27) of the Social Security Act:

Reimbursement for DMEPOS is set at the lower of the following, excluding oxygen, oxygen related equipment, and oxygen related supplies:

1. The lowest Medicare DMEPOS fee schedule rate for Wyoming geographic areas, set as of January 1 each year, and updated on an annual basis as needed;
2. The provider's charge; or
3. Actual acquisition cost plus shipping plus 15%

For HCPCS codes not subject to Section 1903(i)(27) of the Social Security Act, codes for which Medicare does not have an assigned rate, and oxygen, oxygen related equipment, and oxygen related supplies:

Reimbursement for DMEPOS is set at the lower of the following:

1. The Wyoming Medicaid Fee Schedule amount;
2. The provider's charge; or
3. Actual acquisition cost plus shipping plus 15%

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of June 1, 2018 and is effective for services provided on or after that date. All rates are published on the Medicaid Web site at [https://wymedicaid.portal.conduent.com/fee\\_schedule.html](https://wymedicaid.portal.conduent.com/fee_schedule.html).

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TN NO. 18-0003

Approval Date July 18, 2018

Effective Date: June 1, 2018

Supersedes

TN NO. 95-005