

Public and Tribal Notice  
Wyoming Department of Health, Medicaid

Medicare Crossover Claims

August 25, 2016

Wyoming Department of Health, pursuant to the requirements outlined in 42 CFR 447.205, hereby gives notice of the following proposed amendment to the State Plan altering the method used to calculate payments for coinsurance and deductibles for Medicare crossover claims.

**Medicare Crossover Claims:** Currently, Medicaid pays the full coinsurance and deductible on Medicare claims for persons eligible for both Medicare and Medicaid.

Wyoming Medicaid will submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) in September 2016 for a January 1, 2017 effective date. The SPA will seek to implement a new method for calculating Medicaid's payment for Medicare crossover claims for both Medicaid covered services and non-covered services. For services covered under the Wyoming Medicaid State Plan, the new method will consider the amount Medicaid would have paid had it been the sole payer. The amount Medicaid pays will be the lesser of the full Medicare coinsurance and deductible, or the difference between the Medicare payment and Medicaid rate. If the reimbursement paid by Medicare exceeds the Medicaid allowable payment, Medicaid will pay nothing additional on the claim. This change will treat Medicare the same as Medicaid treats other types of primary insurance.

For specific Medicare services which are not otherwise covered by the Wyoming Medicaid State plan, Wyoming Medicaid will use a special rate or method to calculate the amount Wyoming Medicaid would have paid for the service.

For claims submitted containing physician administered drugs, if the methods above indicate no payment should be made on the crossover claim, the State will pay a \$0.01 on the appropriate claim line.

**Estimated fiscal impact:** This policy change is estimated to reduce overall Medicaid expenditures by \$10.5 million (total, state and federal funds) per year.

Written comments or questions may be submitted to the following email:

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Or by mail to the following address:

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