

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Services and Basis for determination	Type of Charge			
	Deduct.	Coins.	Copay.	Amount
Pharmaceutical Products			X	\$1 Generic \$3 Brand
Practitioner Visits – office, home, eye & medical psych-therapy			X	\$2
Outpatient Hospital Visits – non-emergency room visit			X	\$3.40
Rural Health Clinic & FQHC- per encounter			X	\$2

Co payments were based on the average payment for these services and in accordance with 42 CFR 447.53, 447.54, 447.55. Exemptions for cost sharing apply to: recipients under the age of 21, pregnant women; institutionalized individuals; emergency services; family planning services and supplies; individuals who receive hospice care (as defined in section 1905(o) of the Act).

Cost sharing will be excluded for items and services furnished directly by the Indian Health Services, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under a purchase order under contract health services as (as described in 42 CFR part 136, subpart C) to an American Indian or Alaska Native, who is enrolled as a member of a Federally-recognized tribe or otherwise meets the definition of an “Indian” at section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1608).

TN No. 09-004
 Supersedes
 TN No. 04-004

Approval Date 9/16/09

Effective Date July 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

B. THE METHOD USED TO COLLECT COST SHARING CHARGES FOR CATEGORICALLY NEEDY INDIVIDUALS:

PROVIDERS ARE RESPONSIBLE FOR COLLECTING THE COST SHARING CHARGES FROM INDIVIDUALS.

THE AGENCY REIMBURSES PROVIDERS THE FULL MEDICAID RATE FOR A SERVICE AND COLLECTS THE COST SHARING CHARGES FROM INDIVIDUALS.

C. THE BASIS FOR DETERMINING WHETHER AN INDIVIDUAL IS UNABLE TO PAY THE CHARGE, AND THE MEANS BY WHICH SUCH AN INDIVIDUAL IS IDENTIFIED TO PROVIDERS, IS DESCRIBED BELOW:

PROVIDERS ARE INSTRUCTED THEY MAY NOT DENY A CLIENT SERVICES IF THE CLIENT IS UNABLE TO PAY THE COPAYMENT. THIS DOES NOT ELIMINATE THE CLIENT'S LIABILITY FOR THE CHARGE. IF A CLIENT REGULARLY FAILS TO PAY THE COPAYMENT A PROVIDER MAY EXCLUDE THE CLIENT FROM THEIR PRACTICE.

*Description provided on attachment.

TN No. 92-04
Supersedes Approval Date 11/21/94 Effective Date 03/01/92
TN No. 88-09
HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers and recipients are notified of copayment requirements through Medicaid bulletins. During claims processing exceptions are identified as follows: age, race, and institutional status from the recipient file; provider taxonomy from the provider file; pregnancy services are indicated on the claims or from the diagnosis file; emergency services from the diagnosis file; family planning services from the procedure/diagnosis/drug file. There are no HMO providers in the state. Hospice services are identified through eligibility lock in status.

- E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

 Cumulative maximums have been established as described below:

TN No. 09-004
Supersedes
TN No. 97-01

Approval Date 9/16/09

Effective Date July 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
NOT APPLICABLE				

TN No. 85-70
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TN No. _____

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HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

B. The method used to collect cost sharing charges for medically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

NOT APPLICABLE

TN No. 85-10
Supersedes
TN No. _____

Approval Date 12/18/85

Effective Date 10/1/85

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

NOT APPLICABLE

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

NOT APPLICABLE

TN No. 85-10
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TN No. _____

Approval Date 12/18/85 Effective Date 1/1/85

HCFA ID: 0053C/0061E

tion: HCFA-PM-91- (BPD)
1991

ATTACHMENT 4.18-D
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

NOT APPLICABLE

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

TN No. 91-13
Supersedes Approval Date 1/14/92 Effective Date 12/1/91
No. New

HCFA ID: 7986E

Division: HCFA-PM-91- (BPD)
1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

NOT APPLICABLE

C. State or local funds under other programs are used to pay for premiums:

Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

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Supersedes None Approval Date 1/14/92 Effective Date 12/1/91
No. None
HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

NOT APPLICABLE

C. State or local funds under other programs are used to pay for premiums:

Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

TN No. 91-13
Supersedes NEW Approval Date 1/14/92 Effective Date 12/1/91
HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

A. The State permits hospitals to impose cost sharing for non-emergency services furnished in an emergency department for groups of individuals subject to the following conditions:

- The individual has available and accessible an alternate non-emergency services provider with respect to such services;
 - The hospital has performed an appropriate medical screening examination under section 1867 of the Act, and has determined that the individual does not have an emergency medical condition;
 - Before providing the non-emergency services, the hospital has informed the individual:
 - that it may require payment of specified cost sharing before the service can be provided;
 - of the name and location of an alternate non-emergency services provider that is available and accessible;
 - of the fact that the alternate provider can provide the services without the imposition of the higher cost sharing amount permitted for the inappropriate use of the emergency room (i.e., a lesser co-payment for the service may be allowed and required under section 1916A(a) of the Act at the alternate non-emergency provider); and
 - it can provide a referral to coordinate treatment.
1. Such cost sharing is limited to the following groups of individuals, and the cost sharing amounts or levels indicated, subject to the statutory conditions and maximums indicated in paragraph 2.
 2. The exemptions specified under 42 CR 447.53 for exclusion for cost sharing will continue to be applied: recipients under the age of 21, pregnant women, institutionalized individuals, and family planning are exempt from co-payment. Emergency services as defined in 447.53(b)(4) are also exempt.

Groups of Individuals

3. Cost sharing under paragraph 1 shall be subject to the following limitations and conditions.
 - a. For individuals with incomes above 100 percent of the Federal Poverty Level (FPL) but at or below 150 percent, cost sharing cannot exceed twice the nominal cost sharing amount under section 1916 of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

- b. Cost sharing can be imposed upon individuals otherwise exempt from alternative cost sharing under section 1916A of the Act, so long as no cost sharing is imposed to receive such care through an outpatient department or alternative health provider, but such cost sharing cannot exceed a nominal amount under section 1916 of the Act.
 - c. Cost sharing is subject to the aggregate cap of 5 percent of family income per person for premiums and cost sharing under section 1916A of the Act based on a monthly schedule.
 - d. Cost sharing under this provision is instead of any cost sharing that may be imposed under section 1916A (a) of the Act.
4. Following is a list of hospitals implementing this cost sharing (This list is updated as appropriate):

- Campbell County Memorial Hospital
- Community Hospital
- Converse County Memorial Hospital
- Crook County Medical Services District
- Evanston Regional Hospital
- Hot Springs County Memorial Hospital
- Ivinson Memorial Hospital
- Johnson County Memorial Hospital
- Lander Valley Medical Center
- Memorial Hospital of Carbon County
- Memorial Hospital of Sheridan County
- Memorial Hospital of Sweetwater County
- Niobrara Hospital
- North Big Horn Hospital District
- Platte County Memorial Hospital
- Powell Hospital
- Riverton Memorial Hospital
- South Big Horn Critical Access Hospital
- South Lincoln Hospital District
- St. John's Hospital (aka Teton County Hospital District)
- Star Valley Hospital
- Cheyenne Regional Medical Center
- Memorial Hospital of Laramie County
- Washakie Memorial Hospital
- Weston County Health Services
- West Park Hospital
- Wyoming Behavioral Institute
- Wyoming Medical Center

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