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).

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:

/X/ 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.

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: