

From: Wyoming Medicaid [mailto:wycustomersvc@conduent.com]
Sent: Monday, January 14, 2019 10:01 AM
To: Hadley, Christina kay
Subject: [MARKETING] 2019 Dental Changes for FQHC, RHC, IHS and Tribal Clinics



Wyoming Medicaid

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ATTENTION FQHC, RHC & IHS/TRIBAL CLINICS

DENTAL BILLING REQUIREMENT CHANGES

Effective with dates of service on or after 2/1/2019, Wyoming Medicaid will require all Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC) and Indian Health Service (IHS)/Tribal Health Clinics to submit dental claims via the 837D (electronic dental claim transaction).

IMPORTANT POINTS:

- Indian Health Service (IHS) and Tribal Clinics, starting with dates of service 2/1/2019, dental claims will **NOT** be accepted on 837I (UB-04) resulting in denied claims.
- Indian Health Service (IHS)/Tribal Health Clinics should refer to the [Medicaid Tribal Provider Manual](#) for Medicaid covered services and billing requirements .
- Federally Qualified Health Centers (FQHC), starting with dates of service 2/1/2019, dental claims **MUST** have the dental provider's NPI on the claim as the treating provider.
- No provider re-enrollment is required.
- Individual dental providers will need to be enrolled as a treating or an ORP (ordering, rendering, or prescribing) provider.
- Providers will be reimbursed/paid one (1) encounter per claim.
- Contact **Dental Services at 1-888-863-5806**, for dental covered service questions and client service eligibility inquiries, i.e. to verify if a client is eligible for an oral evaluation (limitation 1 per 6 months).

- **Providers are responsible for providing ALL the procedure codes to the call agents to verify, the agents are not to determine which codes conflict with one another.**

DENTAL FEE SCHEDULE:

Only use the [Dental Fee Schedule](#) when researching procedure codes. This fee schedule offers a list of covered dental codes, any age limitations and prior authorization requirements. Reimbursement rates are also included, but these do not apply since these procedures will be reimbursed at \$0.00 (detail lines).

The Dental Fee Schedule should be used in conjunction with the covered services listed in the Dental Provider Manual.

COVERED SERVICES:

Dental providers have their own specific [Dental Manual](#), and the expectation is that providers read the manual to understand covered services and specific billing requirements, below are a few chapters and sections that providers must know and reference:

- **Section 6.10 Prior Authorization (PA) - Lists services which require PA**
 - **Chapter 10 Children's Covered Services**
 - 10.1.6 How to request a dental PA
 - 10.1.7 Annually dental providers must complete the "Dental Provider Client Acceptance Form"
 - 10.1.8 Currently is labeled "Dental Services Performed in an FQHC", this will be updated to include RHCs by 4/2019.
 - A new section will be added, 10.1.9, for dental services performed in an IHS/Tribal Health Clinic by 4/2019.
 - 10.2.22-10.2.22.5 Orthodontics & Severe Malocclusion Program
 - Client qualifying criteria
 - How to request PAs
 - Documentation / x-ray requirements
 - Referral requirements for the Severe Malocclusion Program
 - Forms
 - Specific billing requirements
 - **Chapter 11 Adult Covered Services**
 - 11.1.7 Currently is labeled "Dental Services Performed in an FQHC", this will be updated to include RHCs by 4/2019.
 - A new section will be added, 11.1.8, for dental services performed in an IHS/Tribal Health Clinic by 4/2019.

BILLING REQUIREMENTS (dates of service ON OR AFTER 2/1/2019):

- **Pay-to provider/facility: FQHC, RHC or IHS/Tribal Clinic's NPI number & taxonomy**
- **Treating provider/dentist (All detail lines on the claim): Dental provider's NPI & taxonomy (different from the "pay-to provider")**
- **Dental services claims (D9999):**
 - **Line 1: Date of service / D9999 / Unit / Fee (will pay encounter rate)**

- o Line 2: Date of service / Area of oral cavity* / Tooth codes* / Tooth surface* / Procedure code (CDT-code) / Unit(s) / Fee (will pay \$0.00)

- * enter if applicable for the service being provided

- o Line 3 and forward - same as Line 2

- **Orthodontic / Severe Malocclusion services claims (D8999) :**

- o Predetermination/Preauthorization Number: Enter the PA number from the Prior Authorization letter you received.
- o Line 1: Date of service / D8999 / Unit / Fee (will pay encounter rate)
- o Line 2: Date of service / Procedure code (CDT-code) / Unit(s) / Fee (will pay \$0.00)
- o **NOTE:** Units will be deducted from the PA as claims are paid

- For additional billing policy and billing examples refer to the [FQHC, RHC & Tribal Dental Billing Changes](#) document.

BILLING & CLAIM ADJUSTMENT REQUIREMENTS (dates of service PRIOR to 2/1/2019):

- IHS/Tribal Health Clinics will submit these as 837I (UB-04) claims (today's current process)
- FQHCs will submit these as 837D (Dental) claims entering their facility NPI in both the pay-to and the treating fields (today's current process).

RESOURCES:

- [Dental Provider Manual](#)
- [Dental Fee Schedule](#)
- [Medicaid Tribal Provider Manual for IHS/Tribal Health Clinics](#) .
- [Web Tutorials](#)
 - o Dental Claims tutorial - how to complete a dental claim on the Secured Provider Portal
 - o Electronic Attachments tutorial - how to upload a document (i.e. EOB) via the Secured Provider Portal
 - o Enrollment Tutorials - provides steps on completing the web enrollment application for facilities and treating providers
- Dental Services 1-888-863-5806
 - o Covered services
 - o Client eligibility/frequency verification
 - **Providers are responsible for providing ALL the procedure codes to the call agents to verify, the agents are not to determine which codes conflict with one another.**
 - o Claim denials
- Field Representatives to assist during this transition:
 - o Amy Reyes, Dental Services (307)772-8421 or amy.reyes@conduent.com

- o Kinzie Baker, Medical/Institutional Services (307)772-8463 or kinzie.baker@conduent.com
- o Liz Lovell-Poynor, Medical/Institutional Services (307)772-8424 or elizabeth.lovell-poynor@conduent.com



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<https://health.wyo.gov/healthcarefin/program-integrity/>

• 1-855-846-2563

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Wyoming Medicaid, Dental Services, PO Box 667, Cheyenne, WY 82003

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Behavioral Health Documentation Standards Presentations and Webinars

Wyoming Medicaid has created four informational webinars for providers that bill behavioral health services. The webinars are five (5) to eleven (11) minutes in length so that provider can view the information in their own timeframe.

Topics will include:

- [Provider Compliance](#)
- [Audits and Provider Responsibilities](#)
- [Medical Necessity and Authorizations for Medical Necessity](#)
- [Documentation Standards](#)

Please share this information with all providers that bill behavioral health services to Wyoming Medicaid clients. All providers are strongly encouraged to view the content in the webinars. Both new providers and long-term veterans will want to familiarize themselves with the information being presented regarding documentation standards, auditing, provider responsibility, and medical necessity.

Community Mental Health and Substance Abuse Treatment Centers

New Enrollment Guidelines

Starting October 1st, 2018, all enrollments and re-enrollments for Community Mental Health and Substance Abuse Treatment Centers will require the Letter of Certification from the Division of Behavioral Health. The letter will need to be sent to Provider Enrollment every time the certified services are updated as the services are recertified through the Division of Behavioral Health. Provider Enrollment will notify the provider 75 days before the certification expires and will request the new letter.

If you have questions, please contact Brenda Stout at brenda.stout1@wyo.gov



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Deployment

Date: 10/1/18

Audience: Behavioral and Mental Health Providers

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**Healthcare Financing Division
Wyoming Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
Phone (307) 777-7531 • 1-866-571-0944
Fax (307) 777-6964 • www.health.wyo.gov**



Dear Provider -

In late 2015, the Centers for Medicare and Medicaid Services (CMS) issued a final rule outlining requirements for Medicaid programs to monitor and analyze beneficiary access to care. A component of the analysis was a provider survey specifically targeted at understanding provider availability and experience providing healthcare services across Wyoming. The 2015 rule requires states to update the original analysis every three years.

In preparation for our upcoming revision, we have opened a provider survey for purposes of collecting feedback from participating WY Medicaid providers. The feedback is anonymous and will be used to inform revisions to the original 2016 Access Monitoring Review Plan due in 2019.

We are asking all enrolled providers to share your experience with us by completing the survey which will take approximately 10 minutes.

The survey may be found on the Wyoming Department of Health Website, Medicaid Page:

<https://health.wyo.gov/healthcarefin/medicaid/client-provider-access-survey/>

You may also receive an email invitation to participate, however only one response is requested.

Thank you in advance for your time and for providing input we will use to continue improving our program.

With Regards,
Lindsey Schilling
Provider Operations Administrator,
Wyoming Medicaid

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Deployment
Date: 10/11/18
Audience: All providers except Waiver

Audience: All Behavioral Health Providers

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Wyoming Medicaid Behavioral Health Program Administration

To assist providers in understanding the Medicaid Behavioral Health changes, a new section has been added to the " [What's New](#) " page on the Wyoming Medicaid website, " [Wyoming Medicaid Behavioral Health Program Administration](#) ". The "Wyoming Medicaid Behavioral Health Program Administration" section is located near the top of the page.

Wyoming Medicaid has written an executive summary about the administration of the program and federal regulations that address the Quality Improvement Organization (QIO).

Listed below are a few documents that are posted within this new section:

- [BH Program Administration Executive Summary](#)
- Medicaid Rule
- State Plan Amendment
- Guidelines for Outpatient BH Reviews
- Numerous BH Bulletins and Trainings/Provider Notices
- Etc.



Questions or comments should be directed to Brenda Stout at brenda.stout1@wyo.gov .

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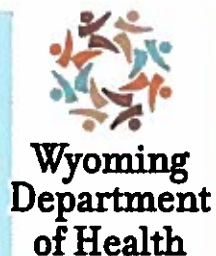
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URGENT

When 1099's Are Returned, Medicaid Payments Are Held

To avoid your Medicaid payments from being temporarily held in 2019, the SAO must have your correct address. If a pay to provider has had a change in address within the past year and has not notified the SAO, a new Vendor Management and W-9 form must be completed ASAP. If this is not completed prior to mailing and a provider's 1099 is returned, Medicaid payments will be held until the forms are completed and processed. Forms are located at:

<http://sao.wyo.gov/vendor-resources>. Complete the Vendor Management Packet and W-9 (W-9 must be newest 10-2018 version) and mail forms with original signatures to Wyoming Medicaid, PO Box 667, Cheyenne, WY 82003.

IRS W-9 Update

The IRS has published a new version of the W-9 (rev date of 10-2018). The SAO policy is to use the most current published version of the W-9 published by the IRS. Providers are recommended to begin using this version immediately.

The SAO has established the following:

- The W-9, rev 10-2018 is available on the SAO website and pay to providers are encouraged to begin using it now.
- The W-9, rev 11-2017 will be accepted until 1/31/19
 - If in-process with Wyoming Medicaid the SAO will reject if not received by their office by the cutoff date.
 - Don't wait to start using the new form
- Upon February 1st 2019, all Vendor packets containing the outdated version will be

returned requesting the newest version.



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Deployment:

Date: 11/9/18

Audience: All Pay to Providers



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Attention providers:

Effective 12/1/18, Wyoming Medicaid will begin covering CPT code 81519 for the Oncotype DX test. This code, like all genetic testing, will require a Prior Authorization.

All of the following conditions must be met:

- The test is performed within 6 months of the diagnosis
- Node negative (micrometastases less than 2mm in size are considered node negative)
- Hormone receptor positive (ER-positive or PR-positive)
- Tumor size 0.6-1.0 cm with moderate/poor differentiation or unfavorable features (ie, angiolymphatic invasion, high nuclear grade, high histologic grade) OR tumor size >1 cm
- Unilateral disease
- Her-2 negative
- Patient will be treated with adjuvant endocrine therapy
- The test result will help the patient make decisions about chemotherapy when chemotherapy is a therapeutic option

Documentation submitted with the Prior Authorization request must document that each of the criteria listed is true.

This information will be reflected in the provider manual update for 1/1/19.



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Deployment:

Date: 11/19/18

Audience: 261QR1300X, 261QF0400X, 208D00000X, 208000000X, 2083P0901X, 2084N0400X, 2084P0800X, 208600000X, 207X00000X, 2086S0120X, 2082S0099X, 208G00000X, 2086S0129X, 208800000X, 207KA0200X, 207L00000X, 207SG0201X, 207N00000X, 2085R0202X, 207P00000X, 207Q00000X, 207R00000X, 207RC0000X, 207RE0101X, 207RG0100X, 207RG0300X, 207RX0202X, 207RN0300X, 207RP1001X, 207RR0500X, 207T00000X, 204D00000X, 207V00000X, 207VG0400X, 207VX0000X, 207W00000X, 207Y00000X, 207ZP0105X, 2080N0001X, 208100000X, 363A00000X, 367A00000X, 367500000X, 363L00000X, 363LA2200X, 363LF0000X, 363LG0600X, 363LX0001X, 363LP0200X, 364SP0808X, 282N00000X, 282NR1301X

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Attention Applied Behavior Analyst Providers

Updated CPT Codes for Applied Behavior Analysis Treatment

Effective with Dates of Service 1/1/2019

Adaptive Behavior Assessment and Treatment Code Conversion Table					
2014-2018 Covered CPT Codes			2019 Covered CPT Codes		
Code	Time/Units	Attended By & Provider Type(s)	Code	Time/Units	Attended By & Provider Type(s)
0359T	Untimed / Twice per year	Client & BCBA or BCBA-D (103K00000X)	97151	Per 15 min	No change
0360T	First 30 min	Client & RBT (106S00000X) or BCaBA (106E00000X) (BCBA or BCBA-D may substitute for the technician)	97152	Per	No change
0361T	Each add' l 30 min			15 min	
Non-Covered			0362T	Per 15 min	Client & RBT (106S00000X) or BCaBA (106E00000X) (BCBA or BCBA-D may substitute for the technician)
0364T	First 30 min	Client & RBT (106S00000X) or	97153	Per	No change

0365T	Each add'l 30 min	BCaBA (106E00000X) (BCBA or BCBA-D may substitute for the technician)		15 min	
Non-Covered			0373T	Per 15 min	Client & 2 or more RBTs (106S00000X) or BCaBAs (106E00000X) (BCBA or BCBA-D may substitute for the technician)
0368T	First 30 min	Client & BCBA or BCBA-D (103K00000X); may include a RBT, BCaBA and/or Caregiver	97155	Per 15 min	No change
0369T	Each add'l 30 min				
0366T	First 30 min	2 or more Clients & RBT (106S00000X) or BCaBA (106E00000X) (BCBA or BCBA-D may substitute for the technician)	97154	Per 15 min	No change
0367T	Each add'l 30 min			Per 15 min	
0372T	Untimed	2 or more Clients & BCBA or BCBA-D (103K00000X)	97158	Per 15 min	No change
0370T	Untimed	Caregiver & BCBA or BCBA-D (103K00000X)	97156	Per 15 min	No change
0371T	Untimed	Caregivers of 2 or more Clients & BCBA or BCBA-D (103K00000X)	97157	Per 15 min	No change

2019 New CPT Codes

Functional analysis of severe	Behavior identification supporting	0362T	Per 15 min	Client & RBT (106S00000X) or BCaBA
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maladaptive behaviors in specialized settings	<p>assessment ,</p> <p>Each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:</p> <ul style="list-style-type: none"> • administered by the QHP/BCBA who is on site; • with the assistance of two or more technicians; • for a patient who exhibits destructive behavior; • completed in an environment that is customized to the patient's behavior. 			<p>(106E00000X)</p> <p>(BCBA or BCBA-D may substitute for the technician)</p>
Direct treatment of server maladaptive behavior in specialized settings	<p>Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:</p> <ul style="list-style-type: none"> • administered by the QHP/BCBA who is on site; • with the assistance of two or more technicians; • for a patient who exhibits destructive behavior; • completed in an environment that is customized, to the patient's behavior. 	0373T	Per 15 min	<p>Client & 2 or more RBTs (106S00000X) or BCaBAs (106E00000X)</p> <p>(BCBA or BCBA-D may substitute for the technician)</p>

This conversion table was derived from the Behavior Analyst Certification Board's table.



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Deployment

Date: 11/30/2018

Audience: Behavior Analyst, Assistant Behavior Analyst, and Behavior Technician



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IMPORTANT CHANGE & PROVIDER ACTION MAY BE REQUIRED

WYOMING MEDICAID WILL BEGIN COST AVOIDING SERVICES RELATED TO LABOR, DELIVERY, AND POST-PARTUM CARE WHEN THE MEDICAID CLIENT HAS OTHER HEALTH INSURANCE COVERAGE.

Pursuant to the Bipartisan Budget Act of 2018 signed into law on February 9, 2018, Wyoming Medicaid will no longer "pay and chase" prenatal services if the pregnant woman has primary health insurance that will cover the services provided.

The implementation date for this policy change will be January 1, 2019.

Prenatal services must be "cost avoided", as Medicaid is the payor of last resort.

- **"Pay and chase"** means Medicaid will pay the claim up-front up to its allowed amount and seek reimbursement from the liable third party (health insurance carrier) after claim payment.
- **"Cost avoidance"** requires the provider to bill the health insurance carrier/liable third party, subsequently bill Medicaid, and furnish documentation to demonstrate that the liable third party has been billed, has either paid or denied the claim, and a balance remains on the claim. Thus, Medicaid is the payor of last resort.

After January 1, 2019, claims beginning with dates of service on or after February 9, 2018, Medicaid will deny claims for prenatal services for Medicaid clients with health insurance coverage other than Medicaid. If the provider of service does not bill the liable third party, the claim will be denied. Providers will receive claim denial information on their remittance advices along with the claims billing addresses for the liable third parties. Providers will be required to bill the liable third parties.

Claims submitted prior to January 1, 2019 with dates of service on or after February 9, 2018: If claims have been paid by Medicaid with dates of service on or after February 9, 2018 and the responsible third party has not considered (paid or denied) the claim, Medicaid will recover the funds paid out on the claim and require providers to bill the liable third party before making payment. **DO NOT CONTACT PROVIDER RELATIONS**, the phone agents are not able

103G00000X, 103K00000X, 103TC0700X, 1041C0700X, 106E00000X, 106H00000X,
367A00000X, 367500000X, 363L00000X, 363LA2200X, 363LF0000X, 363LG0600X,
363LX0001X, 363LP0200X, 364SP0808X, 314000000X, 106S00000X, 163W00000X,
164W00000X, 171M00000X, 172V00000X, 207KA0200X, 207L00000X, 207SG0201X,
207N00000X, 2085R0202X, 207P00000X, 207Q00000X, 207R00000X, 207RC0000X,
207RE0101X, 207RG0100X, 207RG0300X, 207RX0202X, 207RN0300X,
207RP1001X, 207RR0500X, 207T00000X, 204D00000X, 207V00000X, 207VG0400X,
207VX0000X, 207W00000X, 207Y00000X, 207ZP0105X, 2080N0001X, 208100000X,
363A00000X, 208D00000X, 208000000X, 2083P0901X, 2084N0400X, 2084P0800X,
208600000X, 207X00000X, 2086S0120X, 2082S0099X, 208G00000X, 2086S0129X,
208800000X, 13E00000X, 146L00000X, 146N00000X, 323P00000X, 261QA1903X,
261QE0700X, 261QF0400X, 261QR0208X, 261QR0401X, 261QR1300X,
225X00000X, 225100000X, 235Z00000X, 156FX1800X, 152W00000X

to determine the claims that may be impacted.

- After 1/1/19 Medicaid will determine the claims to void
- These void claims will appear on both the Medicaid RA and the 835 transaction
- Providers will be contacted by a Field Representative and given instructions and to address question
- Medicaid realizes some claims may be outside of timely filing (i.e. 2/2018 dates of service), providers will need to work directly with the Field Representatives on these claims. But providers are expected to take action as quickly as possible.

This is a change to an existing policy found in Section 7.1.7 Exceptions, in the CMS-1500 Provider Manual and the Institutional Provider Manual version "Effective 10.1.18". Manuals are located on the Wyoming Medicaid website at <https://wymedicaid.portal.conduent.com/manuals.html>.

The implementation date for this policy change will be January 1, 2019. Medicaid will continue to cost avoid services related to labor, delivery, and post-partum care when the Medicaid client has other health insurance coverage.



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Deployment

Date: 12/7/18

Audience: 341600000X, 231H00000X, 332S00000X, 111N00000X, 1223S0112X, 251K00000X, 251T00000X, 261Q00000X, 261QA0005X, 261QR0400X, 315P00000X, 322D00000X, 133V00000X, 332B00000X, 335E00000X, 251E00000X, 251G00000X, 282N00000X, 282NR1301X, 275N00000X, 283Q00000X, 283X00000X, 171R00000X, 291U00000X, 261QM0801X, 261QR0405X, 101Y00000X, 101YA0400X, 101YP2500X,

Attn: Behavioral Health Providers

Please be aware that there are a few changes to behavioral health coding starting 1/1/2019, e.g. H0031 is changing from 15 minute units to 1 unit per session and new codes have been added to psychological evaluations. Use the current fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. Remember to use the fee schedule and coding books that pertain to the appropriate dates of service. Appropriate changes have been made to the CMS 1500 – January 1, 2019 version that will be available the first of the year.

<https://wymedicaid.portal.conduent.com/Medical.html>

Deployment

Date: 12/19/18

Audience: Behavioral Health Providers

261Q00000X, 261QP0904X, 261QM0801X, 261QR0405X, 101Y00000X, 101YA0400X, 101YP2500X, 103G00000X, 103TC0700X, 1041C0700X, 106H00000X, 163W00000X, 164W00000X, 171M00000X, 172V00000X, 363L00000X, 363LA2200X, 363LF0000X, 363LG0600X, 363LX0001X, 363LP0200X, 364SP0808X, 207R00000X, 207RG0300X, 2080N0001X, 208100000X, 363A00000X, 208D00000X, 208000000X, 2083P0901X, 2084N0400X, 2084P0800X



Wyoming Medicaid

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ATTENTION INPATIENT HOSPITAL PROVIDERS

INPATIENT HOSPITAL CLAIMS PAYMENT METHODOLOGY UPDATE

Effective for discharge dates on or after February 1, 2019, Wyoming Medicaid will be updating its inpatient hospital Medicaid payment methodology from level of care (LOC) to an All Patient Refined Diagnosis-Related Grouping (APR-DRG) methodology.

APR DRGs allow both providers and payers to categorize complex patient claims data into more than 1,200 unique groups for analysis and payment. Wyoming Medicaid will use 3M's APR DRG grouping and pricing software to classify cases and to determine a prospective rate. This methodology will improve and refine the allocation of available funds based on patient acuity and service complexity. Similar to LOC payments, DRG payments will be made on a per discharge basis, with the continuing goal of encouraging the management of costs and efficiency. APR-DRG Version 33 will be used for implementation and after.

This methodology change is not part of any Wyoming Medicaid budget reduction or financial management strategy. No money is being reduced from Wyoming Medicaid's aggregate reimbursement of inpatient hospital services. The updated grouping methodology may shift funding between participating providers based on complexity and acuity.

There will be no change to the way hospitals are currently submitting or billing their inpatient Medicaid claims.

*Please note- an approved State Plan Amendment must be received from The Centers for Medicare and Medicaid Services (CMS) prior to a February 1, 2019 DRG implementation.

Should this be delayed, inpatient claims will continue to be paid under the current LOC methodology. Any claims submitted with a date of discharge on February 1, 2019 or after will be adjusted to pay via APR-DRG once an approved State Plan Amendment has been received.

Access 3M via the web at: www.aprdrqassign.com to learn more on payment methodology and view the APR-DRG calculator.

For 3M log in and password, please contact Provider Relations at 1-800-251-1268.



Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:

- <http://stopmedicaidfraud.wyo.gov>
- 1-855-846-2563

WYhealth is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit <https://www.wyhealth.net/tpa-ap-web/> for more information



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Be sure to add wycustomersvc@conduent.com to your address book to ensure the proper delivery of your Wyoming Medicaid updates and weekly payment summary information.

Wyoming Medicaid, Provider Relations, PO Box 667, Cheyenne, WY 82003

Please do not reply to this email with any customer service issues. Specific account inquiries will not be read. For assistance, contact Provider Relations at 1-800-251-1268.

<https://wymedicaid.portal.conduent.com/>

Deployment

Date: 12/21/18

Audience: General Acute Care Hospital, General Acute Care Hospital - Rural (Critical Access Hospital), Psychiatric Hospital

282N00000X, 282NR1301X, 283Q00000X