



Healthcare Financing Division
Wyoming Medicaid
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Michael A. Ceballos
Director

Mark Gordon
Governor

PUBLIC AND TRIBAL NOTICE

Wyoming Department of Health

Proposed Amendment to Medicaid Care Management Entity 1915(c) Waiver

Public and Tribal notice is hereby given that the Wyoming Department of Health (WDH) intends to submit an amendment to its current 1915 (c) Care Management Entity (CME) Waiver, entitled *Wyoming Medicaid's Youth Initiative-A High fidelity wraparound (HFWA) Community-Based Alternative for Youth with Serious Emotional/Behavioral Challenges*, on June 12th, 2020. The amendment is necessary to adjust the agreed upon rate and reimbursement paid by the WDH to the CME contractor and the fee for service payments made to direct service providers.

Administration: Will not change.

Eligibility: Will not change.

Services: Will not change.

Payment: Will not change.

Changes in Method and Standards: Will change. The CME contractor currently submits fee for service claims to the Medicaid Agency's MMIS system for payment and disburses those payments to the CME network providers for services delivered. The proposed change has the CME contractor continue to authorize service authorization requests and transmit service authorization data to the state's fiscal agent to be applied to post-service waiver claims. The CME contractor's network providers may submit post-service claims directly to the state's MMIS for payment. Once the CME network provider submits a claim, the claim enters the MMIS and is processed through the processing cycle, which includes all edits and audits. The CME network contractors receive 100% of the reimbursement.

State Rationale for Proposed Changes:

The WDH, Division of Healthcare Financing (DHCF), is the State appointed entity for administration of Wyoming's Medicaid program and has procured a statewide CME for youth with complex behavioral conditions. The CME supports WDH's efforts to better serve youth in their homes and communities by providing the necessary services and supports. The state's contract with the CME and waiver language describe a payment process, including the flow of claims, that requires the CME contractor to review proposed plans of care and authorize

services based on requests from the CME's network providers with the network providers submitting post-service delivery claim information back to the CME contractor for submission to the Agency's MMIS for payment. The CME contractor received FFS payments from Medicaid and utilized claim resolution and transaction information from the Agency's fiscal agent to reconcile payments made back to the CME's network providers. The current flow of claims is a fairly high-touch and laborious process. In order to streamline the process and reimburse CME network providers as timely as possible for qualified services, the Agency is moving the CME network providers to a direct billing process. CME network providers will continue to submit proposed plans of care and plan of care modification requests to the CME for review and authorization. The CME will submit the service authorization information to the Agency's MMIS via an electronic prior authorization (PA) [X12N 278 Prior Authorization Request and Response] process and CME network providers will use the issued PA numbers to submit fee for service (FFS) claims directly to the MMIS. Allowing the CME network providers to directly bill Medicaid and manage their own payment cycles will streamline the payment process and allow providers more control to determine the optimal time to submit claims. The Medicaid fiscal agent's Provider Relations staff is available to assist CME network providers with questions related to claims submission and payment.

Proposed Implementation Timeline:

Effective July 1, 2020, the Agency's MMIS will accept CME authorization transmissions via a 278 process. CME network providers may begin direct billing for FFS claims that are authorized by the CME contractor for dates of service July 1, 2020, forward.

Fiscal Impact:

State – None.

Federal – None.

Conference Calls:

The State will host two conference calls, one on **Wednesday, May 27th, 2020, 3pm to 4pm** and the second call will be held on **Friday, May 29th, 2020, 12pm to 1pm** to address questions or comments associated with this waiver amendment submission. Please use the following information to join:

Phone: 1-877-278-2734
PIN: 638642

Comments may also be submitted in writing to the following address or email by **Friday, June 5th, 2020**. Please submit any questions in writing to the following address:

Lisa Brockman
Wyoming Department of Health
Division of Healthcare Financing- Medicaid
Herschler Building
122 West 25th Street, 4-West
Cheyenne, WY 82002
307-777-7326
Lisa.Brockman@wyo.gov

A copy the current 1915(c) waiver amendment submitted will be available online at <https://health.wyo.gov/healthcarefin/medicaid/>. Paper copies may be obtained directly from the Department of Health, Division of Healthcare Financing. To obtain a copy of the document, contact:

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Dated this 13th day of May, 2020.

Teri Green, State Medicaid Agent
Wyoming Department of Health
Division of Healthcare Financing-Medicaid