



SURVEY DISTRIBUTION

Dear Provider of Medicaid Waiver Developmental Disability Services,

The Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF) is requesting that your organization **complete the attached provider cost and wage survey** (instructions also included within the survey). Please complete the Excel survey, or use the PDF version if you do not have Excel capabilities.

The deadline for submission of the completed survey is **Friday, January 26th, 2024.**

As previously communicated, DHCF is required by WY Stat §42-4-120(g) to rebase provider rates every two to four years for the DD waiver programs. Chapter 45, Section 11(c) of the Department of Health’s Medicaid Rules establishes that, upon request, providers shall submit cost data, claims data, and participant needs assessment data to the Division.

There are two versions of the survey: a “full” survey and a “short” survey.

The “full” survey is for “large” providers, defined as providers who received \$1,000,000 or more in Medicaid payments for Comprehensive and Supports waiver services delivered during State Fiscal Year (SFY) 2023. The “short” survey should be completed by “small providers,” defined as providers who received less than \$1,000,000 in Medicaid payments for Comprehensive and Supports waiver services delivered during State Fiscal Year (SFY) 2023. **All agency providers should complete each worksheet in the applicable survey (i.e., either the “full” or “short” survey).** Please note:

- While providers earning \$1,000,000 or more are asked to fill out a more detailed cost and wage survey, providers that received less than \$1,000,000 are welcome to fill out the “full” cost and wage survey instead of the shorter wage survey if they would like to provide additional information.
- **Providers who do not designate wage rates are included in this study and should participate in the “short” survey.** These are providers who do not have a business tax identification number or used their social security number as a business tax identification number. These providers are only required to complete Worksheets A, D, and E (although may complete other tabs optionally).

Guidehouse, WDH’s contractor for this project, is conducting trainings on the cost and wage surveys and will be available via email and phone to answer questions. There are **two training sessions** available for providers, and trainings will also be recorded and made available on the webpage. See below for training dates and webinar information.

Date and Time	GoToMeeting Link and Dial-In
Weds. Dec. 13 th 2:00 pm – 3:00 pm MT	Webinar Link (preferred method): https://uwyo.zoom.us/j/95180391761 Webinar ID: 951 8039 1761 Dial-in Option: +1 669 900 6833
Friday Dec. 15 th 11:00am – 12:00 pm MT	Webinar Link (preferred method): https://uwyo.zoom.us/j/95180391761 Webinar ID: 951 8039 1761 Dial-in Option: +1 669 900 6833

Please visit <https://health.wyo.gov/healthcarefin/hcbs/hcbs-public-notice/> for additional information about the survey.



If you have any questions prior to the survey release, please contact Matthew Crandall from DHCF at matthew.crandall2@wyo.gov or Guidehouse at wyratestudy@guidehouse.com. We thank you in advance for your participation in this important survey.

Thank you,

Division of Healthcare Financing