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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 23-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 20, 2023

Lee Grossman
State Medicaid Agent
Wyoming Department of Health – Division of Healthcare Financing – Medicaid
Herschler Building, 122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) Transmittal Number 23-0017

Dear Lee Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY-23-0017. This amendment was submitted to include pharmacists as a recognized practitioner type allowed to charge for services given to Medicaid clients under Attachment 3.1-A, Section 6.d. and Attachment 4.19-B, Section 6.d of the state plan.

We conducted our review of your submittal according to statutory requirements in Section 1927 of the Social Security Act. This letter is to inform you that Wyoming's Medicaid SPA WY-23-0017 was approved on December 20, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Edwin Walaszek at 212-616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James
G. Scott -S
Date: 2023.12.20
09:46:00 -06'00'

James G. Scott, Director
Division of Program Operations

cc: heather.gallo3@wyo.gov
cori.cooper@wyo.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER WY 23 — 0 0 1 7 2. STATE WY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447
Section 1927 of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 12,000
b. FFY 2024 \$ 25,000

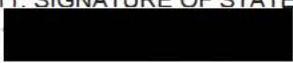
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Section 6.d., Amounts, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy, Other Practitioners' Services

Attachment 4.19-B, Section 6.d., Policy and Methods of Establishing Payment for Each Type of Care Provided, Other Practitioners

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Section 6.d., TN# WY15-005
Attachment 4.19-B, Section 6.d., TN# WY90-17

9. SUBJECT OF AMENDMENT
The purpose of this amendment is to update Attachment 3.1-A, Section 6.d. and Attachment 4.19-B, Section 6.d. to add pharmacists as a recognized practitioner type able to bill for services provided to Medicaid clients.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
LEE GROSSMAN

13. TITLE
STATE MEDICAID AGENT

14. DATE SUBMITTED
09/29/2023

15. RETURN TO
LEE GROSSMAN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
HERSCHLER BUILDING
122 WEST 25TH STREET, 4 WEST
CHEYENNE, WY 82002

CC: JENNIFER CONRICK, EXECUTIVE ASSISTANT

FOR CMS USE ONLY

16. DATE RECEIVED
09/29/2023

17. DATE APPROVED
December 20, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.12.20 09:46:23 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNTS, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6.d. OTHER PRACTITIONERS' SERVICES.

- Certified Registered Nurse Anesthetists
- Pharmacists
- All ordering and rendering providers of Medicaid covered services as required under 42 CFR 455 Subpart E

TN #WY 23-0017

Supersedes

TN #WY 15-005

Approval Date: December 20, 2023

Effective Date July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

6.d. OTHER PRACTITIONERS

Certified Registered Nurse Anesthetist (CRNA)

Reimbursement for CRNA services is the lessor of the charges or the Medicaid fee schedule amount allowed for anesthesia services.

Pharmacist Reimbursement

Reimbursement for pharmacists' services is the lesser of charges or the Medicaid fee schedule amount. A maximum allowable fee is established by procedure code regardless of provider location. All public and private providers are reimbursed according to the same fee schedule. Providers may access the fee schedule on the agency website or upon request by calling the Medicaid fiscal agent.

Reimbursement rates for these services, for dates of service on or after July 1, 2023, are on the official website of the Department of Health, Division of Healthcare Financing at <https://www.wyomingmedicaid.com/portal/fee-schedules>.

TN #WY 23-0017

Supersedes

TN #WY 90-17

Approval Date: December 20, 2023

Effective Date: July 1, 2023