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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0004

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 9, 2024

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

Re: Wyoming State Plan Amendment (SPA) 24-0004

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0004. This amendment temporarily suspends beneficiary cost sharing for pharmacy claims with dates of service from February 22, 2024 to June 30, 2024. The terms of this State Plan Amendment sunset at midnight on June 30, 2024.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 24-0004 was approved on December 9, 2024, with an effective date of February 22, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by James G.
Scott -5
Date: 2024.12.09 14:32:08
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Jesse Springer

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Wyoming**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

WY-24-0004

Proposed Effective Date

02/22/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Sections 1916 and 1916A of SSA and 42 CFR 447.50-.57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 12500.00
Second Year	2025	\$ 0.00

Subject of Amendment

Requests waiving the advance public notice and advance Tribal consultation requirements and requirements to submit responses to Medicaid funding questions as permitted in the CIB dated March 15, 2024. In response to the CHC cyber-attack, this SPA will temporarily remove beneficiary pharmacy cost sharing requirements for claims with DOS from 2/22/24-6/30/24.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

LEE GROSSMAN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
REPSCHLER BUILDING
122 WEST 24TH STREET, 4 WEST

Signature of State Agency Official

Submitted By: **Denzel Clifton**

Last Revision Date: **Nov 6, 2024**

Submit Date: **Nov 1, 2024**



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: WY - 24 - 0004

Cost Sharing Requirements G1

1916
1916A
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.

- The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.

General Provisions

- The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.
- No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).
- The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):
- The state includes an indicator in the Medicaid Management Information System (MMIS)
 - The state includes an indicator in the Eligibility and Enrollment System
 - The state includes an indicator in the Eligibility Verification System
 - The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider
 - Other process
- Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.

Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department

The state imposes cost sharing for non-emergency services provided in a hospital emergency department.

- The state ensures that before providing non-emergency services and imposing cost sharing for such services, that the hospitals providing care:
- Conduct an appropriate medical screening under 42 CFR 489.24, subpart G to determine that the individual does not need emergency services;
 - Inform the individual of the amount of his or her cost sharing obligation for non-emergency services provided in the emergency department;
 - Provide the individual with the name and location of an available and accessible alternative non-emergency services provider;



Medicaid Premiums and Cost Sharing

- Determine that the alternative provider can provide services to the individual in a timely manner with the imposition of a lesser cost sharing amount or no cost sharing if the individual is otherwise exempt from cost sharing; and
- Provide a referral to coordinate scheduling for treatment by the alternative provider.
- The state assures that it has a process in place to identify hospital emergency department services as non-emergency for purposes of imposing cost sharing. This process does not limit a hospital's obligations for screening and stabilizing treatment of an emergency medical condition under section 1867 of the Act; or modify any obligations under either state or federal standards relating to the application of a prudent-layperson standard for payment or coverage of emergency medical services by any managed care organization.

The process for identifying emergency department services as non-emergency for purposes of imposing cost sharing is:

Wyoming uses the emergency indicator on the UB 08 claim form, and does not apply any cost sharing if this box is checked on emergency department claims. This results in a very small proportion of claims being assigned any cost sharing.

Cost Sharing for Drugs

The state charges cost sharing for drugs.

No

Beneficiary and Public Notice Requirements

- Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

Other Relevant Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

V.20160722



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: WY - 24 - 0004

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Office Visits	2.45	\$	Visit	Procedure code range 99201 – 99215 Office Visits only when place of service is 11.	Remove
Add	Home Visits	2.45	\$	Visit	Procedure code range 99341 -99350	Remove
Add	Eye Exams	2.45	\$	Visit	Procedure code range 92002, 92004, 92014	Remove
Add	Rural Health Center per visit	3.65	\$	Visit	T1015 and 0521 Revenue Code	Remove
Add	Federally Qualified Health Center per visit	3.65	\$	Visit	T1015 and 0521 Revenue Code	Remove
Add	Outpatient hospital visits (non –emergency)	3.65	\$	Visit	0450-0459 and 0510-0519 Revenue Codes. Only apply cost sharing to claims without the emergency indicator on the UB08 claim form.	Remove
Add	Pharmacy (Generic)	0.65	\$	Prescription	\$0.65 for each generic prescription. For prescriptions dispensed during the 2024 Change Healthcare Network Interruption, member pharmacy cost sharing requirements are suspended through full system restoration. The effective date for this SPA is February 22, 2024, and the sunset date is June 30, 2024.	Remove
Add	Pharmacy (Brand)	3.65	\$	Prescription	\$3.65 for each brand prescription. For prescriptions dispensed during the 2024 Change Healthcare Network Interruption, member pharmacy cost sharing requirements are suspended through full system restoration. The effective date for this SPA is February 22, 2024, and the sunset date is June 30, 2024.	Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.



Medicaid Premiums and Cost Sharing

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

PRA Disclosure Statement

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V.20181119