

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0007

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 18, 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) 24-0007

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 24-0007. This SPA will permanently remove beneficiary cost sharing requirements for non-emergency services provided in a hospital emergency departments and beneficiary pharmacy cost sharing requirements for claims with a date of service (DOS) from July 1, 2024 forward. In addition, this SPA attests Wyoming compliance with client exemptions and protections related to cost-sharing and clarifies M-CHIP cost-sharing.

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 24-0007 was approved on December 18, 2024, with an effective date of July 1, 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 box redacts the signature of James G. Scott. A blue circular mark is visible to the left of the box.

James G. Scott, Director
Division of Program Operations

Digitally signed by James G.
Scott -S
Date: 2024.12.18 13:45:55
-06'00'

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-24-0007

Proposed Effective Date
07/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation
Sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50-447.57

Federal Budget Impact		
	Federal Fiscal Year	Amount
First Year	2025	\$ 0.00
Second Year	2026	\$ 0.00

Subject of Amendment
This SPA will permanently remove beneficiary pharmacy cost sharing requirements for claims with DOS from July 1, 2024 forward. In addition, this SPA attests Wyoming compliance with client exemptions and protections related to cost sharing, and clarifies M-CHIP cost sharing.

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 4, 2024
Submit Date: Oct 31, 2024



Medicaid Premiums and Cost Sharing

State Name: Wyoming

OMB Control Number: 09381148

Transmittal Number: WY - 24 - 0007

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.

Yes

- ☒ 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.

No

Cost Sharing for Drugs

The state charges cost sharing for drugs.

No



Medicaid Premiums and Cost Sharing

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

All cost sharing is published at <https://health.wyo.gov/healthcarefin/medicaid/cost-sharing/> for Medicaid clients. Cost sharing is published at <https://health.wyo.gov/healthcarefin/chip/> for M-CHIP children.

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 - 0007

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	3.65	\$	Visit	T1015 and 0521 Revenue Code	Remove
Add	Federally Qualified Health Center	3.65	\$	Visit	T1015 and 0521 Revenue Code	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.

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

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.

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:



Medicaid Premiums and Cost Sharing

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



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: WY - 24 - 0007

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<input type="text" value="No"/>

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.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: WY - 24 - 0007

Cost Sharing Amounts - Targeting G2c

1916
1916A
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

Add	Service	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	3.65	\$	Visit	T1015 and 0521 Revenue Code	Remove
Add	Federally Qualified Health Center	3.65	\$	Visit	T1015 and 0521 Revenue Code	Remove

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

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

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

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

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 to specific individuals (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.



Medicaid Premiums and Cost Sharing

		Remove Population
Add Population		

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.20181119



Medicaid Premiums and Cost Sharing

State Name: Wyoming

OMB Control Number: 09381148

Transmittal Number: WY - 24 - 0007

Cost Sharing Limitations

G3

42 CFR 447.56
1916
1916A

- ☒ The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

Exemptions

Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

- ☐ Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).
- ☐ Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:
 - ☐ 133% FPL; and
 - ☐ If applicable, the percent FPL described in section 1902(l)(2)(A)(iv) of the Act, up to 185 percent.
- ☐ Disabled or blind individuals under age 18 eligible for the following eligibility groups:
 - ☐ SSI Beneficiaries (42 CFR 435.120).
 - ☐ Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).
 - ☐ Individuals Receiving Mandatory State Supplements (42 CFR 435.130).
- ☐ Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.
- ☐ Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).
- ☐ Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.
- ☐ Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.
- ☐ An individual receiving hospice care, as defined in section 1905(o) of the Act.
- ☐ Indians who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services.
- ☐ Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).

Groups of Individuals - Optional Exemptions

Supersedes: WY 24-0004

Approval Date: 12-18-24
Effective Date: 07-01-24

Page 1 of 5



Medicaid Premiums and Cost Sharing

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over.

Yes

Indicate below the age of the exemption:

- ☐ Under age 19
- ☐ Under age 20
- ☒ Under age 21
- ☐ Other reasonable category

The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs.

Yes

Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

- ☒ Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).
- ☒ Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.
- ☒ Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.
- ☒ Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specifically identified in the state plan as not being related to pregnancy.
- ☒ Provider-preventable services as defined in 42 CFR 447.26(b).

Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

- ☒ To identify that American Indians/Alaskan Natives (AI/AN) are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:
 - ☒ The state accepts self-attestation
 - ☒ The state runs periodic claims reviews
 - ☐ The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document
 - ☒ The Eligibility and Enrollment and MMIS systems flag exempt recipients
 - ☐ Other procedure



Medicaid Premiums and Cost Sharing

Additional description of procedures used is provided below (optional):

☒ To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):

- ☒ The MMIS system flags recipients who are exempt
- ☒ The Eligibility and Enrollment System flags recipients who are exempt
- ☐ The Medicaid card indicates if beneficiary is exempt
- ☒ The Eligibility Verification System notifies providers when a beneficiary is exempt
- ☒ Other procedure

Description:

270/271 eligibility transaction reports cost sharing information. A client can be searched in combination with a certain procedure code in the Agency's MMIS provider screens to see if the client has cost sharing specific to that service.

Additional description of procedures used is provided below (optional):

The additional procedures supplement methods in the MMIS, Eligibility and Enrollment System, and Eligibility Verification System to ensure cost sharing is clear to beneficiary and provider.

Payments to Providers

- ☒ The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid.

Yes

- ☒ The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.

Aggregate Limits

- ☒ Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.
- ☐ The percentage of family income used for the aggregate limit is:



Medicaid Premiums and Cost Sharing

- ☒ 5%
- ☐ 4%
- ☐ 3%
- ☐ 2%
- ☐ 1%
- ☐ Other: %

☒ The state calculates family income for the purpose of the aggregate limit on the following basis:

- ☒ Quarterly
- ☐ Monthly

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation.

Yes

☒ Describe the mechanism by which the state tracks each family's incurred premiums and cost sharing (check all that apply):

☒ As claims are submitted for dates of services within the family's current monthly or quarterly cap period, the state applies the incurred cost sharing for that service to the family's aggregate limit. Once the family reaches the aggregate limit, based on incurred cost sharing and any applicable premiums, the state notifies the family and providers that the family has reached their aggregate limit for the current monthly or quarterly cap period, and are no longer subject to premiums or cost sharing.

☐ Managed care organization(s) track each family's incurred cost sharing, as follows:

☐ Other process:

☒ Describe how the state informs beneficiaries and providers of the beneficiaries' aggregate family limit and notifies beneficiaries and providers when a beneficiary has incurred premiums and cost sharing up to the aggregate family limit and individual family members are no longer subject to premiums or cost sharing for the remainder of the family's current monthly or quarterly cap period:

The Benefit Management System has a cost sharing indicator on each member or family, that will change from Yes to No when quarterly cost sharing obligations are met. Due to Wyoming's very low member cost sharing, we have not identified any individual or family that has met or exceeded the 5% threshold but have recurring reports run monthly that identify member cost sharing assigned. Providers can view in real-time whether a member is subject to cost sharing at all or for a specified service using the 270/271 real-time or batch transactions, or view this in the provider portal of the Benefit Management System. Members may view assigned cost sharing in the Benefit Management System member portal and also the time period where they are subject to cost sharing.

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period.

Yes

Describe the appeals process used:

Any individual calling or emailing about copays will be directed to submit a question using the Google form at: <https://health.wyo.gov/healthcarefin/medicaid/cost-sharing/>

If the member is not able to submit a form, a State staff member will complete the survey by phone with that member so that the record is submitted into the formal process.



Medicaid Premiums and Cost Sharing

Once any question on cost sharing is submitted, including appeals, this form routes to a team of state staff that will contact the member or family head, and research the issue.

If a family is determined to have not exceeded the aggregate limit for the quarter, the reasoning and supporting documentation will be provided in a phone call, and also mailed to the member using USPS mail.

- ☒ Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

Due to the automated nature of the aggregate limit in the claims processing system (Benefit Management System), provider claims should be paid without cost sharing assigned once the aggregate limit is made for the quarter. If possible, the State will reprocess the claim to pay the claim in full, and the provider should refund any assigned cost sharing. If needed, the State team will notify the member and issue a payment using the MMIS travel reimbursement system, using the type "Cost sharing" refund.

- ☒ Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

The family or individual aggregate limit is calculated automatically from information on the case provided from the Wyoming Eligibility System to the Benefit Management System. If the income in the Wyoming Eligibility System is inaccurate, the member would be required to update the family or individual income so that the case can be updated. That information is sent nightly to the claims processing system, which would update the family aggregate limit to reflect the new income on file.

No Medicaid or M-CHIP individuals are subject to premiums, except the Employed Individuals with Disabilities group.

Only Employed Individuals with Disabilities individuals (EID eligibility group) have premiums on Wyoming Medicaid. If an individual is subject to premiums, but fails to pay the premium the following process is followed. Once the client is 10 days late on a premium, Wyoming Medicaid mails a late notice through USPS with the amount due. If the client still does not pay and they get 60 days past due then the customer service center mails a notice through USPS to the client letting them know being terminated for failing to pay premiums with the amount past due. This notice is sent at least 15 days prior to their last day of coverage.

A beneficiary's coverage is not terminated until the beneficiary has not paid a premium for 60 days, as required by 447.55(b)(2). The state waits the full 60-day period required by CFR before terminating coverage for unpaid premiums.

Clients have appeal rights and if they make their premium payment their benefits are restored. If they make the payment more than 90 days after closure, the beneficiary is required to submit a new application. Clients cannot be placed on the EID program until the premiums are made but they can be moved to another Medicaid coverage group that does not require premiums if they qualify.

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5).

No

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V.20160722