## **Table of Contents**

# State/Territory Name: Wyoming

## State Plan Amendment (SPA) #: 24-0001

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



Medicaid and CHIP Operations Group

April 19, 2024

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

Re: Wyoming State Plan Amendment (SPA) 24-0001

Dear Lee Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY-24-0001. This amendment will update coverage of preventive services when recommended by a physician or other licensed practitioner.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.130; 45 CFR § 147.130-133. This letter informs you that Wyoming's Medicaid SPA TN 24-0001 was approved on April 19, 2024, with an effective date of October 1, 2023.

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 Edwin Walaszek at (212) 616-2512 or via email at Edwin.Walaszek1@cms.hhs.gov.

Sincerely,

Nicole M.

Digitally signed by Nicole M. Mcknight -S Date: 2024.04.19 Mcknight -S Date: 2024.04.1

Nicole M. McKnight, Acting Director **Division of Program Operations** 

Enclosures

cc: Jennifer Conrick, Executive Assistant

CENTERS FOR MEDICARE & MEDICARD SERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL C STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/1/2023
5. FEDERAL STATUTE/REGULATION CITATION CDR 440. 130; 45CFR 147. 130-133	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0 b. FFY 2025 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 A Page 5 Attachment 4.19 B - New Page	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 A - Supersedes TN#85-005 Page 5 Attachment 4.19 B - New Page
<ul> <li>9. SUBJECT OF AMENDMENT</li> <li>Updating the coverage of preventive services, as approved by t the U.S. Preventive Services Task Force (USPSTF). Preventive practitioner of the healing arts acting within their schope of practice.</li> <li>10. GOVERNOR'S REVIEW (Check One)</li> <li>GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>GOVERNOR'S OF GOVERNOR'S OFFICE ENCLOSED</li> <li>NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	he Wyoming Medicaid Director, are assigned to grade A or B by e services must be recommended by a physician or other licensed tice under state law.
11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Lee Grossman 13. TITLE State Medicaid Agent 14. DATE SUBMITTED	15. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Finance 122 W. 25th Street 4 West Cheyenne, WY 82002 CC: Jennifer Conrick- Executive Assistant
= 1 ) [ = ]	USE ONLY
16. DATE RECEIVED January 24, 2024	17. DATE APPROVED April 19, 2024
PLAN APPROVED - 0	ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL Nicole M. Mcknight -S Digitally signed by Nicole M. Mcknight -S Digitally signed by Nicole M. Mcknight -S
20. TYPED NAME OF APPROVING OFFICIAL Nicole M. McKnight	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations
22. REMARKS	

3/12/24:Wyoming state allows CMS to make the following P&I changes: --Box 14: Change date submitted from 2/5/24 to 1/24/24

#### 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 CATEGEGORICALLY NEEDY

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

### c. **Preventive Services**

Provided: Yes. \_\_\_\_ No limitations  $\underline{X}$  With limitations

Preventive services for adults are recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under State law to prevent disease, disability, and other health conditions or their progression, prolong life, and promote physical and mental health and efficiency.

#### Preventive Services

All preventive services which are assigned a grade of A or B by the U.S. Preventive Services Task Force (USPSTF). Preventive services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Each client may receive a comprehensive annual health evaluation provided by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law. For children and adolescents, the annual evaluation complements the services provided in accordance with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all clients based on medical necessity criteria established by the state.

## Vaccines and Vaccine Administration

All immunizations provided for children to age 21 and approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration are covered when furnished by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under state law, in accordance with Section 1905(a)(13)(B) of the Social Security Act.

The state has methods to ensure that its coverage and billing codes of approved vaccines and their administration are updated as necessary to reflect changes to ACIP recommendations.

## Administration of COVID-19 Vaccinations

Administration of COVID-19 vaccinations is covered when administered by a qualified provider per the HHS COVID-19 PREP Act Declaration and authorizations.

#### 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

13.c Preventive Services

Reimbursement for preventive services is reimbursed on a fee for service basis and is the lesser of charges or the Wyoming 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 at <a href="https://wyomingmedicaid.com/portal/fee-schedules">https://wyomingmedicaid.com/portal/fee-schedules</a> or upon request by calling the Wyoming Medicaid fiscal agent. The fee schedules on the Agency website are for both past and future periods. The website has the most current fee schedules available and the ability to query prior fee schedules as needed. Services are paid using the fee schedule applicable for the date of service.

Wyoming sets preventive services payment rates according to the same methods used for nonpreventive treatment services in the appropriate section for that particular service and provider type.

Reimbursement for Vaccines and Vaccine Administration

Wyoming sets payment rates for vaccines at actual acquisition cost and an adequate professional fee for administration to incentivize access to and availability of vaccines. Vaccine payment rates do not consider age in the rate setting methodology, and rates for vaccines are set using the method described.