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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

May 17, 2019

Teri Green, State Medicaid Agent
Office of Health Care Financing
Wyoming Department of Health
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82009

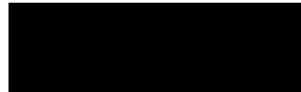
Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0018. This SPA is adding coverage for licensed midwives under other licensed practitioners and is clarifying the payment methodology for all other licensed practitioners.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,



Mary Marchioni
Acting Deputy Director

cc: Thomas Forslund, Director
Sheree Nall
Andrew Chapin
Chris Bass

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
WY19-0018

2. STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.130
42 CFR 440.60

7. FEDERAL BUDGET IMPACT:
FFY 2019 = \$0
FFY 2020 = \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1A 6d
Attachment 4.19 B 6d.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 3.1A 6d – TN#16-005
Attachment 4.19 B 6d – TN#16-005

10. SUBJECT OF AMENDMENT:

The amendment to the State Plan will add coverage for services provided by Licensed Midwives pursuant to WY statute 42-4-103 (a)(ix).

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Delegated to Teri
Green, State Medicaid Agent, Division of
Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

13. TYPED NAME: TERI GREEN

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: April 8, 2019
RESUBMITTED: May 15, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
April 8, 2019

18. DATE APPROVED:
May 17, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Mary Marchioni

22. TITLE: *✓*
Acting Deputy Director, DROG

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

6. d. Other Practitioners' Services.

- Certified Registered Nurse Anesthetists
 - Services of a Certified Registered Nurse Anesthetist within the scope of practice according to state law.

- Licensed Dietitians
 - Services of a Licensed Dietitian within the scope of practice according to state law.
 - For clients age 21 and older, services are limited to 20 visits per calendar year.
 - For clients age 20 and younger, services are not limited per EPSDT guidelines and are not subject to cost sharing.
 - Limits may be exceeded for adults (clients age 21 and older) if additional services are determined to be medically necessary.

- Licensed Midwives
 - Services of a Licensed Midwife that are within the scope of practice according to state law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

WYOMING

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

6. d. Other Practitioners.

Reimbursement will be the lessor of charges or a percentage of the physician fee schedule amount. Reimbursement for Certified Registered Nurse Anesthetists, Licensed Dietitians, and Licensed Midwife services will be the lessor of charges or a percentage of the physician fee schedule amount specific to the provider type in accordance with the legend on the physician fee schedule. All public and private providers are reimbursed according to the same fee schedule. A maximum allowable fee is established by procedure code regardless of provider location. Providers may access the fee schedule on the agency website or upon request by calling the fiscal agent.

Physician fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY2007 rate year using the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at https://wymedicaid.portal.conduent.com/fee_schedule.html.

TN# WY19-0018 Approval Date: May 17, 2019 Effective Date: July 1, 2019
 Supercedes:
 TN# WY16-005