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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 21-0008

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

August 6, 2021

Ms. Teri Green
State Medicaid Agent
Office of Health Care Financing
6101 Yellowstone Road
Suite 210
Cheyenne, WY 82002

Re: WY SPA 21-0008


Dear Ms. Green:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) WY 21-0008, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on May 20, 2021. This state plan amendment (SPA) requests an exception of the State's requirement to contract with a Medicaid Recovery Audit Contractor.



Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. This is a time-limited SPA with an expiration date of July 1, 2023. This is a period not to exceed two (2) years. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional or need further assistance, please contact Ford Blunt of my staff at (214) 767-6381 or by email at Ford.Blunt@cms.hhs.gov.

Sincerely,

 Digitally signed by
James G. Scott -S
2021.08.06
15:58 -05'00'

James G. Scott, Director
Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: WY 21-0008	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 7/1/2021	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 455.516		7. FEDERAL BUDGET IMPACT: a. FFY21 \$0.00 b. FFY23 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.5b page 36b & 36c Page 36d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 4.5b page 36b & 36c (19-0016) New Page	
10. SUBJECT OF AMENDMENT: Exception of State's requirement to contract with a Medicaid Recovery Audit Contractor.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing</u> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 122 West 25 th St., 4 Floor West CHEYENNE, WY 82002	
13. TYPED NAME: TERI GREEN		CC: HEATHER GALLO, EXECUTIVE ASSISTANT (SAME ADDRESS)	
14. TITLE: STATE MEDICAID AGENT			
15. DATE SUBMITTED: April 12, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 20, 2021		18. DATE APPROVED: August 6, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2021.08.06 09:30:34 -05'00'	
21. TYPED NAME: James G. Scott		22. TITLE: Director Division of Program Operations	
23. REMARKS: This is a revised CMS-179. The original CMS-179 was received on May 20, 2021.			

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p><input type="checkbox"/> The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.</p> <p>Place a check mark to provide assurance of the following:</p> <p><input type="checkbox"/> The State will make payments to the RAC(s) only from amounts recovered.</p> <p><input type="checkbox"/> The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.</p>
<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p>	<p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p><input type="checkbox"/> The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p><input type="checkbox"/> The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p>
<p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p><input type="checkbox"/> The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p><input type="checkbox"/> The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):</p> <p><input type="checkbox"/> The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> <p><input type="checkbox"/> The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.</p>

	<p>_____ The State assures that the recovered amounts will be subject to a State’s quarterly expenditure estimates and funding of the State’s share.</p> <p>_____ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p>
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