

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

June 27, 2012

Teri Green, State Medicaid Agent
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE: Wyoming #12-001

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-001. This State Plan Amendment is submitted as required by Section 6401 (a) of the Affordable Care Act to establish procedures under which screening is conducted with respect to providers of medical or other items or services or supplier under Medicare, Medicaid and CHIP.

Please be informed that this State Plan Amendment was approved on June 26, 2012 with an effective date of April 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: [Chris Bass](#)
Lee Clabots, Deputy Director

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

1. TRANSMITTAL NUMBER.
12-001

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
April 1, 2012

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:
1902(a)(39)(77)(kk). 42 CFR 455 Subpart E

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 UNKNOWN
b. FFY 2013 UNKNOWN

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4. Pages 82-84

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
Provider Screenings

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL.



16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE 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:

3/30/12

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/30/12

18. DATE APPROVED:

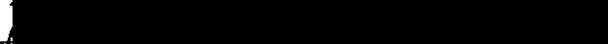
6/26/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/12

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME.

RICHARD O. ALLEN

22. TITLE:

ARA, DMCHO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM

State: Wyoming

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.46 Provider Screening and Enrollment

Citation

1902(a)(77)
 1902(a)(39)
 1902(kk)
 P.L. 111-148 and
 P.L. 111-152

The State Medicaid Agency gives the following assurances:

42 CFR 455
 Subpart E

PROVIDER SCREENING

Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have all parts of this State Plan Amendment in compliance effective April 1, 2013.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

Assures that the State Medicaid Agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

Assures that the State Medicaid Agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

Assures that providers will be revalidated regardless of provider type at least every 5 years.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

Assures that the State Medicaid Agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

T.N. # WY-12-001

Approval Date 6/26/12

Supersedes T.N. # NEW

Effective Date 4-1-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM
 State: Wyoming

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.46 Provider Screening and Enrollment

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

42 CFR 455.422

APPEAL RIGHTS

Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

42 CFR 455.432

SITE VISITS

Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS

Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by level of screening based on risk of fraud, waste or abuse for that category of provider

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

42 CFR 455.436

FEDERAL DATABASE CHECKS

Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.

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 MEDICAL ASSISTANCE PROGRAM
 State: Wyoming

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.46 Provider Screening and Enrollment

- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
 Assures that the State Medicaid Agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

 The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
 Assures that the State Medicaid Agency complies 1902(a)(77) and 1902(kk) of the Act and with the requirement outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

 The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.
- 42 CFR 455.460 APPLICATION FEE
 Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(c) of the Act and 42 CFR

 The Wyoming Medicaid program has been meeting with and submitted a Change Service Request (CSR) to the fiscal agent. We plan to have this part of the State Plan Amendment in compliance effective April 1, 2013.
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
 Assures that the State Medicaid Agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section (1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

T.N. # WY-12-001

Approval Date 6/26/12

Supersedes T.N. # NEW

Effective Date 4-1-12