

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

1 TRANSMITTAL NUMBER  
12-003

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  
1/1/13

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:  
Section 1902(a)(42)(B)(i)  
of the Social Security Act

7 FEDERAL BUDGET IMPACT  
a. FFY 2011 \$0.00  
b. FFY 2012 \$0.00

8: PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Section 4.5b

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
  
Section 4.5b

10. SUBJECT OF AMENDMENT Medicaid Recovery Audit Contractor program exception request.

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

[Redacted Signature]

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

14. TITLE, STATE MEDICAID AGENT

CC. CHRIS BASS, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

15. DATE SUBMITTED: 08/22/2012 *resubmitted*

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
*5/13/12 original; 8/23/12 update*

18. DATE APPROVED: *9/26/12*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
*1/1/13*

20. TYPED NAME OF OFFICIAL:  
[Redacted Name]

21. TYPED NAME:  
*RICHARD A. ALLEN*

22. TITLE:  
*APA; DIRECTOR*

23. REMARKS: