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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0017

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

April 18, 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) 19-0017. This SPA updates WY's attestations to provider screening requirements.

Please be informed that this State Plan Amendment was approved on April 17, 2019, with an effective date of April 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,



Trinia J. Hunt
Acting Deputy Director

cc: Michael Ceballos, Director
Sheree Nall
Andrew Chapin
Chris Bass

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: WY19-0017	2. STATE WYOMING
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE April 1, 2019
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 2019 - \$0 b. FFY 2020 - \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, Pages 82-84	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): WY12-001, Pages 82 - 84

10. SUBJECT OF AMENDMENT:


Provider screening and enrollment. WY Medicaid proposes to update this section of its administrative state plan amendment confirming compliance with the regulations as required.

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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 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: 4/8/19 DATE RESUBMITTED: 4/16/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: April 8, 2019	18. DATE APPROVED: April 17, 2019
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Trinia J. Hunt	22. TITLE: Acting Deputy Director, DROG

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.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

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

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.

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.

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.

T.N. # WY19-0017

Approval Date 4/17/2019

Supersedes T.N. # WY12-001

Effective Date 4/1/2019

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

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

42 CFR 455.422

APPEAL RIGHTS

X 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

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

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS

X 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.

42 CFR 455.436

FEDERAL DATABASE CHECKS

X 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.

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State: Wyoming

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.46 Provider Screening and Enrollment

- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
 X 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.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
 X 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.
- 42 CFR 455.460 APPLICATION FEE
 X 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
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
 X 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.

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