
Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 18-0004

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

December 10, 2018

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) 18-0004. This SPA updates Wyoming's state plan to more accurately reflect the current approach to Medicaid eligibility quality control.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. 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 Associate Regional Administrator
Division for Medicaid & Children's Health Operations

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

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
WY18-0004

2. STATE
WYOMING

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

4. PROPOSED EFFECTIVE DATE
7/1/2018

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: 1903(u) of the
Act
42 CFR 431.800-431.820
42 CFR 433.116

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$0.00
b. FFY 2019 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.4
Page 35

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4.4
Page 35

10. SUBJECT OF AMENDMENT:
Medicaid Eligibility Quality Control

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
Green, State

☒ OTHER, AS SPECIFIED: Delegated to Teri

Medicaid Agent, Division of Healthcare Financing

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: Submitted 9/18/18 Resubmitted 12/4/18

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 18, 2018

18. DATE APPROVED:
December 10, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:
Trinia J. Hunt

22. TITLE:
Acting ARA, DMCHO

23. REMARKS:

Revision:

State/Territory: WyomingCitation**4.4 Medicaid Eligibility Quality Control**

42 CFR 431 Subparts
P & Q
50 FR 21839
75 FR 48847
1903(u) of
The Act,
P.L. 99-509
(Section 9407)
P.L. 107-300
P.L.111-3

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- X Yes.
- Not applicable. The State operates
An approved MEQC Pilot.
- (b) In accordance with 431.806(c), the State operates a Medicaid quality control claims processing assessment system that meets the requirements of 431.830-431.836.
- Yes.
- Not applicable. The State has an approved
Medicaid Management Information System
(MMIS).
- (c) In accordance with 431.806(b), Payment Error Rate Measurement (PERM) is implemented in accordance with 42 CFR Part 431, Subpart Q, in substitution to meet the statutory and regulatory (“traditional”) Medicaid Eligibility Quality Control (MEQC) review during the State’s PERM cycle year.
- Yes.
- Effective for FFY
- Effective for FFY
- Effective for FFY
- Not applicable.

TN No. 18-0004

Supersedes

TN No. 87-7Approval Date 12/10/2018Effective Date 07/01/2018