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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 18-0006

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- 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

November 29, 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) 18-0006. This amendment adds assurance of compliance with the requirements of Section 5006 of the 21st Century Cures Act, requiring publication of a fee-for-service provider directory on a public website.

Please be informed that this State Plan Amendment was approved November 28, 2018, with an effective date of October 1, 2018. We are enclosing the CMS-179 and the approved 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:

WY18-006

2. STATE:

WYOMING

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

4. PROPOSED EFFECTIVE DATE

October 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:

Section 5006 of P-L 114-225

7. FEDERAL BUDGET IMPACT:

FFY2019 - (\$0)

FFY2020 - (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.47

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Not applicable

10. SUBJECT OF AMENDMENT:

Wyoming is seeking to confirm compliance with Section 5006 of P-L 114-255 regarding the public availability of a compliant Medicaid provider directory.

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: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTHCARE 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: November 6, 2018

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 6, 2018

18. DATE APPROVED:

November 29, 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Trinia J. Hunt

22. TITLE:

Acting ARA, DMCHO

REMARKS:

State: WYOMING

4.47 21st Century Cures Act

Requiring Publication of Fee-for-Service Provider Directory

Citation:

Section 5006 of P-L 114-255

State is in compliance with the requirements of Section 5006 of the 21st Century Cures Act.

State will be in compliance with Section 5006 of the 21st Century Cures Act by _____.

State Plan's managed care coverage exempts this state from the requirements of Section 5006 of the 21st Century Cures Act.

State would potentially need to enact legislation to comply with Section 5006 of the 21st Century Cures Act and will discuss compliance with CMS.

TN: WY18-006
Supersedes TN: NEW

Approval Date: 11/28/2018 Effective Date: 10/1/18