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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 19-0013**

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 Operations Group  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Regional Operations Group**

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February 28, 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) 19-0013. This SPA updates the page to reflect current utilization management practices and compliance.

Please be informed that this State Plan Amendment was approved today with an effective date of January 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,

A solid black rectangular box used to redact the signature of Mary Marchioni.

Mary Marchioni  
Acting Deputy Director  
Western Regional Operations Group

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:

WY-19-0013

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2019

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: 42 CFR  
431.630, 42 CFR 456.2, 50 FR 15312, 1902(a)(30)(C) and 1902(d) of  
the Act, P.L. 99-509 (Section 9431)

7. FEDERAL BUDGET IMPACT:

N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.14a – Page 46 – Utilization/Quality Control

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Section 4.14a – Page 46– Utilization/Quality Control

10. SUBJECT OF AMENDMENT:

Updating this section to reflect current Utilization Management practices and compliance with CFR.

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:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: February 21, 2019

DATE RESUBMITTED: February 25, 2019

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
DIVISION OF HEALTHCARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

CC: CHRIS BASS, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

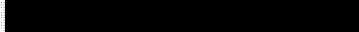
## **FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
February 21, 2019

18. DATE APPROVED:  
February 28, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Mary Marchioni

22. TITLE:  
Acting Deputy Director, WROG

REMARKS:

Revision: HCFA-PM- 91-10 (MB)  
DECEMBER 1991

State/Territory: Wyoming

Citation

42 CFR 431.630  
42 CFR 456.2  
50 FR 15312  
1902(a)(30)(C) and  
1902(d) of the  
Act, P.L. 99-509  
(Section 9431)

4.14 Utilization/Quality Control

- (a) A statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

       Directly

  X   By undertaking medical and utilization review requirements through a contract with a utilization and Quality Improvement Organization (QIO) designate under 42 CFR Part 475. The contract with the QIO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to QIO review;
- (4) Ensures that QIO review activities are not inconsistent with the QIO review of Medicare services; and
- (5) Includes a description of the extent to which QIO determinations are considered conclusive for payment purposes.

       Quality review requirements described in

TN No. WY-19-0013

Supersedes

Approval Date: 02/28/2019

Effective Date: 1/1/19

TN No. 92-01

section 1902(a)(30)(C) of the Act relating  
46 (cont)

to services furnished by HMOs under  
contract are undertaken through contract  
with the PRO. designed under 42 CFR Part  
462.

1902(a)(30)(C)  
and 1902(d) of the  
Act, P.L. 99-509  
(section 9431)

\_\_\_\_\_ By undertaking quality review of services  
furnished under each contract with an HMO  
through a private accreditation body.

TN No. WY-19-0013

Supersedes

TN No. 92-01

Approval Date: 02/28/2019

Effective Date: 1/1/19