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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 19-0016

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR ME ICAID & CHIP SERVICES

Denver Regional Operations Group

July 12, 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) 19-0016. This SPA requests a time-limited exception from the requirements of the Medicaid Recovery Audit Contract program.

Please be informed that this State Plan Amendment was approved on July 10, 2019 with an effective date of July 1, 2019, **through June 30, 2021, for a two-year period only**. 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,

[redacted]

Trinia J. Hunt
Acting Division Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 19-0016

2. STATE: WYOMING

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
07/01/2019

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 455.516

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 $0.00
b. FFY 2020 $0.00
c. FFY 2021 $0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.5b page 36b & 36c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Section 4.5b page 36b & 36c

10. SUBJECT OF AMENDMENT: Requesting an exemption to the State's requirement to contract with a Medicaid Recovery Audit Contractor.

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]

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 05/03/2019

16. RETURN TO:
TERI GREEN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC: CHRIS BASS, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
May 3, 2019

18. DATE APPROVED:
July 10, 2019

PLAN APPROVED – ONE COPY ATTACHED

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

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Trinia J. Hunt

22. TITLE:
Acting Division Director, WROG

23. REMARKS:

FORM HCFA-179 (07-92)

State WYOMING

PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

Citation	
Section 1902(a)(42)(B)(i) of the Social Security Act	____ The State will established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.
Section 1902(a)(42)(B)(ii)(I) of the Act	___X_ The State is seeking an exception to: 42 CFR 455.516: *Due to challenges in the arena of procuring a Recovery Audit Contractor, Wyoming has requested and received CMS approval for the following exceptions (See CMS Approval TN: WY-18-0002).* *Following approval, Wyoming completed a Request for Proposal (RFP 0197-D) and opened the RFP to public purchase for bids on January 15, 2019 with the above enhancements listed. The RFP closed on Wednesday, February 20, 2019, at 2 p.m. (MT). At the time of RFP closure the State of Wyoming received no bids.* *Wyoming believes that any firm contracted to be the Wyoming Medicaid RAC has the potential to incur significant operational losses under the allowed fee structure and Medicaid RAC regulatory restrictions. It is these challenges and limitations that have deterred vendors.* *Wyoming requests exemption pursuant to 42 CFR 455.516 from the requirement to maintain a Recovery Audit Contractor for a period of not more than 3 years from 6/30/2019 (the expiration date of approved SPA WY-17-0003).*
	___ The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute. Place a check mark to provide assurance of the following:
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	____ The State will make payments to the RAC(s) only from amounts recovered.

	____The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments. The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): ____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.
Section 1902 (a)(42)(B)(ii)(III) of the Act	_____ The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	____ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):
Section 1902(a)(42)(B)(ii)(IV(bb) of the Act	____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act	____ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.
	_____ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
	____ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.