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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 23-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 11, 2023

Mr. Lee Grossman
State Medicaid Agent
Office of Health Care Financing
6101 Yellowstone Road
Suite 210
Cheyenne, WY 82002

Re: WY SPA 23-0002

Dear Mr. Grossman:

We have reviewed the proposed Wyoming State Plan Amendment (SPA) WY 23-0002, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on February 1, 2023. This state plan amendment (SPA) requests an exemption of the State's requirement to contract with a Medicaid Recovery Audit Contractor.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. This is a time-limited SPA with an expiration date of July 1, 2025. This is a period not to exceed two (2) years. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


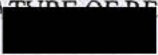
If you have any additional or need further assistance, please contact Ford Blunt of my staff at (214) 767-6381 or by email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the handwritten signature of James G. Scott.

Digitally signed by James G.
Scott -S
Date: 2023.04.11 15:41:44
-05'00'

James G. Scott, Director
Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 23-0002	2. STATE WYOMING
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 07/01/2023	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2024 \$0.00 b. FFY 2025 \$0.00 c. FFY 2026 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 36b, 36c, and 35d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 36b, 36c, and 35d (supersedes SPA - WY-21-0008)	
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): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: LEE GROSSMAN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 122 WEST 25 TH ST. 4 WEST CHEYENNE, WY 82002	
13. TYPED NAME: LEE GROSSMAN		CC: HEATHER GALLO, EXECUTIVE ASSISTANT (SAME ADDRESS)	
14. TITLE: STATE MEDICAID AGENT			
15. DATE SUBMITTED: January 31, 2023			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: February 1, 2023		18. DATE APPROVED: April 11, 2023	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2023		20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digitally signed by James G. Scott -5 Date: 2023.04.11 15:42:38 -05'00'</small>	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS: This is a Recovery Audit Contractor (RAC) time-limited SPA with an expiration date of July 1, 2025. This is a period not to exceed two (2) years.			

State WYOMING**PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION****4.5 Medicaid Recovery Audit Contractor Program**

<p><u>Citation</u></p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p> <p>Section 1902(a)(42)(B)(ii)(I) of the Act</p>	<p><input type="checkbox"/> The State has 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.</p> <p><input checked="" type="checkbox"/> The State is seeking an exception to establishing such program for the following reasons:</p> <p><i>The State Program Integrity Section maintains and operates a dedicated Fraud, Waste, and Abuse technical solution that supports in the identification of fraud, waste and abuse (FWA). The operations and maintenance duties of the corresponding contractor include report generation and data analysis activities. In addition, the technical solution contains a robust suite of data analytics which automatically generate potential leads. These efforts promote efficiency and significantly expand the State's ability to identify potential cases for audit and investigation.</i></p> <p><i>The State Program Integrity Section also works closely with its assigned Unified Program Integrity Contractor (UPIC). The collaboration with our designated UPIC and the operational processes we've established prove to be effective in the detection of FWA and subsequent completion of audit and investigation activities.</i></p> <p><i>The State of Wyoming Medicaid program also maintains an active contract with a Utilization Review contractor. This contractor's duties include post payment clinical reviews of paid claims. In collaboration with this contractor the Medicaid program and Program Integrity Section are able to further identify, address, and mitigate FWA.</i></p> <p><i>Historical efforts have shown 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</i></p>
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TN No. WY-23-0002
Supersedes TN: WY-21-0008

Approval Date: 04-11-23
Effective Date: 07-01-23

<p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p><i>that have deterred vendors from presenting any interest in bidding on and providing services as a RAC.</i></p> <p><i>The State's Program Integrity efforts in managing and mitigating FWA are numerous, documented, active, and ongoing. For these reasons, the State is requesting an exception - pursuant to 42 CFR 455.516 - from the requirement to maintain a Recovery Audit Contractor for a period of not more than 2 years from 7/1/2023 (the expiration date of approved SPA WY-21-0008).</i></p>
<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p>___ 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.</p> <p>Place a check mark to provide assurance of the following:</p>
<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p>	<p>___ The State will make payments to the RAC(s) only from amounts recovered.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p>___ The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p>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):</p> <p>___ 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.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>___ 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.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>___ 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.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>___ 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):</p>

	<p>_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> <p>_____ 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.</p> <p>_____ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p> <p>_____ 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.</p>