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State/Territory Name: WY

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

June 2, 2025

Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 25-0003

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 25-0003. This SPA requests exemption to the State requirement to contract with a Medicaid Recovery Audit Contractor from July 1, 2025-June 30, 2027.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 25-0003 was approved on June 2, 2025, with an effective date of July 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

If you have any questions, please contact Ford Blunt at (214) 767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Denzel Clifton

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;"> <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</u> </div>	2. STATE <div style="text-align: center;"> <u>WY</u> </div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="radio"/> XIX <input type="radio"/> XXI </div>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 455.516		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;"> <u>7/1/2025</u> </div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 36b, 36c, and 36d		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT Requesting an exemption to the State's requirement to contract with a Medicaid Recovery Adult Contractor.		8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 36b, 36c, and 36c (supersedes SPA - WY-23-0002)	

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Lee Grossman	15. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Financing 122 West 25th, St. 4 West Cheyenne, WY 82002
13. TITLE State Medicaid Agent	CC:
14. DATE SUBMITTED 5/28/2025	

FOR CMS USE ONLY	
16. DATE RECEIVED April 14, 2025	17. DATE APPROVED June 2, 2025

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Shantrina Roberts	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

This is a revised CMS-179. The original CMS-179 was submitted on 4/14/2025.

4.5 Medicaid Recovery Audit Contractor Program

TN No. WY-25-0003
Supersedes
TN No. WY-23-0002

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</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 the expiration date of approved SPA WY-23-0002. Wyoming is requesting an extension of the exemption from establishing a Medicaid RAC program effective July 1, 2025-June 30, 2027.</i></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>___ The State will make payments to the RAC(s) only from amounts recovered.</p> <p>___ The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.</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>___ 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>___ 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>___ 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>
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	<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>