

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

1902(a)(68)
of the Act,
P.L. 109-171
(section 6032)

Methodology of Compliance Oversight of the False Claims Act

- (1) All entities meeting Section 4.42(a)(1)(A) must be in compliance with section 6032 of the DRA.
- (2) INITIAL COMPLAINT: Within one month of the approval of this State Plan Amendment, an explanation letter and attestation of compliance form will be sent to each entity, as described in Section 4.42(a)(1)(A), requiring attestation of compliance with section 6032 of the DRA. The attestation of compliance will be required from each entity within thirty (30) days of the date of that letter.
- (3) ONGOING COMPLIANCE: In the first calendar quarter of every third year after 2007, an explanation letter and attestation of compliance form will be sent to each entity, as described in Section 4.42(a)(1)(A), requiring attestations of compliance with section 6032 of the DRA. The attestation of compliance will be required from each entity by June 30 of that year.
- (4) In the first calendar quarter of the two years between every third year, a list of entities will be reviewed to check for any new entities needing attestation of compliance. If there are any new entities, the explanation letter and attestation of compliance will be sent in the year requiring attestation following the deadlines in #3 above.
- (5) Actual visual verification of compliance will be performed yearly for these entities that are visited by program integrity personnel and/or provider field representatives of the fiscal agent. At least fifty (50) percent of the entities required to send attestation of compliance will have a visit every year.
- (6) If the attestation is not received within the required timeframes or if visual verification can not be obtained then appropriate remedies and sanctions will be imposed according to Chapter 16 of the Wyoming Medicaid Rules, Medicaid Program Integrity, to ensure that the entity is in compliance with section 6032 of the DRA.

TN No. 07-001
Supersedes
TN No. NEW

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