

Written Report and Potential Outcomes



The Division will generate a written report that informs the provider of the certification outcome.

Once the provider completes the certification renewal process, the Division will review all information, including that obtained during a site visit, and generate a written report. The report will list the areas in which the provider was in compliance with Medicaid Rules and Division standards, will identify deficiencies that were found, and will inform the provider of the certification outcome and new certification expiration date.

Potential Outcomes



- ▶ Up to three years
- ▶ Up to three years with corrective action
- ▶ Denial of certification

The Division will issue a certification outcome and new certification date. This outcome is based on the information submitted by the provider, and any deficiencies or concerns found related to health and safety, participant rights, and policies. The provider's recent history of incidents and complaints, as well as historical non-compliance with rules and standards, is also considered. This information is weighted and results in a score that ultimately determines a certification outcome of up to three years.

If the Division identifies areas of deficiency and non-compliance with Rules, then the Division may issue corrective action and require the provider to submit and implement an approved corrective action plan through the Provider Portal. In these situations, the Division will work closely with the provider to ensure that progress is being made toward remediating identified concerns.

Unfortunately, there are situations in which a provider is grossly out of compliance with Rule, and there are serious questions as to the health, welfare, or safety of the participants being served. In these situations, the Division may deny the provider's certification.

Technical Assistance and Corrective Action

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- ▶ Identified deficiencies must be addressed within 30 calendar days.
- ▶ Technical assistance may be offered.
- ▶ Corrective action will be imposed as a result of deficiencies or chronic non-compliance.
- ▶ Failure to address deficiencies will result in adverse action.

The written report issued by the Division will include areas of deficiencies. The provider must address these deficiencies within 30 calendar days of receiving the report. The Division will offer technical assistance to bring the provider into compliance, when possible. However, if the provider fails to address the deficiencies, or if the identified concerns are chronic or relate to a participant's health, safety, or rights, corrective action may be imposed. If this occurs, the provider will be required to submit and implement an approved corrective action plan through the Provider Portal. More information on corrective action plans can be found in Provider Training Series Module #9, which can be found on the [Training](#) page of the Division website, under the *DD Initial Provider Trainings* toggle.

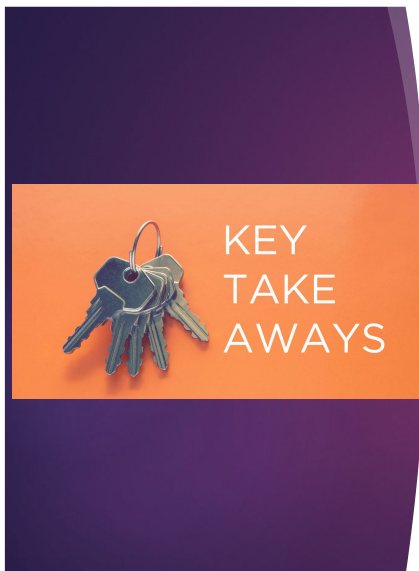
Failure to address deficiencies or implement a corrective action plan will result in adverse action against the provider.

Fair Hearings

A provider may dispute an adverse action related to the renewal of a provider's certification in accordance with Chapter 4 of the Department of Health's Medicaid Rules.



As established in Section 28, a provider may dispute an adverse action related to their certification renewal in accordance with Chapter 4 of the Department of Health's Medicaid Rules. As a reminder, decertification as a result of a provider's failure to follow or complete the certification process within the established timelines is not an adverse action, and is not eligible for fair hearing.



1. Notifications of certification renewals are sent via email. Check your email regularly and ensure your email address is listed correctly in IMPROV.
2. Upload the necessary documentation in the Provider Portal, and ensure the information is legible and accurate.
3. Do not procrastinate! Failure to engage in the process or meet established timelines will result in the provider's decertification.

As we end this training, we'd like to review some of the key takeaways:

1. The Division notifies providers that their certification is up for renewal through email. Providers are responsible for checking their email on a regular basis, and for ensuring that their email is listed correctly in IMPROV. If a provider updates their email address, they must notify the Division immediately.
2. Providers must ensure that the documentation they upload into the Provider Portal is legible and accurate. Providers must review all documentation after it is uploaded and before it is submitted. If submitted documentation does not meet the minimum standards, the Division will consider the documentation unacceptable and the provider will be required to resubmit within the required timeframes.
3. Do not procrastinate! If a provider fails to engage in the process, or doesn't meet the established timelines, the provider will be decertified.

Questions???

Contact the Provider Credentialing Team

wdh-hcbs-credentialing@wyo.gov

Thank you for participating in today's training. If you have questions related to the information in this training, please contact the Provider Credentialing Team at the email address listed on the slide.

Don't read this section as part of the live presentation

Please be sure to complete a summary of this training so that you can demonstrate that you received training on provider certification renewals.