

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: WYOMING

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation  
42 CFR 431.15  
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN No. 87-7  
Supersedes  
TN No. 75-5

Approval Date 9-8-87

Effective Date 7-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

OFFICIAL

State Wyoming

Citation  
42 CFR 431.202  
AT-79-29  
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 75-5

Supersedes

TN #

Approval Date 8/1/75

Effective Date 1/1/75

Revision: HCFA-AT-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: WYOMING

Citation

42 CFR 431.301

AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. 87-10

Supersedes

TN No. 75-5

Approval Date 11-20-87

Effective Date 10-1-87

HCFA ID: 1010P/0012P

JAN 11 1988

35

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: WYOMING

Citation

42 CFR 431.800(c)  
50 FR 21839  
1903(u)(1)(D) of  
the Act,  
P.L. 99-509  
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), (j), and (k)

☒ Yes.

☐ Not applicable. The State has an approved Medicaid Management Information System (MMIS).

TN No. 87-7  
Supersedes  
TN No. 85-7

Approval Date 9-8-87

Effective Date 7-1-87

HCFA ID: 1010P/0012P

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

<u>Citation</u>	<p><input type="checkbox"/> 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.</p>
<p>Section 1902(a)(42)(B)(i) of the Social Security Act</p>	<p><input checked="" type="checkbox"/> The State is seeking an exception to establishing such program for the following reasons:</p>
<p>Section 1902(a)(42)(B)(ii)(I) of the Act</p>	<p>The State is seeking an exception for the implementation date of January 1, 2012. The State anticipates an implementation date of January 1, 2013. The State is asking for an exception to the full-time Medical Director. The State is asking for an approximated .10 FTE Medical Director or Medical Professional. The vendor will establish a network of licensed medical professionals to perform Medical Director duties as defined in this regulation. The exception to the Medical Director will allow the contingency fee to remain below the highest rate paid to Medicare RACs.</p>
<p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> The State will make payments to the RAC(s) only from amounts recovered.</p>
	<p><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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>

TN No. 12-003

Supersedes

TN No. 10-010Approval Date: 9/26/12Effective Date: 01/01/2013

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) 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)(III) 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)(aa) 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>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p><input checked="" type="checkbox"/> The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s)</p> <p><input checked="" type="checkbox"/> 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>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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>

TN No. 12-003  
 Supersedes  
 TN No. 10-010

Approval Date: 9/26/12

Effective Date: 01/01/2013

New: HCFA-PM-99-3 (CMSO)  
JUNE 1999

State: WYOMING

Citation  
Section 1902(a)(64) of  
the Social Security Act  
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation  
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

---

TN No. 99-006  
Supersedes  
TN No. NEW

Approval Date 09/02/99 Effective Date June 1, 1999

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 431.16  
AT-79-29

#### 4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 78-2  
Supersedes \_\_\_\_\_  
TN # \_\_\_\_\_

Approval Date 3/16/78 Effective Date 1/1/78

OFFICIAL



OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 431.17  
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 78-2

Supersedes

TN #           

Approval Date 3/16/78

Effective Date 1/1/78

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 431.18 (b)  
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

TN # 75-3  
Supersedes  
TN #

Approval Date 7/17/75

Effective Date 1/1/75

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 433.37  
AT-78-90

4.9 Reporting Provider Payments to Internal  
Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 75-3

Supersedes

TN #

Approval Date 7/7/75

Effective Date 1/1/75

Revision: HCFA-PM-99-3 (CMSO)  
JUNE 1999

State: WYOMING

Citation  
42 CFR 431.51  
AT-78-90  
46 FR 48524  
48 FR 23212  
1902 (a) (23)  
of the Act  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

4.10 Free Choice of Providers

Section 1902(a)(23)  
of the Social Security Act  
P.L. 105-33

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual--
  - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
  - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
  - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, or
  - (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1915(b)(1), a health maintenance organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

TN No. 99-046  
Supersedes  
TN No. 92-01

Approval Date 09/02/99 Effective Date June 1, 1999

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State/Territory: WYOMING

Citation

42 CFR 431.610  
AT-78-90  
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is THE DEPARTMENT OF HEALTH
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): DEPARTMENT OF HEALTH.
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN No. 94-002

Supersedes

TN No. 80-14

Approval Date 09/28/94

Effective Date 1/1/94

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State/Territory: WYOMING

Citation

42 CFR 431.610  
AT-78-90  
AT-89-34

4.11(d) The DEPARTMENT OF HEALTH  
\_\_\_\_\_ (agency),  
which is the State agency responsible for  
licensing health institutions, determines if  
institutions and agencies meet the requirements  
for participation in the Medicaid program. The  
requirements in 42 CFR 431.610(e), (f) and (g)  
are met.

TN No. 94-002.

Supersedes

TN No. 75-3.

Approval Date 09/28/94

Effective Date 1/1/94.

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation

42 CFR 431.105 (b)  
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b) .
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b) .

☐ Yes, as listed below:

☒ Not applicable. Similar services are not provided to other types of medical facilities.

TN # 74-3

Supersedes

TN #       

Approval Date 3/17/75

Effective Date 1/1/74

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483 (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

/X/ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 91-13

Supersedes

No. 87-7

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E



45(a)

Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

State/Territory: WYOMING

Citation

1902(a)(58)

1902(w) 4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

(1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, health maintenance organizations and health insuring organizations are required to do the following:

- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

TN No. 91-15

Supersedes

Approval Date

12/13/91

Effective Date 12/1/91

TN No. NEW

HCFA ID: 7982E

45(b)

Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

State/Territory: WYOMING

statutory or recognized by the courts) concerning advance directives; and

(f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.

(2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:

(a) Hospitals at the time an individual is admitted as an inpatient.

(b) Nursing facilities when the individual is admitted as a resident.

(c) Providers of home health care or personal care services before the individual comes under the care of the provider;

(d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and

(e) Health maintenance organizations at the time of enrollment of the individual with the organization.

(3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exist regarding advance directives.

TN No. 91-15

Supersedes

TN No. NEW

Approval Date

12/13/91

Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM- 91-10 (MB)  
DECEMBER 1991

State/Territory: WYOMING

Citation

42 CFR 431.60  
42 CFR 456.2  
50 FR 15312  
1902(a)(30)(C) and  
1902(d) of the  
Act, P.L. 99-509  
(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment

Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

1902(a)(30)(C)  
and 1902(d) of the  
Act, P.L. 99-509  
(section 9431)

By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

TN No. 92-0  
Supersedes  
TN No. 88-14

Approval Date 2/6/92 Effective Date 1/1/92

Revision: HCFA-PM-85-3 (BERC)  
May 1985

State/Territory: WYOMING

Citation

42 CFR 456.2  
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

X Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

\_\_\_ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

\_\_\_ All hospitals (other than mental hospitals).

\_\_\_ Those specified in the waiver.

\_\_\_ No waivers have been granted.

TN No. 95-013

Supersedes

TN No. 93-002

Approval Date 11/22/95

Effective Date 1/1/96

Revision: HCFA-PM-85-7 (BERC)  
July 1985

OMB No.: 0938-0193

State/Territory: WYOMING

Citation

42 CFR 456.2  
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

☒ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

☐ All mental hospitals.

☐ Those specified in the waiver.

☐ No waivers have been granted.

☐ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 95-013

Supersedes

Approval Date 11/22/95

Effective Date 1/1/96

TN No. 85-7

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

State: Wyoming

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

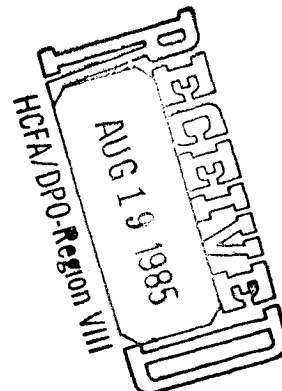
☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

☐ All skilled nursing facilities.

☐ Those specified in the waiver.

☒ No waivers have been granted.



TN No. 85-5  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date 8/1/85

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

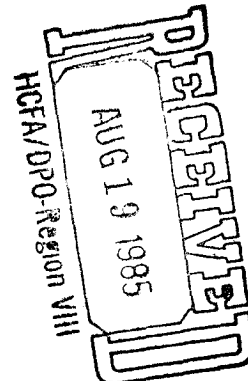
State: Wyoming

OMB NO. 0938-0193

Citation  
42 CFR 456.2  
50 FR 15312

4.14 ☒ (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- ☒ Facility-based review.
- ☐ Direct review by personnel of the medical assistance unit of the State agency.
- ☐ Personnel under contract to the medical assistance unit of the State agency.
- ☐ Utilization and Quality Control Peer Review Organizations.
- ☐ Another method as described in ATTACHMENT 4.14-A.
- ☐ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- ☐ Not applicable. Intermediate care facility services are not provided under this plan.



TN No. 85-5  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date 8/1/85

HCFA ID: 0048P/0002P

Revision: HCFA-PM-91-10 (MB)  
DECEMBER 1991

State/Territory: WYOMING

Citation

1902(a)(30)  
and 1902(d) of  
the Act,  
P.L. 99-509  
(Section 9431)  
P.L. 99-203  
(section 4113)

4.14 Utilization/Quality Control (Continued)

(f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

— A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

— A private accreditation body.

— An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 92-01  
Supersedes

TN No. 85-87-7

Approval Date 2/6/92 Effective Date 1/1/92



Revision: HCFA-PM-92-2 (HSQB)  
March 1992

State/Territory: WYOMING

Citation

4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part  
456 Subpart  
I, and  
1902(a)(31)  
and 1903(g)  
of the Act

☒ The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

☐ ICFs/MR;

☐ Inpatient psychiatric facilities for recipients under age 21; and

☒ Mental Hospitals.

42 CFR Part  
456 Subpart  
A and  
1902(a)(30)  
of the Act

☐ All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

☐ Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

☐ Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

☒ Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

TN No. 95-014

Supersedes

Approval Date

11/22/95

Effective Date

3/1/96

TN No. 92-07

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 431.615 (c)  
AT-78-90

4.16 Relations with State Health and Vocational  
Rehabilitation Agencies and Title V  
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 75-2

Supersedes

TN #       

Approval Date 7/7/75

Effective Date 1/1/75

Revision: HCFA-PM-95-3 (MB)  
May 1995

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wyoming

Citation (s)

42 CFR 433.36 (c)  
1902(a) (18) and  
1917(a) and (b) of  
The Act

## 4.17 Liens and Adjustments or Recoveries

### (a) Liens

\_\_\_\_\_ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

\_\_\_\_\_ The State complies with the requirements of section 1917 (a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

\_\_\_\_\_ The State imposes liens on real property on account of benefits incorrectly paid.

\_\_\_\_\_ The State imposes TEFRA liens 1917 (a) (1) (B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

\_\_\_\_\_ The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

\_\_\_\_\_ The State imposes liens on both real and personal property of an individual after the individual's death.

TN No.: 10-006  
Supersedes  
TN No.: 95-010

Approval Date: 8/26/10

Effective Date: 4/1/10

Revision: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wyoming

---

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below:

The State recovers for all approved services, for individuals age 55 and over, except for Medicare cost sharing identified at 4.17, (b)(3) Continued.

---

TN No.: 10-006  
Supersedes  
TN No.: 95-010

Approval Date: 8/26/10

Effective Date: 4/1/10

Revision: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wyoming

---

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

---

TN No.: 10-006  
Supersedes  
TN No.: New

Approval Date: 8/26/10

Effective Date: 4/1/10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: WYOMING

1917(b)(1)(C) (4) x If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6A, Supplement 8C (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

     The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6A, Supplement 8b.

     The State adjusts or recovers from the individual's estate on account of all facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

     The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

     The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

Revision: HCFA-PM-95-3 (MB  
May 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h) - (i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
  - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
  - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

1. # 95-010

Supersedes

TN # NEWApproval Date 09/05/95Effective Date 04/01/95

Revision: HCFA-PM-95-3 (MB  
May 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedures meets the requirements of 42 CFR 443.36(d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 443.36(g).
- (3) Defines the following terms:
  - a. estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), of the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
  - b. individual's home,
  - c. equity interest in the home,
  - d. residing in the home for at least 1 or 2 years,
  - e. on a continuous basis,
  - f. discharge from the medical institution and return home, and
  - g. lawfully residing.

1. " 95-010  
Supersedes  
TN # NEW

Approval Date 09/05/95Effective Date 04/01/95



Revision: HCFA-PM-95-3 (MB  
May 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

TN # 95-010

Supersedes

TN # NEWApproval Date 09/05/95Effective Date 04/01/95

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State/Territory: WYOMING

Citation

42 CFR 447.51  
through 447.58

4.18 Recipient Cost Sharing and Similar Charges

(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b)  
of the Act

(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

☐ Age 19

☐ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 91-13

ersedes  
No. 88-09

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.18(b)(2) (Continued)

42 CFR 447.51  
through  
447.58

(iii) All services furnished to pregnant women.

/X/ — Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 91-13

Supersedes

o. 88-09

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.18(b) (Continued)

42 CFR 447.51  
through  
447.48

- (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☐ Not applicable. No such charges are imposed.

- (i) For any service, no more than one type of charge is imposed.
- (ii) Charges apply to services furnished to the following age groups:
- ☐ 18 or older
- ☐ 19 or older
- ☐ 20 or older
- ☒ 21 or older
- ☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 91-13

Supersedes

No. 88-09

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation

4.18(b)(3) (Continued)

42 CFR 447.51  
through 447.58

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

/X/ Not applicable. There is no maximum.

TN No. 91-13

Supersedes

Approval Date

1/14/92

Effective Date

12/1/91

o. 88-09

90-12

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation

1916(c) of  
the Act

4.18(b)(4) ☒

A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52)  
and 1925(b)  
of the Act

4.18(b)(5) ☒

For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

(d) of  
the Act

4.18(b)(6) ☒

A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. 91-13

Supersedes

No. 88-09

90-12

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.18(c) ☒ Individuals are covered as medically needy under the plan.

42 CFR 447.51  
through 447.58

- (1) ☒ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through  
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under--

☒ Age 19

☒ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. 91-63

Supersedes  
o. 86-6

Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.18 (c) (2) (Continued)

42 CFR 447.51  
through  
447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

☒ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b) (4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,  
P.L. 99-272  
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through  
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

☒ Not applicable. No such charges are imposed.

TN No. 91-13  
Supersedes  
TN No. 86-6

Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7982E



Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.18(c)(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

- (i) For any service, no more than one type of charge is imposed.
- (ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 91-13  
Supersedes 86-6 Approval Date 1/14/92 Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.18(c)(3) (Continued)

447.51 through

(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

447.58

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

☒ Not applicable. There is no maximum.

TN No. 91-13  
Supersedes  
No. 86-6

Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of  
1902(a)(13) 42 CFR Part 447, Subpart C, and sections  
and 1923 of 1902(a)(13) and 1923 of the Act with respect to  
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and  
standards used to determine rates for payment for  
inpatient hospital services.

☒ Inappropriate level of care days are covered and  
are paid under the State plan at lower rates than  
other inpatient hospital services, reflecting the  
level of care actually received, in a manner  
consistent with section 1861(v)(1)(G) of the Act.

☐ Inappropriate level of care days are not covered.

TN No. 91-13

~~Supersedes~~

to.

87-7

Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-93- 6 (MB)  
August 1993

OMB No.: 0938-

State/Territory: WYOMING

Citation  
42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30) of  
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

TN No. 00-005

Supersedes

TN No. 92-02

Approval Date 06/05/00

Effective Date 04/01/00

STATE: WYOMING

**1905(a)(5)(a) Physician Services**

**Professional Services Supplemental Payments – Non-State Government Owned or Operated Hospitals**

Subject to the provisions of this section, effective July 1, 2020 all provider groups owned or operated by licensed non-state government owned or operated (NSGO) hospitals meeting the definition of “health care provider” (pursuant to 42 CFR 433.52) located in Wyoming shall be eligible for a quarterly professional services supplemental payment (PSSP) (based on an annual calculation). The PSSP will be the result of an analysis of the costs of the following covered services furnished to Wyoming Medicaid patients (excludes inpatient and outpatient services):

- a) Physician Services, to include Physician Assistants and Nurse Practitioners;
- b) Certified Registered Nurse Anesthetists;
- c) Certified Nurse Midwives;
- d) Services provided by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, and Licensed Addictions Therapist;
- e) Home Health Care Services not otherwise provided as inpatient or outpatient services;
- f) Chiropractic Services;
- g) Optometric/optician Services;
- h) Therapist services, defined to include physical therapy, speech therapy, occupational therapy, respiratory therapy, audiological services, and rehabilitative specialist services not otherwise provided as inpatient or outpatient services;
- i) Psychological Services;
- j) Laboratory and x-ray services, defined as services provided in a licensed, free-standing laboratory or x-ray facility. This definition does not include laboratory or x-ray services provided in a physician's office, hospital inpatient department, or hospital outpatient department; and

In order to qualify to receive supplemental payments, the physician or professional service practitioner must be:

- a) Licensed by the State of Wyoming
- b) Enrolled as a Wyoming Medicaid provider
- c) A provider type that provides the covered services listed above
- d) Employed by, or under contract to provide services at or in affiliation with a non-state owned or operated governmental entity and identified by the NSGO entity as a physician or practitioner that is employed by, under contract to provide services at or in affiliation with said entity.

The PSSP amount available for each provider group owned or operated by a NSGO hospital participating in the PSSP program will equal the difference between the Medicaid payment

ceiling that Wyoming commercial payers would pay under average commercial rate (ACR) principles and the amount paid for the same services by the Wyoming Department of Health (the Department). Aggregate payments to provider groups owned or operated by NSGO hospitals shall not exceed the Medicaid upper payment limit (UPL) in accordance with section 1902(a)(30(A) of the Social Security Act. The Department will perform the Medicaid UPL analysis prior to making the supplemental payments.

For services furnished by provider groups owned or operated by a NSGO hospital, the Department will collect from each provider group their current payment arrangement for at least three commercial payers contracted with the provider group. The Department will calculate the ACR by procedure code, modifier, and place of service combination for each provider group that is owned or operated by a NSGO hospital using at least three commercial paid claims sets or fee schedules specific to the provider group. The Department will limit its analysis to covered services within the Medicaid program.

The Department will extract paid claims for the preceding calendar year for provider groups that qualify for inclusion in the PSSP program. The Department will align the provider group's ACR for each procedure code to each Medicaid claim for services furnished by the provider group and calculate the average commercial payments for the claims.

The Department will calculate an aggregate Medicare-to-ACR equivalent ratio (MER), for each NSGO hospital, to create an estimated payment for procedure codes without an ACR. For the provider-specific MER, the Department will divide the estimated average commercial payments for each provider's Medicaid claims by the total estimated Medicare payments for the same set of claims. The Medicare rates will be the most currently available national rates that align with the UPL year. The Department will apply this MER to the current Medicare payment for all included procedure codes found in the claims data to create an estimated Medicaid payment ceiling.

The Department will calculate the PSSP and the UPL demonstration annually using claims data from the most recently completed calendar year. Provider PSSP estimates will be available July 1 of each year.

The Medicare equivalent ratios of the ACR will be re-determined every three years. The Department may add new provider groups owned or operated by NSGO hospitals to the PSSP payment calculations annually.

To have provider groups included in the PSSP program, NSGO hospitals must provide ownership or affiliation attestation documents and the required commercial payer fee schedules or paid claims information for provider groups.

STATE: WYOMING

#### Professional Services Supplemental Payments – Privately Owned or Operated Hospitals

Subject to the provisions of this section, effective July 1, 2020 all provider groups owned or operated by licensed privately owned or operated (private) hospitals meeting the definition of “health care provider” (pursuant to 42 CFR 433.52) located in Wyoming shall be eligible for a quarterly professional services supplemental payment (PSSP) (based on an annual calculation). The PSSP will be the result of an analysis of the costs of the following covered services furnished to Wyoming Medicaid patients (excludes inpatient and outpatient services):

- a) Physician Services, to include Physician Assistants and Nurse Practitioners;
- b) Certified Registered Nurse Anesthetists;
- c) Certified Nurse Midwives;
- d) Services provided by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, and Licensed Addictions Therapist;
- e) Home Health Care Services not otherwise provided as inpatient or outpatient services;
- f) Chiropractic Services;
- g) Optometric/optician Services;
- h) Therapist services, defined to include physical therapy, speech therapy, occupational therapy, respiratory therapy, audiological services, and rehabilitative specialist services not otherwise provided as inpatient or outpatient services;
- i) Psychological Services;
- j) Laboratory and x-ray services, defined as services provided in a licensed, free-standing laboratory or x-ray facility. This definition does not include laboratory or x-ray services provided in a physician's office, hospital inpatient department, or hospital outpatient department; and

In order to qualify to receive supplemental payments, the physician or professional service practitioner must be:

- a) Licensed by the State of Wyoming
- b) Enrolled as a Wyoming Medicaid provider
- c) A provider type that provides the covered services listed above
- d) Employed by, or under contract to provide services at or in affiliation with a privately owned or operated governmental entity and identified by the private entity as a physician or practitioner that is employed by, under contract to provide services at or in affiliation with said entity.

The PSSP amount available for each provider group owned or operated by a private hospital participating in the PSSP program will equal the difference between the Medicaid payment ceiling that Wyoming commercial payers would pay under average commercial rate (ACR) principles and the amount paid for the same services by the Wyoming Department of Health (the Department). Aggregate payments to provider groups owned or operated by private hospitals shall not exceed the Medicaid upper payment limit (UPL) in accordance with section 1902(a)(30)(A) of the Social Security Act. The Department will perform the Medicaid UPL analysis prior to making the supplemental payments.

For services furnished by provider groups owned or operated by a private hospital, the Department will collect from each provider group their current payment arrangement for at least three commercial payers contracted with the provider group. The Department will calculate the ACR by procedure code, modifier, and place of service combination for each provider group that is owned or operated by a private hospital using at least three commercial paid claims sets or fee schedules specific to the provider group. The Department will limit its analysis to covered services within the Medicaid program.

The Department will extract paid claims for the preceding calendar year for provider groups that qualify for inclusion in the PSSP program. The Department will align the provider group's ACR for each procedure code to each Medicaid claim for services furnished by the provider group and calculate the average commercial payments for the claims.

The Department will calculate an aggregate Medicare-to-ACR equivalent ratio (MER), for each private hospital, to create an estimated payment for procedure codes without an ACR. For the provider-specific MER, the Department will divide the estimated average commercial payments for each provider's Medicaid claims by the total estimated Medicare payments for the same set of claims. The Medicare rates will be the most currently available national rates that align with the UPL year. The Department will apply this MER to the current Medicare payment for all included procedure codes found in the claims data to create an estimated Medicaid payment ceiling.

The Department will calculate the PSSP and the UPL demonstration annually using claims data from the most recently completed calendar year. Provider PSSP estimates will be available July 1 of each year.

The Medicare equivalent ratios of the ACR will be redetermined every three years. The Department may add new provider groups owned or operated by private hospitals to the PSSP payment calculations annually.

To have provider groups included in the PSSP program, private hospitals must provide ownership attestation documents and the required commercial payer fee schedules or paid claims information for provider groups.



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## WYOMING

## POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

## 5. PHYSICIAN SERVICES

Reimbursement for physician services is the lesser of charges or the Medicaid fee schedule amount. A maximum allowable fee is established by procedure code regardless of provider location. All public and private providers are reimbursed according to the same fee schedule. Providers may access the fee schedule on the agency website or upon request by calling the fiscal agent.

Physician fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY 2007 rate year using the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rate for these services, for dates of service on or after January 1, 2021 are on the official Web site of the Department of Health at <http://health.wyo.gov> or <http://wymedicaid.portal.conduent.com/>

New procedures or by report procedures are reimbursed at 67.5% of billed charges until sufficient data (consultant recommendations or profiling of charges) is available to establish a relative value or allowable fee. Fee for specific procedures are adjusted when a significant number of claims or fees are defined as outliers. The modification may be performed by adjusting the relative value and conversion factor or by establishing a specific fee.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

## POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

## DENTAL SERVICES

Reimbursement is the lesser of charges or the established fee schedule amount. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and the fee schedule is published on the Medicaid website: <https://wymedicaid.portal.conduent.com/>

Effective for services provided on or after January 1, 2021, for dental procedures, Wyoming will set a fee at 67.5% of the fee determined by the National Dental Customized Fee Analyzer and fee data from average billed charges of Wyoming dental providers. For procedures that do not have sufficient data to set a fee, reimbursement will be determined by report and reimbursed at 67.5% of billed charge until sufficient data is available to establish an allowable fee. Fees for specific procedures are adjusted and set when a significant number of claims or fees are defined as outliers, or there is a comparable CPT code with a set fee. CPT fees are determined using the Resource-Based Relative Value Scale (RBRVS). This fee will be utilized to price the dental code.

TN No. WY-21-0005

Supersedes

TN No.

CMS ID: WY-15-0002Approval Date 5/7/21Effective Date January 1, 2021

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

## POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

## 13d. REHABILITATIVE SERVICES – MENTAL HEALTH &amp; SUBSTANCE ABUSE

Outpatient mental health and substance abuse treatment services are reimbursed on a fee-for-service basis utilizing the American Medical Association's Current Procedural Terminology, HCPCS Level I (CPT) and HCPCS Level II codes. Reimbursement will be the lesser of charges or a percentage of the physician fee schedule amount. All public and private providers are reimbursed according to the same fee schedule. A maximum allowable fee is established by procedure code regardless of provider location.

Providers bill rehabilitation services using either a HCPCS Level I (CPT) or HCPCS Level II code, not both. Physician fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY2007 rate year using the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of mental health and substance abuse illnesses. The agency's fee schedule rate was set as of 1/1/2021 and is effective for services provided on or after that date. All rates are published (<https://wymedicaid.portal.conduent.com>). The rates for HCPCS Level II codes will be paid at or below 90% of the Medicare fee schedule rates for Wyoming. Rates do not include the cost of room and board and include only Medicaid allowable costs. Payment made by Medicaid will not duplicate payments made to other public agencies or private entities under other program authorities for this same purpose.

TN# 21-0002  
Supersedes  
TN# 16-006

Approval Date 4/6/21 Effective Date January 1, 2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wyoming

---

Effective for dates of services on or after October 1, 2016 payments for reserved bed days in long term care facilities will not be made.

Payments for reserved bed days in intermediate care facilities for the intellectually disabled will be made.

- a) For periods of hospitalization for acute conditions, up to 15 days per calendar year.
- b) Therapeutic home visits are limited to 30 days per calendar year, not exceeding 15 days in duration more than once per month.

Revision: HCFA-PM-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: WYOMING

Citation

4.19 (d)

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

☒ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☐ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-10  
Supersedes  
TN No. 85-8

Approval Date 11-20-87

Effective Date 10-1-87

HCFA ID: 1010P/0012P

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 447.45 (c)  
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-10

Supersedes

TN #

Approval Date 4/3/80

Effective Date 10/1/79

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: WYOMING

Citation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-7  
Supersedes  
TN No. 84-2

Approval Date 9-8-87

Effective Date 7-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation

42 CFR 447.201  
42 CFR 447.202  
AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.



OFFICIAL

Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State Wyoming

Citation

42 CFR 447.201

42 CFR 447.203

AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 80-7

Supersedes

TN #

Approval Date 6/10/80

Effective Date 7/1/80

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation

42 CFR 447.201  
42 CFR 447.204  
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State: WYOMING

Citation

42 CFR  
447.201  
and 447.205

4.19(j)

The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the  
Act

(k)

The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 91-13

Supersedes

No. 89-07

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

66(a)

Revision: HCFA-PM-92-7 (MB)  
October 1992

State/Territory: WYOMING

Citation

1903(i)(14)  
of the Act

4.19(1) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

TN No. 92-13  
Supersedes  
TN No. NEW Approval Date 3/1/93 Effective Date 12/31/92

Revision: HCFA-PM-94-8 (MB)  
October 1994

State/Territory: Wyoming

---

Citation

---

4.19 (m)	<u>Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program</u>	
1928(c)(2) (C)(ii) of the Act	(i)	<p>A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:</p> <p>(ii) The State:</p> <p>— sets a payment rate at the level of the regional maximum established by the DHHS Secretary.</p> <p>— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State Law.</p> <p>— sets a payment rate below the level of the regional maximum established by the DHHS Secretary.</p> <p><u>X</u> is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.</p> <p>The State pays the following rate for the administration of pediatric vaccine: \$14.00 per injection or oral feeding for CPT codes 90465 through 90468, \$10.00 per injection or oral feeding for CPT codes 90471 through 90474.</p> <p>These rates will be adjusted inline with any physician services rate adjustment, subject to the Regional Maximum Cap.</p>
1926 of the Act	(iii)	<p>Medicaid beneficiary access to immunizations is assured through the following methodology:</p> <p><u>X</u> VFC vaccines are provided to 80% of the private providers and 100% of the public providers in the state.</p> <p><u>X</u> All providers have been educated as to VFC requirements, i.e., providers are prohibited from refusing to vaccinate due to the patient's inability to pay an administration fee.</p> <p><u>X</u> In addition, the Immunization program routinely conducts a random survey of providers and the ease of accessing immunization services.</p>

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 447.25 (b)  
AT-78-90

4.20 Direct Payments to Certain Recipients for  
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

☐ Yes, for ☐ physicians' services  
☐ dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

☒ Not applicable. No direct payments are made to recipients.

Revision: HCFA-AT-81-34 (BPP)

10-81

State WyomingCitation4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.

TN # 83-5

Supersedes

TN #

Approval Date 3-9-83 Effective Date 1-1-83

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WYOMING

Citation

4.22 Third Party Liability

42 CFR 433.137

(a) The Medicaid agency meets all requirements of:

- (1) 42 CFR 433.138 and 433.139.
- (2) 42 CFR 433.145 through 433.148.
- (3) 42 CFR 433.151 through 433.154.
- (4) Sections 1902(a)(25)(H) and (I) of the

1902(a)(25)(H) and (I)  
Act.  
of the Act

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A --

- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

42 CFR 433.138(g)(1)(ii)  
and (2)(ii)

- (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

42 CFR 433.138(g)(3)(i)  
and (iii)

- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

42 CFR 433.138(g)(4)(i)  
through (iii)

- (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

TN No. 00-005

Supersedes

TN No. 93-017

Approval Date 06/05/00

Effective Date 04/01/00



Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WYOMING

Citation

- 42 CFR 433.139(b)(3) — (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN No. 00-005

Supersedes

TN No. 93-017

Approval Date 06/05/00

Effective Date 04/01/00

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: Wyoming

Citation

4.22 (continued)

42 CFR 433.151(a)

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

☐ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

☐ Other appropriate State agency(s)--  
\_\_\_\_\_  
\_\_\_\_\_

☐ Other appropriate agency(s) of another State--  
\_\_\_\_\_  
\_\_\_\_\_

☐ Courts and law enforcement officials.

1902(a)(60) of the Act

- (g) The Medicaid agency assures that the State has in effect the laws relating to medical child, support under section 1908 of the Act.

1906 of the Act

- (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

☐ The Secretary's method as provided in the State Medicaid Manual, Section 3910.

☒ The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN No. 00-005  
Supersedes  
TN No. 95-015

Approval Date 06/05/00

Effective Date 04/01/00

Revision: HCFA-AT-84-2 (BERC)  
01-84

State WYOMING

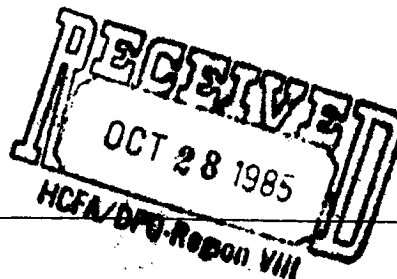
Citation

42 CFR Part 434.4  
48 FR 54013

4.23 Use of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.



TN # 85-8

Supersedes

TN # 80-4

Approval Date \_\_\_\_\_

Effective Date 10-1-85

OCT 28 A.M.

Revision: HCFA-PM-94-2 (BPD)  
APRIL 1994

State/Territory: WYOMING

Citation 4.24  
42 CFR 442.10  
and 442.100  
AT-78-90  
AT-79-18  
AT-80-25  
AT-80-34  
52 FR 32544  
P.L 100-203  
(Sec. 4211)  
54 FR 5316  
56 FR 48826

Standards for Payments for Nursing Facility  
and Intermediate Care Facility for the Mentally  
Retarded Services

With respect to nursing facilities and  
intermediate care facilities for the mentally  
retarded, all applicable requirements of  
42 CFR Part 442, Subparts B and C are met.

— Not applicable to intermediate care  
facilities for the mentally retarded;  
such services are not provided under this  
plan.

No. 94-006 TN  
Supersedes 80-9 Approval Date 01/26/94 Effective Date 4/1/94  
TN No. 80-9

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 431.702  
AT-78-90

4.25 Program for Licensing Administrators of Nursing  
Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # 74-3  
Supersedes  
TN #

Approval Date 3/17/75

Effective Date 1/1/74

Revision: HCFA-PM- 93-3 (MB)

State/Territory: WYOMINGCitation1927(g)  
42 CFR 456.700

## 4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)  
42 CFR 456.705(b) and  
456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

1927(g)(1)(B)  
42 CFR 456.703  
(d)and(f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopoeia-Drug Information
- American Medical Association Drug Evaluations

TN No. 00-005

Supersedes

TN No. 93-004Approval Date 06/05/00Effective Date 04/01/00

State/Territory: WYOMINGCitation1927(g)(1)(D)  
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

X Prospective DUR  
X Retrospective DUR.

1927(g)(2)(A)  
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)  
42 CFR 456.705(b),  
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

-Therapeutic duplication  
-Drug-disease contraindications  
-Drug-drug interactions  
-Drug-interactions with non-prescription or over-the-counter drugs  
-Incorrect drug dosage or duration of drug treatment  
-Drug allergy interactions  
-Clinical abuse/misuse

1927(g)(2)(A)(ii)  
42 CFR 456.705 (c)  
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)  
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

-Patterns of fraud and abuse  
~~Gross overuse~~  
Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 00-005

Supersedes

TN No. 93-004Approval Date 06/05/00Effective Date 04/01/00

State/Territory: WYOMINGCitation927(g)(2)(C)  
42 CFR 456.709(b)

- F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)  
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)  
42 CFR 456.716(a)

- G.1. The DUR program has established a State DUR Board either:

     Directly, or  
  X   Under contract with a private organization

1927(g)(3)(B)  
42 CFR 456.716  
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(C)  
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

TN No. 00-005

Supersedes

TN No. 93-004Approval Date 06/05/00Effective Date 04/01/00



Revision: HCFA-PM- 93-3 (MB)

OMB No.

State/Territory: WYOMINGCitation

1927(g)(3)(C)  
42 CFR 456.711  
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)  
42 CFR 456.712  
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)  
42 CFR 456.722

X I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)  
42 CFR 456.705(b)

X 2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)  
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

TN No. 00-005

Supersedes

TN No. NEWApproval Date 06/05/00Effective Date 04/01/00

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Wyoming

Citation  
42 CFR 431.115 (c)  
AT-78-90  
AT-79-74

4.27 Disclosure of Survey Information and Provider  
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 80-2

Supersedes

TN #

Approval Date 3/28/80

Effective Date 1/1/80

Revision: HCFA-PM-93-1993  
January 1993

(BPD)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

Citation

4.28 Appeals Process

42 CFR 431.152;  
AT-79-18  
52 FR 22444;  
Secs.

1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act; P.L.  
100-203 (Sec. 4211(c))

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 93-005

Approval Date 4/1/93

Effective Date

3/1/93

ersedes

No. 88-14

Revision: HCFA-PM-99-3 (CMSO)  
JUNE 1999

State: WYOMING

Citation

1902(a)(4)(C) of the  
Social Security Act  
P.L. 105-33

4.29

Conflict of Interest Provisions

The Medicaid agency meets the requirements of section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the  
Social Security Act  
P.L. 105-33

The Medicaid agency meets the requirements of section 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

---

TN No. 99-026  
Supersedes  
TN No. 83-15

Approval Date 09/02/99 Effective Date June 1, 1999

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Wyoming

Citation

42 CFR 1002.203

AT-79-54

48 FR 3742

51 FR 34772

4.30 Exclusion of Providers and Suspension of  
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

☒ The agency, under the authority of State law, imposes broader sanctions.

TN No. 88-1

Supersedes

TN No. 87-7

Approval Date 2-5-88

Effective Date 1-1-88

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193  
4.30 Continued

State/Territory: WYOMING

Citation

1902(p) of the Act  
P.L. 100-93  
(secs. 7)

(b) The Medicaid agency meets the requirements of--

(1) Section 1902(p) of the Act by excluding from participation--

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 90-13  
Supersedes  
TN No. 81-1

Approval Date 8/22/90

Effective Date 7/1/90

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193  
4.30 Continued

State/Territory: Wyoming

Citation

1902(a)(39) of the Act  
P.L. 100-93  
(sec. 8(f))

(2) Section 1902(a)(39) of the Act by--

- (A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and
- (B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)  
of the Act  
P.L. 96-272,  
(sec. 308(c))

- (1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act  
P.L. 100-93  
(sec. 5(a)(4))

- (2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 88-1  
Supersedes  
TN No. —

Approval Date 2-5-88

Effective Date 1-1-88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: WYOMING

Citation

455.103

44 FR 41644

1902(a)(38)

of the Act

P.L. 100-93

(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940

through 435.960

52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN No. 90-13

Supersedes

TN No. 87-10

Approval Date 8/22/90

Effective Date 7/1/90

HCFA ID: 1010P/0012P



Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Wyoming

Citation

1902(a)(48)  
of the Act,  
P.L. 99-570  
(Section 11005)  
P.L. 100-93  
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 88-1  
Supersedes  
TN No. 87-7

Approval Date 2-5-88

Effective Date 1-1-88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)  
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: WYOMING

Citation  
1137 of  
the Act

P.L. 99-603  
(sec. 121)

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

☐ The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

☐ The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

☐ Total waiver

☐ Alternative system

☐ Partial implementation

TN No. 88-14  
Supersedes  
TN No. new

Approval Date 1-23-89

Effective Date 12-12-88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: WYOMING

Citation

4.35 Enforcement of Compliance for Nursing Facilities

42 CFR  
\$488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR  
\$488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR  
\$488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR  
\$488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR  
\$488.488.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

NA The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-012

Supersedes

TN No. 90-18

Approval Date: 12/12/95

Effective Date: 07/01/95

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: WYOMING

Citation

c) Application of Remedies

42 CFR  
\$488.410

- (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR  
\$488.417(b)  
\$1919(h)(2)(C)  
of the Act.

- (ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR  
\$488.414  
\$1919(h)(2)(D)  
of the Act.

- (iii) The State imposes the denial of payment for new admissions remedy as specified in \$488.417 (or its approved alternative) and a State monitor as specified at \$488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR  
\$488.408  
\$1919(h)(2)(A)  
of the Act.

- (iv) The State follows the criteria specified at 42 CFR \$488.408(c)(2), \$488.408(d)(2), and \$488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR  
\$488.412(a)

- (v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

42 CFR  
\$488.406(b)  
\$1919(h)(2)(A)  
of the Act.

- (i) The State has established the remedies defined in 42 CFR 488.406(b).

- |           |   |
|-----------|---|
| <u>X</u>  | (1) Termination   |
| <u>X</u>  | (2) Temporary Management  |
| <u>X</u>  | (3) Denial of Payment for New Admissions                                  |
| <u>NO</u> | (4) Civil Money Penalties   |
| <u>X</u>  | (5) Transfer of Residents; Transfer of Residents with Closure of Facility |
| <u>X</u>  | (6) State Monitoring  |

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

Wyoming will implement remedies pursuant to its Administrative Rule, Chapter 5 - Medicaid Long Term Care Facility Remedies/Terminations.

TN No. 95-012

Supersedes

TN No. NEW

Approval Date: 12/12/95

Effective Date: 07/01/95

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

State/Territory: WYOMING

Citation

42 CFR  
§488.406(b)  
§1919(h)(2)(B)(ii)  
of the Act.

(ii) X The State uses alternative remedies.  
The State has established alternative  
remedies that the State will impose in  
place of a remedy specified in 42 CFR  
488.406(b).

No (1) Temporary Management  
No (2) Denial of Payment for New Admissions  
X (3) Civil Money Penalties  
No (4) Transfer of Residents; Transfer of  
Residents with Closure of Facility  
No (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the  
alternative remedies and the criteria for applying them.

42 CFR  
§488.303(b)  
1910(h)(2)(F)  
of the Act.

(e) No State Incentive Programs

     (1) Public Recognition  
     (2) Incentive Payments

TN No. 95-012

Supersedes

TN No. NEW

Approval Date: 12/12/95

Effective Date: 07/01/95

Revision: HCFA-PM-91- (BPD)  
1991

OMB No.: 0938-

State/Territory: WYOMING

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)  
and 1902(a)(53)  
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

TN No. 91-13

~~Supersedes~~

o.

NEW

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

Revision: HCFA-PM-91- 10  
DECEMBER 1991

(BPD)

State/Territory: WYOMING

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency  
Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- X (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide ~~training and competency~~ evaluation program that meets the requirements of 42 CFR 483.152.
- (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 92-31  
Supersedes  
TN No. NEW

Approval Date 2/6/92

Effective Date 1/1/92

Revision: HCFA-PM-91- 10  
DECEMBER 1991

790  
(BPD)

State/Territory: WYOMING

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

TN No. 92-6  
Supersedes  
TN No. NEW

Approval Date 2/6/92

Effective Date 1/1/92



Revision: HCFA-PM-91-10  
DECEMBER 1991

79p  
(BPD)

State/Territory:

WYOMING

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

TN No. 92-01  
Supersedes  
TN No. NEW

Approval Date 2/6/92

Effective Date 1/1/92

Revision: HCFA-PM-91-10  
DECEMBER 1991

79g  
(BPD)

State/Territory: WYOMING

Citation

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- ✓X (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

TN No. 92-01  
Supersedes  
TN No. New

Approval Date 2/6/92

Effective Date 7/1/92

Revision: HCFA-PM-91-10  
DECEMBER 1991

79r  
(BPD)

State/Territory: WYOMING

Citation  
42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

X

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
- (bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
- X (cc) The State includes home health aides on the registry.
- (dd) The State contracts the operation of the registry to a non State entity.
- (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
- (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

TN No. 92-01  
Supersedes  
TN No. NEW

Approval Date 2/6/92

Effective Date 1/1/92

Revision: HCFA-PM-93-1993  
January 1993

(BPD)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

Citation

4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities

Secs.

1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act;

P.L. 100-203

(Sec. 4211(c));

P.L. 101-508

(Sec. 4801(b)).

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State Plan" the cost of NF services to individuals who are found not to require NF services.
- (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 93-005

Approval Date 4/1/93

Effective Date

3/1/93

ersedes

No. NEW

Revision: HCFA-PM-93-1993  
January 1993

79t  
(BPD)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No. 93-005  
Supersedes New Approval Date 4/1/93 Effective Date 3/1/93  
TN No. New

Revision: HCFA-PM-92-3  
April 1992

(HSQB)

OMB No.:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMINGCitationSections

1919(g)(1)  
thru (2) and  
1919 (g)(4)  
thru (5) of  
the Act P.L.  
100-203  
(sec. 4212(a))

4.40 Survey & Certification Process

- (a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-state owned facilities based on the requirements of the section 1919(b), (c) and (d) of the Act, are met.
- (b) The State conducts periodic education programs for staff and residents (and their representatives). Attachment 4.40-A describes the survey and certification educational program.
- (c) The State provides for a process for the (C) of the receipt and timely review and investigation Act of allegations of neglect and abuse and misappropriation of a resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the State's process.
- (d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?  
Department of Commerce/Board of Nursing
- (e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
- (f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

1919(g)(1)  
(B) of the  
Act

1919(g)(1)  
(C) of the Act

1919(g)(1)  
(C) of the Act

1919(g)(1)  
(C) of the  
Act

1919(g)(1)  
(C) of the  
Act

TN No. 93-012Supersedes Approval Date 5/5/93Effective Date 3/1/93TN No. 93-007

HCFA ID: 7982E

Revision: HCFA-PM-92-3  
April 1992

(HSQB)

OMB No.:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

- 1919(g)(2)  
(A)(i) of  
of the Act
- (g) The State has procedures, as provided for at(A)(i) of section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.
- 1919(g)(2)  
(A)(ii) of  
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)  
A(iii)(I)  
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 month.
- 1919(g)(2)  
(A)(iii)(II)  
of the Act
- (j) The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)  
(B) of the  
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)  
(C) of the  
Act
- (l) The State conducts standard and extended surveys based upon a protocol, i.e., survey Act forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

TN No. 93-012

Supersedes

Approval Date

5/5/93

Effective Date

3/1/93TN No. 93-007

HCFA ID: 7982E

April 1992

State/Territory: WYOMING

- 1919(g)(2)  
(D) of Act (m) The State provides for programs to measure and reduce inconsistency in the application survey results among surveyors. Attachment 4.40-D describes the State's programs.
- 1919(g)(2)  
(E)(i) of the Act (n) The State uses a multidisciplinary team of professionals including a registered professional nurse.
- 1919(g)(2)  
(E)(ii) of the Act (o) The State assures that members of a survey do not serve (or have not served within previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
- 1919(g)(2)  
(E)(iii) of the Act (p) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
- 1919(g)(4)  
of the Act (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4.40-E describes the State's complaint procedures.
- 1919(g)(5)  
(A) of the Act (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
- 1919(g)(5)  
(B) of the Act (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or any adverse actions taken against a nursing facility.
- 1919(g)(5)  
(C) of the Act (t) If the State finds substandard quality of care in a facility, the State notifies attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
- 1919(g)(5)  
(D) of the Act (u) The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

TN No. 93-007Supersedes NEWTN No. NEWApproval Date 4/1/93Effective Date 3/1/93



Revision: HCFA-PM-92- 2  
MARCH 1992

(HSQB)

State/Territory: WYOMING

Citation4.41 Resident Assessment for Nursing Facilities

Sections  
1919(b)(3)  
and 1919  
(e)(5) of  
the Act

- (a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

1919(e)(5)  
(A) of the  
Act

- (b) The State is using:

X the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

1919(e)(5)  
(B) of the  
Act

       a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

TN No. 92-07  
Supersedes  
TN No.

Approval Date 7/13/92

Effective Date 4/1/92

HCFA ID:       

NEW

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

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

4.42 Employee Education About False Claims Recoveries.

- (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

## (1) Definitions.

- (A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining

TN No. 07-001  
Supersedes  
TN No. NEW

Approval Date: 5/16/07Effective Date: January 1, 2007

beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

(2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

(3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be

protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.

- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
  - (5) The State will implement this State Plan amendment on January 1, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902 (a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

Citation

1902(a)(69) of  
the Act,  
P.L. 109-171  
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.

The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

---

TN No. 08-003  
Supersedes  
TN No. NEW

Approval Date April 1, 2008  
Effective Date 7/16/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WYOMING

<u>Citation</u>	4.44	Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States
1902 (a)(80) of the Act, P.L 111-148 (Section 6505)	<u>  X  </u>	The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States