

# Community Choices Waiver Provider Training Medicaid Provider Agreement

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Wyoming Department of Health  
Division of Healthcare Financing  
Home and Community-Based Services Section  
May 24, 2021

# Purpose of This Training



To review the Medicaid Provider Agreement, the elements of the Provider Agreement, and the obligations the provider must meet in order to comply with the Provider Agreement.

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# Training Agenda

- Purpose of the Provider Agreement
- Elements of the Provider Agreement
- Provider's responsibility to comply with the Provider Agreement



Participants have the right to choose their providers, and should expect that the providers they choose meet established standards and comply with program rules.

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# Definitions

- Wyoming Department of Health - State Medicaid Agency
- Division of Healthcare Financing - Medicaid Administrator
- HCBS Section - Waiver Administrator
- Provider
  - Provider business or organization owner
  - Case manager business owner
  - Direct service provider
  - Contracted or traditional employee
  - Case manager employee

# What is the Provider Agreement?



The Provider Agreement is a legal contract between a provider and the Wyoming Department of Health.

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# Purpose of the Provider Agreement

- Serves as a protection for provider and Division.
- Required of all providers:
  - Initially;
  - Every five (5) years as part of reenrollment; and
  - If changes occur.
- Certifies that the provider knows, understands, and agrees to the terms of the Provider Agreement.

# Provider Agreement vs. Licensure or Certification Renewal





# Elements of the Provider Agreement

Wyoming Department of Health Provider Participation Agreement  
(All Medicaid, CHIP, Communicable Disease Treatment (Ryan White) Program, Breast and Cervical Cancer Screening, Colorectal Screening, Title 25 Involuntary Detention, and Children's Special Health Provider applicants must complete)  
**Healthcare Provider and Pharmacy Agreement**

STATE OF WYOMING  
DEPARTMENT OF HEALTH  
*V1.2c as Revised 4/2021, PRESM, HHS Technology Group (HTG)*



- Parties
  - Purpose
  - Payment
  - Responsibilities of the provider
  - Special provisions
  - General provisions
  - Signatures
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# Responsibilities of the Provider

# Compliance

## ■ Compliance with state and federal laws.

- Social Security Act (42 U.S.C. § 1396, et seq)
- Wyoming Medical Assistance and Services Act (Wyoming Statute § 42-4-101, *et seq.*)
- CMS Regulations (42 C.F.R. Part 441, Subpart G)
- US Department of Health and Human Services (42 C.F.R. Chapter IV, Subchapter C)
- Deficit Reduction Act (Section 6032, Employee Education About False Claims Recovery)

## ■ Compliance with program rules and regulations.

## ■ Compliance with manuals and bulletins.

# Payments

- Ensure charges submitted for participants do not exceed the charges for comparable services provided to ineligible persons.
- Do not seek additional payments from the participant, legally authorized representative, or family member.
- File all claims in accordance with applicable federal and state laws and regulations and in accordance with WDH rules and policies.

# Documentation and Information

- Retain records in accordance with the Provider Agreement.
- Safeguard the use and disclosure of information concerning participants.
- Provide the program with advanced notice of any change or proposed change in name, ownership, licensure, certification or registration status, type of service or area specialty, additions, deletions, or replacement in group membership, mailing address, and participation in the program.

# Services

- Comply with and provide services in accordance with the service plan.
- Comply with advance directives.



# Special Provisions

# Providing Accurate Information

**Falsification of claims, statements, documents, or concealment of material fact is a violation of law.**

- Attestation that the provider will not knowingly present a false or fraudulent claim.
- Attestation that no one is subject to sanctions, barred, suspended, or excluded by any federal, Medicare, Medicaid, or WDH program.
- Attestation that the provider understands changes to incorporation or their status as an individual or group biller will require new enrollment.



# Payments, Overpayments, and Billing



- Providers must use their assigned number for billing .
- Overpayments shall be recovered.

# Understanding the Agreement and Potential Consequences

- Providers can be sanctioned or terminated for failure to comply with rules.
- The provider attests to reading, understanding, and providing true, correct, and complete information.

# General Provisions

# Staying Informed and Up-To-Date

- Providers shall keep informed of and comply with all laws and regulations.
- All notices will be provided in writing and given to the parties at the address provided.
- Medicaid representatives shall have access to all records pertinent to the Agreement.

# Other Important Things to Remember

- The provider functions as an independent contractor.
- A signed Provider Agreement does not guarantee the provider an income.
- The provider will not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability.
- Neither the state nor the provider shall assign or otherwise transfer or delegate any rights or duties set forth in the agreement.

# Signatures

- By signing, the provider certifies they:
  - Read;
  - Understand; and
  - Agree to the terms and conditions.
- The Agreement is fully executed on the date the provider signs it.

# Key Takeaways



1. All Medicaid providers have signed a Medicaid Provider Agreement.
2. It is the provider's responsibility to know what is in the Provider Agreement, understand it, and practice it.
3. Violations of the Provider Agreement may result in revocation of the Agreement.
4. The Provider Agreement is only one step in the process, and not a guarantee of payment or caseload.

# Questions???

## Contact the Provider Credentialing Team

[wdh-hcbs-credentialing@wyo.gov](mailto:wdh-hcbs-credentialing@wyo.gov)

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