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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 19-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Operations Group  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Regional Operations Group**

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February 28, 2019

Teri Green, State Medicaid Agent  
Office of Health Care Financing  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0013. This SPA updates the page to reflect current utilization management practices and compliance.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Sonja Madera at (303) 844-3522.

Sincerely,

A solid black rectangular box used to redact the signature of Mary Marchioni.

Mary Marchioni  
Acting Deputy Director  
Western Regional Operations Group

cc: Thomas Forslund, Director  
Sheree Nall  
Andrew Chapin  
Chris Bass

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

WY-19-0013

2. STATE  
WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
January 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR  
431.630, 42 CFR 456.2, 50 FR 15312, 1902(a)(30)(C) and 1902(d) of  
the Act, P.L. 99-509 (Section 9431)

7. FEDERAL BUDGET IMPACT:

N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.14a – Page 46 – Utilization/Quality Control

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Section 4.14a – Page 46– Utilization/Quality Control

10. SUBJECT OF AMENDMENT:

Updating this section to reflect current Utilization Management practices and compliance with CFR.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri  
Green, State Medicaid Agent, Division of  
Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: February 21, 2019

DATE RESUBMITTED: February 25, 2019

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
DIVISION OF HEALTHCARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

CC: CHRIS BASS, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

February 21, 2019

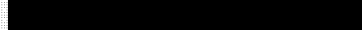
18. DATE APPROVED:

February 28, 2019

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary Marchioni

22. TITLE:

Acting Deputy Director, WROG

REMARKS:

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

State/Territory: Wyoming

Citation

42 CFR 431.630  
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:

       Directly

  X   By undertaking medical and utilization review requirements through a contract with a utilization and Quality Improvement Organization (QIO) designate under 42 CFR Part 475. The contract with the QIO--

- (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 QIO review;
- (4) Ensures that QIO review activities are not inconsistent with the QIO review of Medicare services; and
- (5) Includes a description of the extent to which QIO determinations are considered conclusive for payment purposes.

       Quality review requirements described in

TN No. WY-19-0013

Supersedes

Approval Date: 02/28/2019

Effective Date: 1/1/19

TN No. 92-01

section 1902(a)(30)(C) of the Act relating  
46 (cont)

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.

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.

☒ 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.

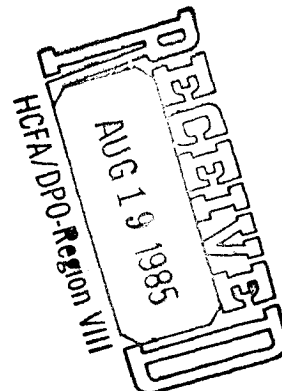
☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ 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

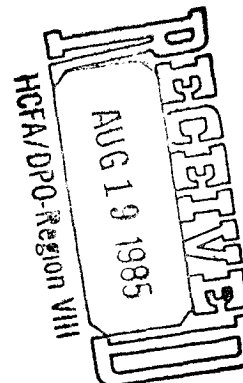
State: Wyoming

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