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**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 18-0004**

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 Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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December 10, 2018

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) 18-0004. This SPA updates Wyoming's state plan to more accurately reflect the current approach to Medicaid eligibility quality control.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. 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,



Trinia J. Hunt  
Acting Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: WY18-0004	2. STATE WYOMING
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 7/1/2018
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1903(u) of the Act 42 CFR 431.800-431.820 42 CFR 433.116	7. FEDERAL BUDGET IMPACT: a. FFY 2018                      \$0.00 b. FFY 2019                      \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 4.4 Page 35	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Section 4.4 Page 35

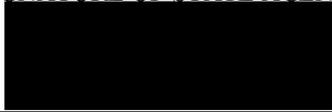
10. SUBJECT OF AMENDMENT:  
Medicaid Eligibility Quality Control

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
Green, State

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

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: TERI GREEN STATE MEDICAID AGENT OFFICE OF HEALTH CARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002
13. TYPED NAME: TERI GREEN	CC: CHRIS BASS, MANAGEMENT ASSISTANT (SAME ADDRESS)
14. TITLE: STATE MEDICAID AGENT	
15. DATE SUBMITTED: Submitted 9/18/18 Resubmitted 12/4/18	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 18, 2018	18. DATE APPROVED: December 10, 2018
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Trinia J. Hunt	22. TITLE: Acting ARA, DMCHO

23. REMARKS:

Revision:

State/Territory: Wyoming

Citation                      **4.4 Medicaid Eligibility Quality Control**

42 CFR 431 Subparts  
P & Q  
50 FR 21839  
75 FR 48847  
1903(u) of  
The Act,  
P.L. 99-509  
(Section 9407)  
P.L. 107-300  
P.L.111-3

- (a)      **A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.**  
  
 **Yes.**  
  
 **Not applicable. The State operates An approved MEQC Pilot.**
  
- (b)      **In accordance with 431.806(c), the State operates a Medicaid quality control claims processing assessment system that meets the requirements of 431.830-431.836.**  
  
 **Yes.**  
  
 **Not applicable. The State has an approved Medicaid Management Information System (MMIS).**
  
- (c)      **In accordance with 431.806(b), Payment Error Rate Measurement (PERM) is implemented in accordance with 42 CFR Part 431, Subpart Q, in substitution to meet the statutory and regulatory (“traditional”) Medicaid Eligibility Quality Control (MEQC) review during the State’s PERM cycle year.**  
  
 **Yes.**  
    **Effective for FFY** \_\_\_\_\_  
    **Effective for FFY** \_\_\_\_\_  
    **Effective for FFY** \_\_\_\_\_  
  
 **Not applicable.**

TN No. 18-0004  
Supersedes  
TN No. 87-7

Approval Date 12/10/2018

Effective Date 07/01/2018