Wyoming Medicaid and M-CHIP 2026-2028 Provider Revalidation Plan

Wyoming Department of Health

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Executive Summary

The Wyoming Department of Health, Division of Healthcare Financing (HCF) is the agency within the State of Wyoming which administers Medicaid, M-CHIP, and Medicaid Waivers. In response to the April 23, 2026 letter from CMS, HCF has developed a provider revalidation plan in order to meet the CMS request to swiftly revalidate high-risk providers, and revalidate all providers by June 5, 2028. HCF underwent a full revalidation process as a part of the public health emergency (PHE) unwinding process, and is equipped to complete an additional revalidation cycle in the requested timeframe.

HCF is utilizing primary components of the CRF 424.518(c) and 455.450(e) to establish a baseline for the state definition of high-risk, expanding on which provider types are high risk, and with the addition of a lack of National Provider Identification (NPI) as a high risk factor. Given CMS direction to treat lack of NPI as high-risk, HCF believes it is prudent to adopt a policy change which requires all providers to obtain an NPI. Those who do not obtain an NPI within the established timeframe will lose active enrollment status pending obtaining an NPI, and will be unable to bill for services as a result.

The revalidation efforts will prioritize those who meet all other criteria of high risk who have not revalidated within the past 3 years, and progress through all providers by the end of the revalidation time period. A timeline is attached to this document outlining the process.

HCF intends to revalidate all billing providers, regardless of risk level. HCF also proposes to revalidate all high and moderate risk providers including billing, treating, as well as ordering, rendering, prescribing (ORP) in the timeline in this document. HCF does not propose to revalidate low-risk treating and ORP on an accelerated schedule, with justification that HCF has revalidated all providers at the end of PHE and has very comprehensive regular monthly electronic monitoring.

The table below shows billing/pay-to, treating and ordering, rendering, prescribing (ORP) provider counts for Wyoming Medicaid as of June 2, 2026.

Risk Level	**Count of Providers**
High	13
Moderate	1,246
Low/Limited	21,263
Low/Limited: No NPI	412
TOTAL	**22,934**

Note: See Pages 3-4 for Definitions

Definitions

Risk Category	Definition
High	Are an actively enrolled provider and meet the following criteria: ● The following provider types with Enrollment within the last 3 months (3 months prior to the current date) and/or Provider Recertification not in the past 12 months: ○ Skilled nursing facilities (SNFs): SNFs that are initially enrolling or undergoing a change in ownership; ○ Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers; ○ Home health agencies (HHAs); ○ Medicare diabetes prevention program (MDPP) suppliers; and, ○ Opioid treatment programs that have not been fully and continuously certified by SAHMSA since October 23, 2018. ● The following indicators as defined in Section 455.450(e): ○ The SMA imposes a payment suspension on a provider based on a credible allegation of fraud, waste or abuse. The provider's risk remains "high" for 10 years beyond the date of the payment suspension. ○ A provider that, upon applying for enrollment or revalidation, is found to have an existing State Medicaid Plan overpayment. The risk remains "high" while the provider continues to have an existing overpayment. In this scenario, when there are multiple enrollments under a single TIN, the SMA is required to adjust the risk level of the enrollment with the overpayment but may also opt to adjust the risk level for all enrollments connected to a TIN with an existing overpayment. An overpayment that meets the criteria to bump a provider to "high" risk is $1,500* or greater ***and*** all of the following: ■ Is more than 30 days old; ■ Has not been repaid at the time the application was filed; ■ Is not currently being appealed; and, ■ Is not part of a SMA-approved extended repayment schedule for the entire outstanding overpayment. ■ *Note: The $1,500 threshold is an aggregate of all outstanding debts and interest, to include the principal overpayment balance amount and the accrued interest amount for a given provider. ○ Within the previous 10 years, the provider has been excluded (and since reinstated) by the OIG or another state's Medicaid Program. The provider's risk remains "high" for 10 years beyond the effective date of the exclusion. ● Have not obtained a National Provider Identification (NPI) Number.*

Moderate	Are an actively enrolled provider and meet the following criteria: ● Ambulance, Hospice, Community Based Care ● Clinical Medical Lab, Community Mental Health Centers ● Mobile Radiology Clinic/Center ● Comprehensive Outpatient Rehabilitation Facility (CORF) ● Physical Therapist ● Portable X-ray and/or Other Portable Diagnostic Imaging Supplier ● The following provider types with Enrollment within greater than 3 months (3 months prior to the current date) and/or Provider Recertification within the past 12 months: ○ Skilled nursing facilities (SNFs): SNFs that are initially enrolling or undergoing a change in ownership; ○ Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers; ○ Home health agencies (HHAs); ○ Medicare diabetes prevention program (MDPP) suppliers; and, ○ Opioid treatment programs that have not been fully and continuously certified by SAHMSA since October 23, 2018.
Low/Limited	Does not meet the criteria of High or Moderate Risk.
Low/Limited: No NPI	*Only meets the criteria of high risk due to lack of NPI number. Providers will be treated as low risk once they obtain an NPI. Failure to obtain an NPI will result in high risk status change as of October 30, 2026 and disenrollment for lack of NPI on February 1, 2027.

Current Policies and Procedures

Summary of Provider Validation

Wyoming Medicaid and M-CHIP (HCF) conducts 5-year revalidation of all providers. This revalidation includes State Auditor's Office support to ensure payment information is consistent with official records. High-risk providers undergo site visits via Office of Healthcare Licensing and Survey (OHLS) surveys or Medicare PECOS. Currently, several taxonomies including interpreters, lodging, and specific waiver services are exempt from NPI requirements as of Jun 5, 2026. Additionally, HCBS providers must adhere to supplemental certification standards, including regular renewals every three years and rigorous background screenings for all direct care staff.

Initial Validation Process

Providers who would like to enroll in the Wyoming Medicaid Program must: 1) Register on the https://wyoming.dyp.cloud portal; 2) Confirm their registration; and, 3) Select the application type they wish to submit. Once the application is submitted, an internal Provider Enrollment Specialist reviews it for completeness, accuracy, and compliance with taxonomy-specific requirements.

If the application meets all requirements, it is sent for Verify Your Entity (VYE) screening and then returned to the Provider Enrollment Specialist for review. The VYE process electronically screens for all of the following factors:

- All Wyoming Licensing Boards
- 38 Out-of-State Licensing Boards
- NPPES
- NPI Registry
- OIG/LEIE
- SSA Death Master File
- SAM/EPLS
- DEX

If a license is not one that Wyoming through its contractors has established electronic data matches with, then provider enrollment staff manually verify the license with documentation or directly with the issuing organization manually.

Any negative findings are researched and addressed as needed. If the application comes back clean, the Provider Enrollment Specialist continues with the final approval process. If the application requires additional approvals or documents, such as HCF approval or background checks, the Provider Enrollment Specialist will request those items before processing can continue. Once all required approvals are received, the application continues through processing and final approval.

1915 (b) Waivers

All providers rendering services under the established 1915(b) waiver are fully enrolled fee-for-service providers, including the Care Management Entity (CME) vendor Magellan. These providers are all validated/revalidated consistent with the process for all other Medicaid providers.

1915 (c) Waivers

All providers rendering services under the established 1915(c) waiver are fully enrolled fee-for-service providers. These providers are all validated/revalidated consistent with the

process for all other Medicaid providers There providers are subject to additional certification requirements as outlined in the Additional HCBS Requirements section of this document.

Revalidation Process

Email notifications and messages in the Provider Message Center are sent up to 90 days before a provider's revalidation is due. Following this notification, they will receive 60-day and 30-day notice. The providers can log in during this time to initiate their revalidation. On the provider's dashboard there will be an orange box containing the most up-to-date countdown of their revalidation date. Once the provider submits the revalidation application, it follows the same review, screening, and approval steps outlined in the initial validation process above.

Provider Monthly Monitoring Overview

All active providers are subject to Monthly Monitoring. This screening is processed through Verify Your Entity (VYE). VYE verifies against systems such as the licensing board, NPPES NPI Registry, OIG/LEIE, SSA Death Master File, SAM/EPLS, and DEX. Once a month, the Provider Enrollment Specialist will review the Monthly Monitoring results to determine if action needs to be taken on the provider file. All negative findings will be reviewed by a Provider Enrollment Specialist. They will verify whether the negative findings are valid and determine what action, if any, is to be taken. This may include provider updates or Division of Healthcare Finance (HCF) review.

Provider Location Verification

Smarty Streets USPS address validation is utilized to verify all provider locations. The Wyoming State Auditor's Office ensures information for payments is consistent with Wyoming's Secretary of State Office, IRS Verification, and Bank Letters. High risk providers are subject to site visits for verification, utilizing OHLS surveys, Medicare PECOS, or HCF staff on site.

NPI Policy Exemptions

The following provider taxonomies are currently not required by HCF to have or maintain a National Provider Identification number as of June 5, 2026:

- 171R00000X Interpreter
- 177F00000X Lodging
- 344600000X Taxi
- 347C00000X Transportation
- 251B00000X Community Choices Waiver
- 251C00000X Comprehensive and Supports Waivers

See NPI Policy Pathway on page 10 of this document for Wyoming's plans for policy change and timeline to require NPI for all enrollment types.

Additional HCBS Requirements

The Wyoming Department of Health, Division of Healthcare Financing, Home and Community Based Services Section (HCBS) also operates as the certifying entity for Medicaid HCBS service providers. In addition to the Medicaid provider validation process, HCBS providers are subject to additional certification requirements which address some of the validity concerns as expressed in the April 23, 2026 letter from CMS. These requirements and processes are outlined below to inform CMS of the broad efforts to ensure accurate information regarding HCBS Providers.

HCBS Provider Certification Process Highlights

The following information is included in the CMS-approved 1915(c) Supports, Comprehensive, and Community Choices Waivers in Wyoming:

- HCF initially certifies a new provider for one year.
- Renewal of that certification, which may include an on-site visit, will be conducted at least once every three (3) years.
- HCF has the authority to conduct an on-site visit when a concern is identified during a complaint, incident report, internal referral, or at the agency's discretion.
- Providers must meet the requirements in Chapter 45 of Wyoming Medicaid Rules. Requirements for providers and provider direct care staff include, but are not limited to:
    - Successful criminal history background screening;
    - Current CPR and First Aid certification;
    - Current Medication Assistance certification for direct care staff assisting participants with medications;
    - Current crisis intervention and restraint usage certification, if applicable;
    - Current driver's license and vehicle insurance, if providing transportation.

Screenings

Providers and provider staff members who deliver direct waiver services, including managers, supervisors, direct care staff, participant employees hired through self-direction, and any other person who may have unsupervised access to participants, must complete and pass the following screenings:

- OIG Exclusion Database Search: United States Department of Health and Human Services, Office of Inspector General, List of Excluded Individuals/Entities Database search.

- A National Name and Social Security Based Criminal History Database Screening: When a provider delivers services in a participant's home, any person 18 years of age and older who lives in the residence or stays longer than one month must pass a national, name and social security based criminal history database screening. The screening must confirm that the individual has not been excluded from federally-funded healthcare programs and has not been convicted or pleaded "no contest" to any crimes listed in Wyoming Statute Title 6, Chapter 2 (Offenses Against the Person) and Chapter 4 (Offenses Against Morals, Decency and Family). HCF requires a full subsequent background screening every 5 years for all individuals who are required to complete a background screening.
- Additionally, providers and any person with an ownership or control interest or who is an agent or managing employee of the provider shall undergo subsequent monthly OIG screenings.
- Central Registry Screening: The Wyoming Department of Family Services (DFS) maintains the Central Registry of child and disabled adult protection cases, as authorized in Wyoming State Statute W.S. §7-19-201. All providers and provider staff members who provide direct waiver services, including managers, supervisors, direct care staff, participant employees hired through participant direction, and any other person who may have unsupervised access to participants, must submit a Central Registry Disclosure Form for screening by DFS to ensure they are not listed on the DFS central registry, per Chapter 45 of Wyoming Medicaid Rules. HCF requires a subsequent Central Registry Screening every five (5) years for all individuals subject to an initial screening.

Recent Revalidation Projects

As part of the recent revalidation project associated with unwinding beginning January 25, 2025, revalidation due dates for active and suspended providers with overdue revalidation requirements were systematically updated to future dates.

This approach allowed the Discover Your Provider (DyP) system to generate and issue the standard 90-day, 60-day, and 30-day revalidation notifications, giving providers the required opportunity to complete the revalidation process within the established timeframe. The system functionality to terminate providers for missed revalidation deadlines was activated during this time as well. As a result, providers who did not complete and submit their revalidation by the new assigned due date were terminated.

New Policies and Procedures

Effective February 1, 2027, HCF will no longer permit taxonomic exceptions for the need for NPIs. All provider types as listed previously on page 6 of this document will be required to have

and maintain an NPI, consistent with HCF policies for all other provider types. Wyoming will disenroll all providers without NPI effective for service dates of February 1, 2027.

Provider Revalidation Strategy

Timeline Summary

1. Identify high risk providers based on definition.
2. Isolate providers that are high risk only due to NPI status, route through NPI policies.
3. Stratify high risk based on last date revalidated.
4. Identify opportunities to increase revalidation frequency for high risk providers.
5. Stratify non-high risk providers based on last date revalidated.

Phase I: Planning and Prioritization

- Review of providers and classification by risk type
- Prioritization of providers by risk type
- Identification of providers who do not have an NPI
- This step has been completed as of the date of this document, June 5, 2026

Phase II.A: High Risk Revalidations

Revalidation of High Risk providers will begin on June 15, 2026 in the following priorities and completion dates based on a reference date of May 1, 2026:

Last Date of Revalidation as of May 1, 2026	**Target Revalidation Completion Date**
More than 3 years	July 15, 2026
2-3 years	August 31, 2026
1-2 years	September 30, 2026
Less than 1 year	October 30, 2026
*No NPI Obtained by Required Date**	*October 30, 2026*
No NPI Obtained Disenrollment Date	February 1, 2027

*Providers who do not obtain an NPI per the NPI Policy Pathway will be shifted to high risk status process steps.

Phase II.B: National Provider Identification (NPI) Policy Pathway

Providers who do not fall under another qualifying status of high-risk, except for the lack of an NPI, will be temporarily treated as low-risk as they are provided time to apply for and attain an NPI. This new policy will be rolled out as follows:

NPI Policy Pathway Step	**Start Date**	**Completion Date**
Outline new NPI policy in internal documentation.	June 10, 2026	June 30, 2026
Provide NPI outreach, education, and instruction to applicable providers.	June 15, 2026	Ongoing through project completion.
Documentation of NPI/ NPI Applications Submissions to NPPES Due to HCF	Not applicable.	October 31, 2026
Billing Suspension for Providers without NPI Application Documentation	November 1, 2026	January 31, 2027
Disenrollment of Providers without NPIs	February 1, 2027	February 1, 2027
Revalidation of Providers with NPIs	May 1, 2027	June 4, 2028

Phase III: Moderate Risk Revalidations

Revalidation of Moderate Risk providers will begin on November 1, 2026, and conclude on April 30, 2027.

Phase IV.A: Low/Limited Risk Off-Cycle Revalidations

Revalidation of Low/Limited Risk providers whose existing revalidation will not occur during the term of this project will begin on May 1, 2027, and conclude on June 4, 2028.

Phase IV.B: Low/Limited Risk On-Cycle Revalidations

Revalidation of Low/Limited Risk providers whose existing revalidation will occur during the term of this project will be conducted using the existing schedule and completed by June 4, 2026.

Phase V: Policy Evaluation and Changes

Ongoing evaluation of current requirements and implementation of new NPI policy will occur throughout and conclude by the end of the term of this project.

Metrics for Measuring Progress

New Policy Implementation

Percentage of Providers who have an NPI Number

= (Number of providers actively enrolled with an NPI)/(Number of providers actively enrolled on same date).
Goal of 100% of providers with an NPI by May 1, 2027.

Count of Providers who have an NPI Number

Count of Providers who do not have an NPI; with a goal of 0 providers without an NPI by May 1, 2027.

Provider Revalidation Plan Execution

Percentage of Providers who have been revalidated within 24 months

= (Number of all active providers with a revalidation date within 24 months of the report date)/(Total number of all active providers), with a goal of 100% by end of project.

= (Number of high-risk active providers with a revalidation date within 24 months of the report date)/(Total number of high-risk active providers), with a goal of 100% by end of project.

= (Number of moderate risk active providers with a revalidation date within 24 months of the report date)/(Total number of moderate risk active providers), with a goal of 100% by end of project.

= (Number of low/limited risk active providers with a revalidation date within 24 months of the report date)/(Total number of low/limited risk active providers), with a goal of 100% by end of project.

= (Number of Low/Limited risk: No NPI active providers with a revalidation date within 24 months of the report date)/(Total number of Low/Limited risk: No NPI active providers), with a goal of 100% by end of project.

Providers who have been not revalidated within 24 months

Count of providers who have not been revalidated within 24 months, with a goal of 0 providers by June 4, 2028.