STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A	CT

State:	Wyoming	OMB No.: 0938-0193

REQUIREMENTS FOR THIRD PARTY LIABILITY - PAYMENT OF CLAIMS

FREQUENCY - DATA EXCHANGES

1). The agency receives information from SWICA and SSA in the form of data exchange on a quarterly basis.

The agency, or their designee, accesses the Wyoming Department of Transportation, Highway Safety Program's crash database on a monthly basis and matches data to the MMIS.

The agency receives information from the state IV-A agency on employed recipients and their employers in the form of a data exchange on a quarterly basis.

The agency identifies priority trauma related claims, with the exception of claims for self-harm (suicide), abuse, poisoning, and toxic effects by utilizing external cause codes (diagnoses) submitted by providers for accident and injury related services. External cause codes are defined and associated guidelines for their use may be found in the latest version of the ICD-10-CM.

2). Methods Used to Meet Follow-up Requirements

Reports received from the data exchange with SWICA, SSA and ESC are submitted by CTD to the MMIS contractor on a quarterly basis. Within 45 days. The MMIS contractor investigates all applicable third party insurance, confirms if appropriate and incorporates such information into the MMIS eligibility case file resource record.

3). DATA EXCHANGE WITH STATE MOTOR VEHICLE

The agency executed a memorandum of understanding (MOU) with the Department of Transportation, Highway Safety program. Pursuant to this MOU, the agency, or their designee, is authorized to access state of Wyoming motor vehicle crash data. Utilizing the injured party's name and date of birth, a list of all crashes sorted by crash number is generated. The list is matched against the MMIS eligibility file, and any matches are reported. (A pre-defined query is run on a monthly basis. The agency, or their designee, will request a report within 60 - 90 days from the date of loss, allowing law enforcement time to complete the crash report). Within 45 days, the MMIS contactor will verify discrepant information or notifies liable third parties of Medicaid's reimbursement right, requests reimbursement, and tracks all actions in the TPL tracking database.

4). DIAGNOSIS AND TRAUMA EDITS

The agency will pay and report claims beginning 10/01/2017 if a claim is submitted for a priority accident, trauma, or injury related treatment/diagnosis (possible third party liability) without an external cause code(s) referenced on the claim. It is Medicaid's policy that if providers bill with a priority third party liability disgnosis, the cliam must include an esternal cause code(s), as appropriate. On a monthly basis, the agency, or their designee, will identify priority accident or injury related claims. If an accident or incident is likely to be associated with third party liability and the agency priority level of \$250.00 in paid claims has been reached, reports are generated and processed by the agency, or their designee. Questionnaires are created and mailed to clients. Within 45 days, information gathered from the questionnaires and/or reports are verified and incorporated into the MMIS eligibility case file resource record. The MMIS contractor notifies the liable third parties of Medicaid's reimbursement right, requests reimbursement, and tracks all actions in a TPL tracking database.

5). Paid Claims Follow up

The TPL billing file hold the information on all claims billed to insurance companies. The claims are billed and then rebilled 120 and 180 days after initial billing. If no response has been received, the information is then transferred to the recovery contractor who bills the insurance company one more time within 12 months from the date of first billing which includes a minimum of one personal contact with insurance company. After 12 months from the date of first billing, if no response is received, claims will be purged from the billing file.

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