

Revision: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wyoming

Citation (s)

42 CFR 433.36 (c)  
1902(a) (18) and  
1917(a) and (b) of  
The Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

\_\_\_\_\_ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

\_\_\_\_\_ The State complies with the requirements of section 1917 (a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

\_\_\_\_\_ The State imposes liens on real property on account of benefits incorrectly paid.

\_\_\_\_\_ The State imposes TEFRA liens 1917 (a) (1) (B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

\_\_\_\_\_ The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

\_\_\_\_\_ The State imposes liens on both real and personal property of an individual after the individual's death.

TN No.: 10-006  
Supersedes  
TN No.: 95-010

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wyoming

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below:

The State recovers for all approved services, for individuals age 55 and over, except for Medicare cost sharing identified at 4.17, (b)(3) Continued.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wyoming

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4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: WYOMING

1917(b)(1)(C) (4) x If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6A, Supplement 8C (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

     The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6A, Supplement 8b.

     The State adjusts or recovers from the individual's estate on account of all facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

     The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

     The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

TN No. 09-001  
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May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h) - (i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
  - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
  - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

95-010  
Supersedes  
TN # NEW

Approval Date 09/05/95 Effective Date 04/01/95

Revision: HCFA-PM-95-3 (MB  
May 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedures meets the requirements of 42 CFR 443.36(d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 443.36(g).
- (3) Defines the following terms:
  - a. estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), of the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
  - b. individual's home,
  - c. equity interest in the home,
  - d. residing in the home for at least 1 or 2 years,
  - e. on a continuous basis,
  - f. discharge from the medical institution and return home, and
  - g. lawfully residing.

1. 95-010

Supersedes

TN # NEWApproval Date 09/05/95Effective Date 04/01/95

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May 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

TN # 95-010  
Supersedes  
TN # NEW

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Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WYOMING

Citation

4.22 Third Party Liability

- |  |   |
|--|---|
| 42 CFR 433.137                               | (a) The Medicaid agency meets all requirements of:  |
|  | (1) 42 CFR 433.138 and 433.139.   |
|  | (2) 42 CFR 433.145 through 433.148.   |
|  | (3) 42 CFR 433.151 through 433.154.   |
| 1902(a)(25)(H) and (I)<br>Act.<br>of the Act | (4) Sections 1902(a)(25)(H) and (I) of the  |
| 42 CFR 433.138(f)                            | (b) <u>ATTACHMENT 4.22-A</u> --   |
|  | (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;  |
| 42 CFR 433.138(g)(1)(ii)<br>and (2)(ii)      | (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);   |
| 42 CFR 433.138(g)(3)(i)<br>and (iii)         | (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and  |
| 42 CFR 433.138(g)(4)(i)<br>through (iii)     | (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources. |

TN No. 00-005

Supersedes

TN No. 93-017

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Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: WYOMING

Citation

- 42 CFR 433.139(b)(3) (ii)(A) (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN No. 00-005

Supersedes

TN No. 93-017

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FEBRUARY 1994

State/Territory: Wyoming

Citation

4.22 (continued)

42 CFR 433.151(a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)--  
\_\_\_\_\_

Other appropriate agency(s) of another State--  
\_\_\_\_\_

Courts and law enforcement officials.

1902(a)(60) of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN No. 00-005  
Supersedes  
TN No. 95015

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

LIENS AND ADJUSTMENTS OR RECOVERIES

1. The State uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:

When it has been determined that an institutionalized individual owns or has an equity interest in a home that individual's nursing home records, including all LT101s and screenings, are reviewed by a qualified medical professional and a determination is made as to whether the recipient is reasonably expected to return home. Once it has been determined that the individual is reasonably expected not to return home, notices will be sent to the recipient and the institution. The notices include the definition of a lien and that a lien does not mean that the individual will lose ownership of the home. The notice also includes the steps a recipient must take if they wish to have a fair hearing on the matter and the procedures as specified in Chapter One of Wyoming Administrative Procedures Act.

2. The Following criteria are used for establishing that a permanently institutionalized individual's son or daughter provided care as specified under regulations at 42 CFR 433.36(f):

The Department shall make an estate recovery if the deceased recipient has no son or daughter who has been:

- a) Residing in the home continuously for two years or more immediately before the date of the individual's admission to the institution; and
- b) Providing care which permitted the individual to reside at home rather than in an institution.

3. The State defines the terms below as follows:

- (1) Estate - As defined by W.S. 42-4-206(g)(ii). Any or all real and personal property and other assets in which the individual has any legal title or interest at the time of death, including assets conveyed to surviving individuals.
- (2) Individual's home - Any residential property owned solely or jointly by a medicaid recipient.
- (3) Equity interest in the home - A recipient's financial interest in any residential property
- (4) A sibling of the individual, who has an equity interest in the home and who was residing in the home for a period of at least one (1) year immediately before the death of the individual's admission to the medical institution.
- (5) Lawfully residing - A recipient's primary residence. A permanent address or any place of abode that is more than for a limited time, within a township, prior to the recipient's admission to the institution.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

LIENS AND ADJUSTMENTS OR RECOVERIES

4. The State defines undue hardship as follows:

An undue hardship exists if the decedent's home is part of the estate and that home is part of a business, including a working farm or ranch, and recovery of the home would result in the heirs or beneficiaries losing their means of making a living. "Undue hardship" includes any additional definition promulgated by The United States Department of Health and Human Services (HHS) as an administrative regulation. Any part of this definition that is inconsistent with HHS's definition shall become inoperative.

5. The following standards and procedures are used by the State for waiving estate recoveries when recovery would cause an undue hardship, and when recovery is not cost-effective:

- Standards and procedures used for undue hardship waiver when it is not cost effective:

(a) If the Department determines that an estate recovery would be an undue hardship, and when recovery is not cost effective, the Department may waive part or all of the Department's share of the amount which is recoverable pursuant to this Chapter.

(b) Notice of right to request undue hardship waiver. At the time the Department files an estate claim pursuant to the procedures for recovery from probate and non-probate estate in accordance with Wyoming Administrative Rules, Chapter I, Wyoming State Administrative Procedural Act, and Chapter 35 Medicaid Benefit Recovery, Section 10.

6. The State defines cost-effective as follows: (include methodology/thresholds used to determine cost-effectiveness):

- The determination by the Department that the expected expenses of a recovery, including, but not limited to, administrative costs, attorneys' fees, court costs, costs of litigation, travel costs, expert witness fees and deposition expenses, are less than the expected amount of the recovery.

7. The State uses the following collection procedures (include specific elements contained in the advance notice requirement, the method for applying for a waiver, hearing and appeals procedures, and time frames involved):

- The Department may seek Medicaid benefit recovery pursuant to the procedures and standards of W.S. 42-4-201 et seq., Wyoming Administrative Rules, Chapter 35, Medicaid Benefit Recovery, Section 8, and applicable federal law.

TN # 95-010

Supersedes

TN # NEW

Approval Date 09/05/95

Effective Date 04/01/95

TL #76-17  
Approved 7/1/75

STATE OF WYOMING  
EXECUTIVE DEPARTMENT

Executive Order

1976-2

Pursuant to the authority vested in the office of Governor of the State of Wyoming under W.S. 9-160.1 through 9-160.13, I, Ed Herschler, Governor of the State of Wyoming, hereby order:

Section 1. Effective April 20, 1976, through June 30, 1977, the Wyoming Department of Health and Social Services, which includes the Division of Health and Medical Services, the Division of Public Assistance and Social Services, and the Division of Vocational Rehabilitation, shall be the single state agency responsible for the administration or supervision of administration of state plans for those cooperative Federal and State programs set forth in this Order.

Section 2. The Division of Health and Medical Services of the Wyoming Department of Health and Social Services shall administer or supervise the administration of State and Federal programs as follows:

- a. Maternal and Child Health and Crippled Children's Services (Title V of the Social Security Act, 42 USC Sec. 701, et seq.).
- b. Medical Assistance for the Needy - "Medicaid" (Title XIX of the Social Security Act, 42 USC Sec. 1396 et seq.).
- c. Comprehensive Health Planning (Section 314 (a) of Public Health Services Act, 42 USC Sec. 246(a)).

- d. Comprehensive Public Health Services (Including Mental Health) (Section 314(d) of Public Health Service Act, 42 USC Sec. 246(d)).
- e. Hospital and Medical Facilities Construction (Section 604 of Public Health Service Act, 42 USC Sec. 291 et seq.).
- f. Mental Health and Mental Retardation Construction (P.L. 38-164).
- g. Community Mental Health Centers (P.L. 93-63, 42 USC Sec. 2689 et seq.).
- h. Developmental Disabilities Services (P.L. 94-103; 42 USC Sec. 6051 et seq.).
- i. State Health Planning and Development Function (Section 1523 of P.L. 93-641).

Section 3. The Division of Public Assistance and Social Services of the Wyoming Department of Health and Social Services shall administer or supervise the administration of State and Federal programs as follows:

- a. Aid to families with dependent children (Title IV A of the Social Security Act, 42 USC Sec. 601 et seq.).
- b. Child Welfare Services (Title IV B of the Social Security Act, 42 USC Sec. 620 et seq.).
- c. Child Support and Establishment of Paternity (Title IV D of the Social Security Act, 42 USC Sec. 651 et seq.).
- d. Grants to States for Services (Title XX of the Social Security Act, P.L. 93-647, 42 USC Sec. 1397 et seq.).
- e. Public Assistance and Social Services Act of the State of Wyoming (W.S. 42-1 et seq.).

Section 4. The Division of Vocational Rehabilitation of the Wyoming Department of Health and Social Services shall

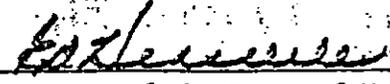
AL # 76-17  
Approved 7/1/75

administer or supervise the administration of State and Federal programs as follows:

- a. Vocational Rehabilitation Services  
(Rehabilitation Act of 1973, P.L. 93-112,  
42 USC Sec. 701 et seq.).

Note: The statutory references in this Order are not exhaustive. Said references are to include any amendments and other provisions pertinent to the programs enumerated.

Given under my hand and the Executive Seal of the State of Wyoming this 20 day of April, 1976.

  
Governor of the State of Wyoming



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE WYOMING

Requirements for Third Party Liability -  
Identifying Liable Resources

- (1) Frequency - Data Exchanges
  - The agency receives information from SWICA and SSA in the form of a data exchange on a quarterly basis.
  - The agency receives information from the state Motor Vehicle Accident Report files in the form of a data exchange on a monthly basis.
  - 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 all trauma codes 800 through 999 excluding 994.6 of the ICD-CM 9th edition on a monthly basis.
- (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
  - Reports received from the data exchange with the state Motor Vehicle Accident Report files are submitted by CTD to the TPL Recovery contractor on a monthly basis. Within 60 days, the TPL Recovery contractor investigates all applicable third party insurance by sending out a questionnaire and requesting copies of the accident reports for all accidents that have a positive insurance indicator on the report, confirms if appropriate and incorporates such information into the MMIS eligibility case file resource record.
- (4) Diagnosis and Trauma Code Edits
  - Questionnaires are sent to individuals meeting the Diagnosis and Trauma Code Edits report criteria on a monthly basis. Reports also list number of trauma diagnosis codes by type of service. Within 45 days, information gathered from the questionnaires is confirmed if appropriate and incorporated into the MMIS eligibility case file resource record. The agency and the Recovery Contractor have access to this information.
- (5) Paid claims follow up
  - The TPL billing file holds 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 date of first billing, if no response is received, claims will be purged from the billing file.

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TN No. 90-09

Approval Date 12/27/93 Effective Date 11/1/93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

1. Providers are not required to bill the third party when the covered service is provided to an individual on whose behalf child support enforcement is being carried out by the state Title IV-D agency.

Upon billing Medicaid. The providers are required to certify if a third party has been billed prior to submission. The provider must also certify that they have waited 30 days from the date of the service before billing Medicaid and has not received payment from the third party.

2. Thresholds for health insurance claims

Wyoming Medicaid has no thresholds for health insurance claims recovery.

Thresholds for casualty claims

Wyoming Medicaid has no threshold for casualty insurance claims; however, top priority is given to identifying third party liability for those recipients who have had at least \$250.00 in trauma related claims during the month. Those individuals with less than \$250.00 in claims are worked as time permits.

For casualty recoveries, the agency will comply with 42 U.S.C. Section 1396 (a)(25)(B) and use the following factors and guidelines in determining whether to pursue recovery of benefit, after deduction of the agency's proportionate share of attorney's fee and cost, from a liable party.

1. Ascertain the amount of Medicaid right to reimbursement and the amount of the gross settlement.
2. Determine whether the Medicaid right to reimbursement plus attorney's fees and costs will exhaust or exceed the settlement funds.
3. If the answer to 2 is Yes; and if the agency:
  - a. Is informed the client will not pursue the claim; or
  - b. Cannot handle the case, once it is tendered to the agency by the client or the client's attorney to pursue on behalf of the client; or
  - c. Made reasonable effort to ascertain the client's intention regarding the claim, but could not obtain a response; then the agency shall follow procedures stated in 4.

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Supersedes  
TN No. 93-017

Approval Date 11/21/00

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4. The agency shall consider the cost-effectiveness principle in determining what is the estimated net recovery amount to be pursued, based on the likelihood of collections. Net recovery amount is defined as that amount of recovered dollars to apply to Medicaid costs. In determining the estimated recovery amount, the following factors will be considered:
- a. Settlement as may be affected by insurance coverage or other factors relating to the liable party;
  - b. Factual and legal issues of liability as may exist between the client and liable party;
  - c. Problems of proof faced in obtaining the award or settlement; and
  - d. The estimated attorney's fee and cost required for the agency to pursue the claim.
5. After considering the above factors, the agency may pursue a lesser recovery amount to the extent that the agency determines it to be cost-effective to do so.

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TN No. 00-008

Supersedes

Approval Date 11/21/00

Effective Date 09/01/00

TN No. ~~93-017~~ *NEW*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE WYOMING

<u>Citation</u>	<u>Condition or Requirement</u>
1906 of the Act	<p>State Method on Cost Effectiveness of Employer-Based Group Health Plans</p> <p>After screening all Medicaid applicants and recipients at intake and re-application process, the State will pay premium, deductibles and co-insurance charges for a Medicaid recipient who has an active insurance policy and is a high cost utilizer of medical services. These cases include but are not limited to:</p> <ol style="list-style-type: none"><li>1. High cost catastrophic illness cases.</li><li>2. Temporary disability cases determined by a medical professional; and</li><li>3. Cases requiring continuous care for a period of more than six (6) months.</li></ol>

An individual's enrollment in a group health plan is cost effective when the amount paid for premiums and other cost sharing obligations plus the State's administrative cost are less than third party liability payment for the equivalent set of services and amount paid for the same category of service.

Determination is based on the Medicaid recipient's medical needs. After screening all Medicaid applicants and recipients at intake and re-application process, the State will pay premiums, deductibles and co-insurance for a Medicaid recipient who has an active insurance policy and is a high cost utilizer of medical services. These cases include but are not limited to:

1. High cost catastrophic illness cases.
  2. Temporary disability cases determined by a medical professional; and
  3. Cases requiring continuous care for a period of more than six (6) months.
1. Annual review of cost effectiveness of eligible cases will be obtained by using the actual annual cost to Medicaid for the recipient from MMIS.
  2. Compare costs to Medicaid of purchasing insurance (premiums, co-insurance, deductibles, and other cost sharing) to the actual Medicaid costs (obtain from MMIS) for the same recipient.
  3. Subtract from the figure derived in step 2 above, the State's administrative cost for processing the health insurance information. (The Administrative cost is periodically readjusted.)
  4. A policy is determined to be cost effective if the costs to the State under the group health plan are lower than the cost to the State for these services under Medicaid.
  5. If the plan is determined not to be cost effective due to the lack of explanation of benefit submitted by the insurance company, the recipient may submit all historical medical costs as proof to challenge the above format.
  6. The State will pay premiums, deductibles, and coinsurance when it is cost-effective to do so.

TN NO. 95-015

Supersedes  
TN NO. 93-001

Approval Date 12/12/95

Effective Date 12/1/95

SUPPLEMENT TO ATTACHMENT 4.22A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE  
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(a)(25)(1) The State has *in effect* laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(1) of the Social Security Act.

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