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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 23-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 21, 2023

Mr. Lee Grossman
State Medicaid Agent
Division of Healthcare Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 23-0007

Dear Mr. Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment proposes to update the requirements for Third Party Liability – Payment of Claims for Third Party Liability- Identifying Liable Resources.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations of the Bipartisan Budget Act of 2018, Section 53102. This letter is to inform you that Wyoming Medicaid SPA 23-0007 was approved on July 21, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Ford Blunt at 214-767-6381 or via email at Ford.Blunt@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James G.
Scott -S
Date: 2023.07.21 11:37:29
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Lee Grossman
Sheila McInerney

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
23-0007

2. STATE
WY

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
04/01/2023

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
Updating Attachments 4.22-A and 4.22B as a result of the
Bipartisan Budget Act of 2018. Section 53102, Third Party Liability
and updating the State Plan

7. FEDERAL BUDGET IMPACT
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.22-A, Pages 1-3
Attachment 4.22-B, Pages 1-3
Page 69a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 4.22-A, Pages 1-3 (TN 17-0007)
Attachment 4.22-B, Pages 1-3 (TN 00-008)
Page 69a, Page (TN 00-005)

10. SUBJECT OF AMENDMENT

Updates to the Requirements for Third Party Liability – Payment of Claims and for Third Party Liability - Identifying Liable Resources

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 Lee
Grossman, State Medicaid Agent, Division of
Healthcare Financing

12. SIGNATURE STATE AGENCY OFFICIAL

13. TYPED NAME: LEE GROSSMAN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED April 26, 2023

16. RETURN TO:
LEE GROSSMAN
STATE MEDICAID AGENT
OFFICE OF HEALTH CARE FINANCING
122 WEST 25TH STREET, 4 WEST
CHEYENNE, WY 82002

CC: SHEILA MCINERNEY, TPL & ESTATE RECOVERY SPECIALIST
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
April 26, 2023

18. DATE APPROVED
July 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2023

20. SIGNATURE REGIONAL OFFICIAL
Digitally signed by James G. Scott -S
Date: 2023.07.21 11:37:59 -05'00'

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

Requirements for Third Party Liability - Identifying Liable Resources – ATTACHMENT 4.22-A
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1. Frequency of data exchanges (42 CFR 433.138(f)):

- A. SSA Wage, State Wage Information Collection Agencies (SWICA), and Title IV-A:
Not utilizing these data sources currently. The Agency has an alternate source of information that furnishes information as timely, complete and useful as these files in determining the legal liability of third parties pursuant to 42 CFR 433.138(d)(2).
- B. Commercial health insurance carriers: Monthly
- C. Workers compensation: Monthly
- D. Motor Vehicle: Monthly
- E. Diagnosis and Trauma Codes: Monthly

2. Timeliness of follow-up (42 CFR 433.138(g)(1)(i) and (g)(2)(i)):

- A. SWICA & SSA Wage – 433.138(g)(1)(ii) and IV-A data exchange – 433.168(g)(1)(ii)

The Agency is not utilizing these data sources currently. The Agency has an alternate source of information that furnishes information as timely, complete and useful as these files in determining the legal liability of third parties pursuant to 42 CFR 433.138(d)(2). However, the Agency will begin to perform data matching with SWICA by July 01, 2023. All new clients over the age of 14 will be sent to the Wyoming Department of Workforce Services (DWS) to verify state wage data. If a change in income is disclosed prior to the annual renewal of eligibility, a record will be sent to DWS to confirm income information. For any new and ongoing clients, eligibility records are sent from the Agency to its claims vendor who creates a commercial insurance lead for verification of health insurance coverage by the TPL vendor.

During the application for and upon annual renewal of Wyoming Medicaid benefits, applicants and clients are asked to provide third party coverage information. This data is transmitted daily from the eligibility system to the claims processing system creating a “TPL Leads” file (Leads File). The Leads File is included in the eligibility extract from the claims processing vendor and transmitted to the TPL vendor. The TPL vendor conducts data matching for all clients included in the eligibility file with private health insurance companies described below. Any confirmed TPL coverage is transmitted from the TPL vendor to the claims processing vendor on a daily basis and loaded into the client’s TPL File. Since the process is conducted daily, it occurs more frequently than the quarterly SWICA and SSA Wage data match. When new health insurance information is verified, it is transmitted daily from the TPL vendor to the claims processing vendor for cost avoidance of claims. This data matching process is not just targeting individuals with income that may have private health insurance, it is

targeting any applicant or client with disclosed private health insurance and any newly eligible clients.

Requirements for Third Party Liability - Identifying Liable Resources – ATTACHMENT 4.22-A

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B. Commercial Health Insurance Carriers – 433.138(g)(2)

Health insurers in Wyoming are required by state statute to disclose private health care eligibility for all individuals eligible for and provided medical assistance by the agency, and for the individuals' spouses or dependents. The TPL vendor receives eligibility data for 96% of the Wyoming lives covered by health insurance carriers.

At the time of application for and renewal of Medicaid benefits, applicants are requested to disclose health insurance coverage information. Eligibility workers have 45 days to incorporate eligibility data into the eligibility database and determine financial eligibility. On a daily basis, an eligibility file is transmitted from the eligibility vendor through SFTP and by the system integrator to the claims processing vendor with suspected health insurance coverage information. The claims vendor uses this information to create a Leads File. This leads data is included in an eligibility extract and transmitted daily to the TPL vendor. Through an algorithm and data matching logic, the TPL vendor matches Medicaid eligibility data to eligibility information from private health insurance companies. Any confirmed health insurance coverage is transmitted daily from the TPL vendor to the claims vendor who updates the TPL eligibility file in the claims processing system. Cost avoidance is immediate through electronic edits in the claims processing system.

On a weekly cadence, a paid claims file is transmitted to the TPL vendor, who screens and determines which claims are the responsibility of another health insurance company. Post payment recovery is initiated within 60 days of receipt of the extract. The TPL vendor maintains the TPL recovery records on its database.

C. Workers Compensation – 433.138(g)(2)

No cost avoidance occurs with workers compensation data. On a monthly basis through the system integrator and by Secure File Transfer Protocol (SFTP), a vendor receives two files from Wyoming's Department of Workforce Services, Workers' Compensation Division. The workers claim record file contains active workers compensation payments issued since the last reporting period. The vendor uses this file to perform data matching against the paid claims file to identify overlapping payments made by the Agency and the Department of Workforce Services. The second file is the workers compensation case file. It contains new workers compensation cases in the state of Wyoming since the last reporting period. The vendor uses demographic data from this file to perform a match against the Agency's

eligibility file. Within 60 days, the vendor begins the post-payment recovery process and tracks all actions in the TPL tracking database.

Requirements for Third Party Liability - Identifying Liable Resources – ATTACHMENT 4.22-A

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D. Follow through on motor vehicle data match – 42 CFR 433.138(g)(3)):

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 the state of Wyoming motor vehicle crash data. The TPL vendor runs a predefined ad hoc report on a monthly basis displaying all individuals injured in motor vehicle accidents. The TPL vendor performs a data match between Medicaid's eligibility file and the report of the injured parties utilizing the injured party's first name, last name, date of birth, and date of loss. For any confirmed matches, the TPL vendor pulls claims data, determines if Medicaid has paid accident related claims totaling \$250.00 or more, pulls accident reports to determine who the responsible parties are. Within 45 days, the vendor will verify discrepant information and notify liable third parties of Medicaid's reimbursement right, requests reimbursement, and tracks all actions in the TPL tracking database.

E. Trauma diagnosis codes (433.138(g)(4)):

The Agency contracts with a vendor to identify and pursue paid claims that are indicative of trauma, injury, poisoning or other external causes for the purposes of ascertaining the legal liability of third parties. Through the use of algorithms, the vendor determines whether the client should be sent a trauma code mailer based upon cost effectiveness criteria. The vendor begins the post-payment recovery process within five days of determining a claim meets the trauma code criteria. The vendor maintains the TPL case data on their database.