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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 – Payment of Claims – ATTACHMENT 4.22-B

Page 1

The Agency's TPL program is designed to function primarily as a cost avoidance system. This method was chosen as the most efficient and cost effective option. Claims for medical services, unless excluded by federal law, are cost avoided when a third party liability exists within Agency's claims payment system. In certain circumstances, a vendor pursues post payment recovery of claims when confirmed third party coverage is loaded into the member's TPL file after the claims are paid as described in this attachment.

1. Monitoring provider compliance (42 CFR 433.139(b)(ii)(C)):

The State Plan as referenced herein requires providers to bill third parties. When the probable liability of a third party is established, the Agency notifies the provider that the claim was cost avoided due to the existence of TPL. Cost avoided services/claims are identified with Claim Adjustment Reason and Remark Codes, Remittance Advice Remark Codes, and claim error codes transmitted to the provider with non-payment on the provider's remittance advice. Providers are able to access third party coverage information through an online secure web portal. The Agency further certifies that our claims processing system enforces cost avoidance for prenatal services, including labor, delivery, and postpartum care services. The only exceptions to the cost avoidance requirements are as follows:

- A. Under the exemption authority found in 42 CFR 433.139(b) and 42 CFR 433.147(c), children that have been placed in the Wyoming Department of Family Services' custody (DFS) or related entities are excluded from TPL cooperation.
 - (i) The Agency will use standard "pay and chase" when processing claims unless it is confirmed that the child's life will be put in jeopardy (e.g. medical support order).
- B. Under the exemption authority found in 42 CFR 433.139(b)(3)(i), the Agency makes payments without regard to potential third party liability for preventative pediatric services, including early and periodic screening, diagnosis and treatment services (EPSDT), unless the state has made a determination related to cost effectiveness and access to care that warrants cost-avoidance for up to 90 days.
 - (i) Wyoming will use standard "pay and chase" when processing claims for preventative pediatric services.
- C. Under the exemption authority found in 42 C.F.R. 433.139(b)(3)(ii), the state has flexibility to make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries, In regard to child support services, the Agency chooses to make payment within 30 days as it is cost-effective and necessary for access to care.

Table of Contents

State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0006

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

November 27, 2024

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) 24-0006

Dear State Medicaid Agent Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) WY 24-0006. This amendment complies with the Consolidated Appropriations Act of 2022 and makes changes to the state plan so that health insurance companies cannot deny reclamation claims for the Agency not obtaining prior authorization for the item or service through the health insurance company and requiring health insurance companies to process reclamation claims within 60 days of receipt of such claims.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Wyoming's Medicaid SPA TN WY 24-0006 was approved on November 27, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Wyoming State Plan.

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

Sincerely,


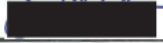
A handwritten signature in blue ink, appearing to read "J. Scott", is written over a black rectangular redaction box.

Digitally signed by James G.
Scott -S
Date: 2024.11.27 11:11:25
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jennifer Conrick
Karen Small

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>6</u>	2. STATE <u>WY</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>07/01/2024</u> <u>10/01/2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>1902(a)(25)(I)</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Pages 2 and 3</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>ATTACHMENT 4.22-B2.A.</u>	
9. SUBJECT OF AMENDMENT Pursuant to the Consolidated Appropriations Act of 2022, make changes to the state plan so health insurance companies cannot deny reclamation claims for the Agency not obtaining prior authorization for the item or service through the health insurance company and requiring health insurance companies to process reclamation claims within 60 days of receipt of such claims.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO	
12. TYPED NAME <u>Lee Grossman, MPA</u>			
13. TITLE <u>Senior Administrator/State Medicaid Agent</u>			
14. DATE SUBMITTED <u>10/22/2024</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>10/28/2024</u>		17. DATE APPROVED <u>November 27, 2024</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>10/01/2024</u>		19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.11.27 11:11:53 -06'00'	
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>	
22. REMARKS <u>Pen and Ink change to Box 4 to effective date of 10/1/24 as per e-mail from state dated 11/21/24.</u>			

- (i) Wyoming will use standard “pay and chase” when processing claims for child support enforcement beneficiaries.

Providers are monitored for compliance with insurance billing requirements through a post payment recovery process by a vendor. The vendor is responsible for identifying claims with potential third-party liability where Medicaid has paid primary. The vendor will either directly bill the primary insurance or will perform disallowance by requesting the provider seek payment from the primary insurance and Wyoming’s payment will be recouped.

If a provider has billed a third party and has not received payment, the provider will be required to submit a form as proof that they attempted to bill the third party two times within a 90-day period and have not received payment. The provider must have waited 90 days from the date of service and not received payment from the third party before the Agency will pay.

2. Guidelines Used to Determine When to Seek Reimbursement from a Liable Third Party (42 CFR 433.139(d)(2) – Compliance with SSA Section 1902(a)(25)(I) and 42 CFR 433.139(f)(2)):

A. Health Insurance

For medical claims that were paid by Wyoming prior to the TPL policy being entered into the claims system, recovery is pursued by a vendor from the provider for amounts greater than \$10.00 within eleven months from the date of service. The timeframe is only one year from the date of service if the provider would need to bill Medicare.

For medical claims that were paid by Wyoming prior to the TPL policy being entered into the member’s eligibility file in the claims processing system, recovery is pursued by a vendor from the liable third-party payer for amounts greater than \$.01 within a timeframe of twelve months to three years of the claim from date of service.

Health insurers (other than Medicare plans) shall not deny payment for an item or service (a reclamation claim) for failure to obtain the required prior authorization under the health insurer’s rules and regulations. The Agency’s payment of the claim satisfies the prior authorization requirement of the health insurer as the health insurer must accept the authorization provided by the state that the item or service is covered under the state plan (or waiver of such plan).

Health insurers shall respond to reclamation claims within sixty (60) days of receipt of such claims.

B. Casualty Threshold

The Agency does not have a threshold amount for casualty insurance claims; however, priority is given to identifying third party liability for those members 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.

C. Casualty Recovery

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

- (i) Ascertain the amount of the Medicaid reimbursement right and the amount of the gross settlement.
- (ii) Determine whether the Medicaid right to reimbursement plus attorney's fees and costs will exhaust or exceed the settlement funds.
- (iii) If the answer to 2 (ii) 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 (iv).
- (iv) The agency shall consider the cost-effectiveness principle in determining 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 third party;
 - (b) Factual and legal issues of liability as may exist between the client and the liable party;
 - (c) Problems of proof faced in obtaining the award or settlement; and
 - (d) The estimated attorney's fee and costs required for the agency to pursue the claim.

After considering the above factors, the agency may pursue a lesser recovery amount to the extent that the agency determines that it is cost-effective to do so.