

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.
- (4) Sections 1902(a)(25)(H) and (I) of the

1902(a)(25)(H) and (I)  
Act.  
of the Act

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A --

- (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)  
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)  
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)  
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

Approval Date 06/05/00

Effective Date 04/01/00

## **Table of Contents**

**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 25<sup>th</sup> 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](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

A black rectangular box redacts the signature of James G. Scott. The box is positioned to the left of the digital signature text.

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 25<sup>TH</sup> 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

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

State/Territory: WYOMING

Citation

- |                              |              |     |  |
|------------------------------|--------------|-----|--|
| 42 CFR 433.139 (b)(3)(ii)(A) | <u>  X  </u> | (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 §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 or 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.  |



Revision: HCFA-PM-94-1 (MB)  
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. 95-015

Approval Date 06/05/00

Effective Date 04/01/00