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**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-17-0007

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  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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October 26, 2017

Teri Green, State Medicaid Agent  
Office of Health Care Financing  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82009

RE: Wyoming #17-0007

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0007. This SPA will change State's trauma code editing and reporting process with the implementation of ICD-10-CM and change the process of data exchange with the Wyoming Department of Transportation for Motor Vehicle Accident Reports.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2017. We are enclosing the CMS-179 and the amended plan page( s ).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director  
Sheree Nall  
Kristy Wilmarth

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
WY17-0007

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE  
10/01/2017

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:  
42 C.F.R. §433.138(e), 42 C.F.R. § 433.138(f), and 42 C.F.R.  
§433.138(g)(4)(i),(ii), and (iii) AND 42 C.F.R. §433.138(d)(4)(ii) and  
42 C.F.R. §433.138(g)(3)(i), (ii), and (iii)

7. FEDERAL BUDGET IMPACT:  
There is not a budget impact.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.22A Page 1 OMB NO.: 0938-0193

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*): ATTACHMENT 4.22-A  
Page 1, OMB No.: 0938-0193

10. SUBJECT OF AMENDMENT:

Change to trauma code editing and reporting in the advent of ICD-10-CM and change to data exchange with the Wyoming Department of Transportation.

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 Teri Green, State Medicaid Agent, Division of Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 9/29/17

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
DIVISION OF HEALTHCARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

CC: KRISTY WILMARTH, SENIOR ADMINISTRATIVE  
ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 29, 2017

18. DATE APPROVED:

October 26, 2017

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

REMARKS:

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

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 contractor 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 diagnosis, the claim must include an external 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.

TN No. 17-0007

Supersedes 17-0001 Approval Date 10/26/2017 Effective Date 10/01/2017

TN No. 17-0001