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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

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,

[redacted]

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0006

2. STATE: WY

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 07/01/2024 ~~10/01/2024~~

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(25)(I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ 0
b. FFY 2025 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Pages 2 and 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
ATTACHMENT 4.22-B2.A.

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)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Lee Grossman, MPA

13. TITLE
Senior Administrator/State Medicaid Agent

14. DATE SUBMITTED
10/22/2024

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
10/28/2024

17. DATE APPROVED
November 27, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2024

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]
Digitally signed by James G. Scott -S
Date: 2024.11.27 11:11:53 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Divsion of Program Operations

22. REMARKS
Pen and Ink change to Box 4 to effective date of 10/1/24 as per e-mail from state dated 11/21/24.

Instructions on Back

(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 clams; however, priority is given to identifying third party liability for those members who have had at least $250.00 om 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.