

7.2 APPLICATION/REDETERMINATION PROCESS

Prior to approval for WV CHIP, the client must be determined ineligible for all Medicaid coverage groups except: AFDC- and SSI-Related Medicaid with an unmet spenddown, QMB, SLIMB, and QI-1. Therefore, the application procedures that apply to Medicaid must be applied when determining eligibility for WV CHIP. These are found in Chapter 1 of this Manual.

Special redetermination procedures apply to WV CHIP; these are found in Section D below.

In addition to these Medicaid requirements, the following applies to WV CHIP.

The policies listed below are the same for WV CHIP as for Qualified and Poverty-Level Children. The Manual citations are also found below:

- Application forms See Section 1.9,A

- In addition, when information is received on an DFA-QSQ-1 that indicates the presence in the home of a potentially eligible WV CHIP child, the Worker must forward a WV-KIDS-1 form to the family to offer the opportunity to receive medical coverage for the child.

- Determining a complete application See Section 1.9,B
- Determining the date of application See Section 1.9,C
- If interview is required;
Who must be interviewed See Sections 1.9,D and E
- Who must sign the application See Section 1.9,F
- Due date of additional information See Section 1.9,H
- Who is the payee See Section 1.9,K
- Redetermination schedule See Section 1.9,N
- Data system action See Section 1.9,Q

The following policies and procedures differ from those for Qualified and Poverty-Level children.

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A. CONTENT OF THE INTERVIEW

Although not required, when an interview is conducted the interview requirements found in Sections 1.2 and 1.9,G are applicable. In addition, the following must be discussed with the client.

- An explanation of the relationship between Medicaid and WV CHIP, including that WV CHIP is not a Medicaid program, but is health insurance coverage. The Worker must also explain that WV CHIP provides more limited coverage than Medicaid and that, if eligible, **WV CHIP** will notify him of the specifics of the coverage.
- An explanation of the 12-month continuous period of eligibility.
- An explanation that any denial or termination of benefits due to dropping health insurance coverage for the child(ren) will be automatically referred to WV CHIP by the Hearing Officer after an adverse Fair Hearing decision. The Department of Administration has another opportunity to make an exception to this policy, based on the client's individual circumstances.
- An explanation that all changes in case circumstances must be reported to the Department, not to Calls Plus.
- An explanation that, for the following services, the client must contact **Calls Plus** directly **at 1-877-982-2447**: replacement of the medical insurance card, regardless of the reason for the request; inquiries about services covered; the status of medical claims; complaints about denial of payment, level of coverage, delay in payment; any other inquiry or problem related to payment of medical benefits. Calls Plus will mail a "Summary Plan Description" to all WV CHIP eligibles upon approval. This will also explain when to contact Calls Plus.
- **The client must contact Acordia National at 1-800-356-2392 to request** original or replacement copies of Explanation of Benefits (EOB).
- An explanation that the client's medical services providers must contact Calls Plus for assistance or questions, not the Department.
- The availability of child support services, but that participation is voluntary and failure to cooperate or accept services does not affect WV CHIP eligibility in any way. The client must also be advised that child support cooperation may become mandatory if the children are later determined eligible for Medicaid.

WV CHIP

- The availability of an extended processing time for those applicants who elect to drop existing health insurance and who have good cause. See Section 7.4,A. This extra processing time, up to 45 days after the date of application, is allowed so that the family may cancel the child's health insurance coverage and provide proof that the child is no longer covered to establish WV CHIP eligibility. The Worker must advise the client that the child's health insurance coverage is the sole reason for WV CHIP ineligibility.

NOTE: No family is to be encouraged to drop a child's existing health insurance coverage without assurance from the Worker that WV CHIP coverage will be approved once the child's other health insurance is terminated.

- The passive redetermination process.

B. AGENCY DELAYS

Once established, eligibility begins on the first of the month of application, regardless of the reason for the delay.

NOTE: Reimbursement for out-of-pocket expenses due to agency delays does not apply to WV CHIP cases.

NOTE: Under no circumstances is an application denied solely because the processing time limit has passed and the Worker has failed to act.

When the Department fails to request necessary verification, the Worker must immediately send a written request for the information. He must inform the client that the application is being held pending and the starting date of his WV CHIP coverage may be delayed if he does not respond immediately. Upon receipt of the information, the beginning date of eligibility is the first day of the month of application.

See Section 7.14,C for all situations which result in backdating WV CHIP coverage.

NOTE: See Section 7.14,E for procedures regarding WV CHIP Premium Expansion coverage.

C. BEGINNING DATE OF ELIGIBILITY

The beginning date of eligibility is the 1st day of the month of application. When the case is held pending termination of other health insurance coverage the earliest date of eligibility is the first day of the month when the other health insurance is not in effect. Eligibility may not be backdated up to 3 months as is

allowed for Medicaid. The only instances of backdated coverage are identified in Section 7.14,C. In no case may the beginning date of WV CHIP coverage be earlier than the month following the beginning implementation date of the program.

D. REDETERMINATION SCHEDULE AND SPECIAL PROCEDURES

The redetermination notice is mailed on the 3rd day of the 11th month of eligibility and is due by the 3rd day of the 12th month.

NOTE: The passive redetermination process is alternated with the redetermination process described in Section 1.9,R. Either redetermination process may be completed online by use of inROADS.

WV CHIP uses a passive redetermination system using RAPIDS form number PRLA in alternating years. The form contains specific case information and asks the client to indicate any change in the information. If the form is returned and no change is indicated, the CHIP redetermination is processed. If there is a change indicated on the PRLA that is returned to the CSC, the PRLA is held in the CSC until the client submits the WV-KIDS-1 he requested from Calls Plus. If the client does not submit a PRLA which indicates no changes or does not return the WV-KIDS-1, WV CHIP eligibility is stopped after the 12-month period of continuous eligibility expires.

NOTE: A “change” for these purposes means a change in income or household members. These are the only changes that require completion of a WV-KIDS-1. Changes of address, phone number or other non-financial items must be changed in RAPIDS, but they do not require completion of a WV-KIDS-1.

When there is at least one WV CHIP child and one Medicaid child in the same home, action depends on the redetermination date. When both are due for redetermination in the same month, a passive redetermination is sent for the WV CHIP child and a WV-KIDS-1 is sent for the Medicaid child. If the passive redetermination form is not returned, but the WV-KIDS-1 is returned or the redetermination is completed online by using inROADS, the WV-KIDS-1 or online redetermination must be used for the WV CHIP redetermination. However, under no circumstances is the PRLA used for Medicaid.

When there is at least one WV CHIP child and one Medicaid child in the same home who are due for redetermination in different months, each program’s redetermination requirements must be met separately from the other.

See Appendix B for a chart showing the appropriate action, depending on the redetermination.

NOTE: See Section 7.14,E for procedures regarding WV CHIP Premium Expansion coverage.

E. CLIENT NOTIFICATION

RAPIDS automatically sends a notice to the child's household mailing address when:

- A WV CHIP child is approved;
- Eligibility for a WV CHIP child continues at redetermination; or
- A child loses WV CHIP eligibility.

However, the Worker is responsible for the client notification of WV CHIP denial at application. RAPIDS Worker-requested letters are available to accomplish this. The 13-day advance notice period described in Chapter 6 does not apply to WV CHIP eligibility.

Once the case is forwarded to Calls Plus (CP), CP is responsible for subsequent notification of WV CHIP approval and all matters related to medical coverage and payment of benefits.

NOTE: See Section 7.14,E for procedures regarding WV CHIP Premium Expansion coverage.

F. THE BENEFIT

The medical insurance card is produced and mailed to the client by Express Scripts. Only one card is produced for the 12-month eligibility period. The WV CHIP card is different from the Medicaid card produced by RAPIDS and cannot be replaced through RAPIDS by use of blank Medicaid cards or by a letter from the Department. When a replacement is necessary, the client must contact CP. If the client contacts the Department instead of the WV CHIP Office, he is referred to 1-877-WVA-CHIP or 1-877-982-2447 for a replacement. Once the case information is forwarded to CP, CP is responsible for subsequent notification of WV CHIP enrollment materials, such as benefit plan, welcome kit, rights and responsibilities, etc.

IS&C determines whether the client is subject to co-payments for certain medical services and prescriptions which are collected by the provider, based on whether the countable income is greater than 150% FPL. Since IS&C makes this determination, no indication of co-pay status appears in RAPIDS. The client must be referred to the WV CHIP Office for any questions concerning copayments.

EXCEPTION: Native American children are exempt from copayments. It is not necessary to verify race and the client's statement is accepted. The Worker must ensure the proper race code is entered in RAPIDS.

G. EXPEDITED PROCESSING

The policy in Section 1.9,O applies to WV CHIP.

However, the processing time may be extended for a maximum of 45 days from the date of application when all of the following conditions are met:

- The child has other health insurance coverage; and
- Medical providers who accept the insurance are geographically inaccessible to the client as described in Section 7.14,D; or
- The cost of insurance for the family is 10% or more of the family's gross annual income; and
- The applicant has indicated that the other health coverage for the child will be terminated; and
- The only reason the child is ineligible for WV CHIP is that he has other health insurance coverage.

This special procedure allows time for the family to terminate the other coverage and provide verification, if necessary, without having to reapply for WV CHIP. Eligibility may begin the first day of the month the health insurance is no longer in effect.