

When application is made at the same time for another Medicaid coverage group(s) for another family member(s), or for other Programs, the application process for the QC or Poverty-Level child(ren) must be completed within 13 days, even though the application process for other individuals or for other Programs may still be pending.

P. CLIENT NOTIFICATION

See Chapter 6.

Q. DATA SYSTEM ACTION

Data system action is required to complete the application process, regardless of the eligibility decision except when denial is due to the fact that the child is already a Medicaid recipient.

When the child for whom application is made is already an active Medicaid recipient, the Worker must generate a RAPIDS notice of the denial.

R. REDETERMINATION VARIATIONS

NOTE: This process is used for WV CHIP in alternate years. See Section 7.2,D.

The redetermination process is initiated by RAPIDS which generates the WV-KIDS-1 form with a PRL7 letter of explanation. The information is mailed around the 3rd day of the 11th month of the certification period. The redetermination must be submitted by the 3rd day of the 12th month of the certification period. The redetermination may be submitted by mail or online by use of inROADS.

The letter of explanation provides the following information:

- That the AG(s) for the individual(s) listed is due for redetermination
- The address to which the form is returned, if submitted by mail
- The date by which the redetermination must be submitted
- Any verification which must be submitted with the form
- That the AG(s) will be closed after proper notification, if the redetermination is not completed
- Instructions for submitting the redetermination online by using inROADS

- A phone number to call if the individual has questions about submitting the redetermination online

The redetermination may be submitted online by use of inROADS until the end of the month in which the redetermination is due. Redeterminations submitted online do not require a signed signature page and are considered electronically signed. This is because the client must enter specific identifying information outlined in the instruction letter. This identifying information includes the case number, redetermination due date and county which are included in the letter. The Social Security number of the person to whom the letter is addressed must be entered, but is not shown on the letter.

The redetermination is completed using the OFS-2 when a redetermination for another Program or coverage group is completed.

When the redetermination is completed and the individual(s) remains eligible, the new eligibility period must begin the month immediately following the month of redetermination. See the RAPIDS User Guide.

If the client's coverage is interrupted due to agency delay or error, procedures for reimbursement of the client's out-of-pocket expenses may apply. **NOTE:** Reimbursement for out-of-pocket expenses does not apply to WV CHIP. See Chapter 2.

S. THE BENEFIT

The first medical card generated by the data system shows retroactive eligibility and eligibility through the end of the current month.

The ongoing medical card shows the eligibility dates for the current month. A new card is issued monthly and shows that month's eligibility dates.

The ending date of eligibility is the last day of the month of the effective date of closure.