

WV CHIP

- 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 and enrolled, WV CHIP will notify him of the specifics of the coverage.
- An explanation that because WV CHIP is not Medicaid, WV CHIP recipients are ineligible for NEMT.
- An explanation of the 12-month continuous period of financial eligibility with a clarification that when a WV CHIP recipient reaches the annual and/or lifetime benefit maximum(s), the AG is closed. Medical services are not paid for the remainder of the current benefit/calendar year or indefinitely. See Section 7.3,D.
- An explanation that when an applicant drops his non-state health insurance coverage without good cause, a waiting period of **3** months for WV CHIP and 12 months for WV CHIP Expansion, from the date the coverage was last in effect, applies. See Section 7.2,C.
- 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 the WV CHIP Helpline.
- An explanation that, for the following services, the client must contact the WV CHIP Helpline at 1-877-982-2447: replacement of the medical insurance card, regardless of the reason; inquiries about services covered; and/or the level of coverage. The WV CHIP staff will mail a "Summary Plan Description" to all WV CHIP eligibles upon approval. This information will also explain when to contact the WV CHIP Helpline.
- The client must contact the claims administrator at 1-800-356-2392 to request copies of his Explanation of Benefits (EOB) or inquire about the status of medical claims or problems related to medical payments.
- An explanation that the client's medical services providers must contact the WV CHIP Helpline for assistance or questions, instead of the Department.

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- The availability of child support services, but that participation is voluntary and failure to cooperate or accept services does not affect WV CHIP eligibility. The client must also be advised that child support cooperation may become mandatory if the children are later determined eligible for Medicaid.
- The passive redetermination process.
- The availability of an extended processing time for those applicants who elect to drop existing health insurance and who have good cause. See Section 7.14,D. This extra processing time, up to 45 days after the date of application, is permitted so that the family may cancel the child's health insurance coverage and provide verification 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.

B. AGENCY DELAYS

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

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

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.

Once established, eligibility begins on the 1st of the month of application, regardless of the reason for the delay. 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 1st day of the month when the other health insurance is not in effect. When a child is ineligible due to dropping non-state health insurance coverage without good cause and a waiting period applies, the earliest date of eligibility for WV CHIP is the 1st of the month after **3** months have passed since the health insurance coverage was in effect. For WV CHIP Premium Expansion, the earliest date of eligibility is the 1st of the month after 12 months have passed since the health insurance coverage was in effect.

EXAMPLE: On December 5, **2009**, Ms. Smithers requested that her personnel department terminate her health insurance coverage and it was last in effect January **2010**. She did not have good cause for dropping her health insurance coverage. The earliest date of eligibility for her child is **May 2010** for WV CHIP, or February **2011** for WV CHIP Premium.

EXAMPLE: Mr. Clark drops his health insurance coverage without good cause. His last month of coverage was November **2009**. Mr. Clark's waiting period for WV CHIP is December **2009** through **February 2010**. On February 2, **2010**, Mr. Clark applies for WV CHIP for his son. Because only two months of the waiting period have passed, the earliest Mr. Clark's son is eligible for WV CHIP is **March 1, 2010**.

Eligibility may not be backdated up to 3 months as is permitted for Medicaid. The only instances of backdated coverage are identified in Section 7.14.C. The beginning date of WV CHIP coverage cannot be earlier than the month following the beginning implementation date of the program, July 1, 1998.