

FPL. Since WVOT 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: Children who are members of a federally recognized American Indian or native Alaskan tribe are exempt from copayments. The client's race is accepted without verification and the race code is entered in RAPIDS.

The medical insurance card is produced and mailed to the client by the claims administrator. Only one card is produced for the 12-month financial eligibility period. The WV CHIP card is not a 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 the WV CHIP Helpline. 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.

NOTE: When a recipient reaches the benefit maximum(s) for the current calendar/benefit year and/or indefinitely, presenting the medical insurance card to providers will not result in payment for services for the remainder of the year. When the annual benefit maximum is reached, once a new calendar/benefit year begins, eligible services will again be paid. See Section 7.3,D,2.

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 the following conditions are met:

- The only reason the child is ineligible for WV CHIP is that he 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.

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 Eligibility may begin the first day of the month the health insurance is no longer in effect.

7.3 THE CASE MAINTENANCE PROCESS

After approval for WV CHIP, information is passed from RAPIDS to WVOT. Although the WV CHIP Office issues the benefit to the client, action is taken on changes reported to the Department so updated information can be reported to WV CHIP through RAPIDS.

A. CLOSURES

The WV CHIP Office is notified of WV CHIP ineligibility through an exchange of information with RAPIDS. This notification triggers the termination of coverage by WV CHIP.

Eligibility under all Medicaid coverage groups must be explored for all children who become ineligible for WV CHIP prior to the end of the 12-month period of continuous eligibility. **If the Medicaid evaluation results in an approval, the child receives a new Medicaid certification and redetermination period.**

A child may be determined ineligible prior to the expiration of the 12-month period of continuous eligibility only if the child:

- Moves out of state;
- Dies;
- Reaches age 19. The child is eligible until the end of the month in which he reaches the age limit. A child who reaches age 19 on the first day of the month remains eligible until the end of that month;

EXCEPTION: See Section 7.3,D.

NOTE: If a child is receiving inpatient hospital services on the date he would lose eligibility due to attainment of the maximum age, eligibility must continue until the end of that inpatient stay.

- Becomes eligible for Medicaid and the caretaker chooses Medicaid over WV CHIP.
- Obtains individual or group health insurance coverage after WV CHIP approval. See Definitions at the beginning of this Chapter.
- Becomes eligible for a state group health plan after WV CHIP approval.
- Becomes eligible for SSI.
- Was approved or redetermined for WV CHIP in error and is not currently eligible.