

When the application is returned by mail, left at the office or submitted by inROADS and additional information is required, the client must be given at least 10 days after the mailing date of the request for additional information to respond.

G. AGENCY DELAYS

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. When the verification is received and the client is eligible, retroactive medical coverage is based on the date of application.

When an application is not processed within agency time limits, the application must be processed immediately upon discovery and coverage must be backdated for any prior eligibility period. This may be more than 3 months if due to an agency error. To determine if the client is eligible to receive direct reimbursement for out-of-pocket medical expenses, see Chapter 2.

H. BEGINNING DATE OF ELIGIBILITY

1. Application While Pregnant

A pregnant woman may have her eligibility determined back to the date her pregnancy was originally diagnosed, provided she met all eligibility requirements at the time.

2. Application After Pregnancy Ends

When the client applies within 3 months of the termination of the pregnancy, eligibility may be backdated up to 3 months, prior to the month of application, in which she met all eligibility requirements.

I. SPECIAL PROCEDURE

When the Poverty-Level pregnant woman's application is denied for any reason, **or a WV CHIP or children's Medicaid application is denied when a child is pregnant, a referral is made to the Office of Maternal, Child and Family Health (OMCFH). A list of these denied applications is generated by RAPIDS and made available to the Office of Maternal, Child and Family Health (OMCFH).** This permits OMCFH to evaluate the client for other available government-sponsored health care.

J. CLIENT NOTIFICATION

See Chapter 6. In addition, the eligible Poverty-Level pregnant woman must be notified that she remains eligible for 2 months after the month in which her pregnancy ends.

K. REDETERMINATION SCHEDULE

Redeterminations cannot be submitted by inROADS.

A redetermination is completed the second month of the postpartum period. Reviews are scheduled 2 months after the pregnancy end date, or, if information about the pregnancy is not updated, 2 months after the pregnancy due date.

In no instance is Medicaid coverage under one coverage group stopped without consideration of Medicaid eligibility under other coverage groups. This is determined before the client is notified that his Medicaid eligibility will end. If eligible for other Medicaid, or WV CHIP, that coverage must not begin until expiration of the postpartum period.

If no redetermination is completed, Medicaid coverage is automatically closed after the adverse notice period.

NOTE: When a pregnancy ends prior to the expected due date, the redetermination date in RAPIDS is set for the current month, plus 1, to insure that the data system automatically schedules the redetermination. It also insures that the client has the opportunity to complete a redetermination and the AG is properly closed if a redetermination is not completed. This may result in a postpartum period extension.

L. THE BENEFIT

See Section 1.9,S for retroactive and ongoing benefits.

NOTE: A Qualified Child, regardless of the date of birth, who becomes pregnant and who is also eligible as a Poverty-Level pregnant woman, must receive Medicaid as a Poverty-Level pregnant woman.

The Poverty-Level PW's eligibility ends on the last day of the 60-day postpartum period or on the last day of the effective month of closure, unless the situation, outlined in the NOTE in item I above, occurs.