

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, QC and PL Children; these are found in Section D.

The policies listed below are the same for WV CHIP as for QC and PL Children. The Manual citations are included.

- 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 **and**
special procedures See Section 1.9,N **and R**
- Data system action See Section 1.9,Q

The following policies and procedures differ from those for QC and PL Children and apply to WV CHIP.

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:

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- 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.
- **An explanation of the passive redetermination process.**
- 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 3 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.
- 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

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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 3 months have passed since the health insurance coverage was in effect.

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

EXAMPLE: Mr. Clark drops his health insurance coverage without good cause. His last month of coverage was July 2010. Mr. Clark's waiting period for WV CHIP is August 2010 through October 2010. On September 15, 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 November 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.

D. REDETERMINATION SCHEDULE AND SPECIAL PROCEDURES

1. Redetermination Schedule

The redetermination notice is mailed automatically around the 2nd working day of the 11th month of eligibility and is due by the 3rd working day of the 12th month.

The redetermination may be completed by mail, in person, or online using inROADS.

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

2. Special Procedures – Passive Redetermination

The passive redetermination is used for completing QC, PL and WV CHIP reviews. See Chapter 1, Section 1.9 which is specific to QC and PL AGs. The passive review process is initiated by RAPIDS which generates the PRLA for client completion and return. The PRLA is prepopulated with specific case information previously provided by the AG but requires reporting of changes including those related to household income, insurance availability and household composition.

3. Processing the Passive Redetermination

a. WV CHIP AGs that do not include QC or PL Medicaid Children

When a WV CHIP passive review does not include QC or PL Children, it is processed by the Customer Service Centers (CSC).

When the PRLA is returned timely and no changes are indicated that affect continued eligibility for WV CHIP, the passive redetermination is processed and health coverage continues.

When a change is shown on the PRLA returned to the CSC, and no documentation is attached regarding the changes or is insufficient to complete the redetermination, or no change is indicated on the PRLA but pay stubs or other attachments indicate otherwise, the CSC Staff holds the PRLA and issues a request for information. It is not necessary to issue a WV-KIDS-1.

NOTE: A “change” for these purposes is a change in household income, insurance availability or household composition. The Worker must first review all sources available to the Department such as data exchanges, employer contacts, etc. to verify AG changes prior to requesting this information from the recipient, whenever possible.

If the client does not return a PRLA that indicates no changes have occurred or fails to return the form sent to him or supply the pended information requested, WV CHIP is stopped after the 12-month period of continuous eligibility expires. The AG is evaluated for all other Medicaid for which he may be eligible.

NOTE: When the PRLA is received through the mail or inROADS and includes any combination of WV CHIP, QC or PL Children due for passive redetermination in the same month, the redetermination is processed by the Worker.

b. Combined WV CHIP, QC or PL Medicaid Children AGs

When a WV CHIP passive review includes any combination of WV CHIP, QC or PL Children, it is processed by the Worker.

When the PRLA is returned timely and no changes are indicated that affect continued eligibility for WV CHIP, QC or PL Medicaid, the passive redetermination is processed and health coverage continues.

When a change is shown on the PRLA returned to the Worker, and no documentation is attached regarding the changes or is insufficient to complete the redetermination, or no change is indicated on the PRLA but pay stubs or other attachments indicate otherwise, the Worker holds the PRLA and issues a request for information. It is not necessary to issue a WV-KIDS-1.

NOTE: A “change” for these purposes is a change in household income, insurance availability or household composition. The Worker must first review all sources available to the Department such as data exchanges, employer contacts, etc. to verify AG changes prior to requesting this information from the recipient, whenever possible.

Insurance availability does not affect PL or QC eligibility but private insurance needs coded in RAPIDS as the primary medical coverage.

If the client does not return a PRLA that indicates no changes have occurred or fails to return the form sent to him or supply the pended information requested, WV CHIP, QC and/or PL Medicaid is stopped after the 12-month period of continuous eligibility expires. The AG is evaluated for all other Medicaid for which he may be eligible.

NOTE: When the PRLA is received through the mail or inROADS for a WV CHIP AG that does not include QC or PL Medicaid Children due for passive redetermination in the same month, the redetermination is processed by the CSC.

4. Redetermination Special Procedures for Aligning Redetermination Dates for WV CHIP, QC or PL Children

If a family has more than one child under the age of 19 and more than one redetermination date, these dates may be aligned eliminating the need to conduct separate redeterminations on each child. It is the responsibility of the Worker to evaluate and correctly align these groups, which may include QC, PL or WV CHIP.