1.10 PREGNANT WOMEN

All application procedures found in Section 1.9, Children Under Age 19, apply to pregnant women with the following exceptions:

A. APPLICATION FORMS

The Single-Streamlined Application (SLA) may be used for applications. These applications may be submitted by mail, phone, electronically, Marketplace, inROADS or in person.

A DFA-2 is used when an application is made for another Program requiring an interview at the same time.

B. COMPLETE APPLICATION

The application is complete when the client signs the SLA or DFA-2, as appropriate, which contains, at a minimum, his name and address. An inROADS application is complete when the application is signed electronically by the applicant, a signed signature page is received or when an application with an E-Signature is submitted by a Community Partner.

C. DATE OF APPLICATION

The date of application is the date the applicant submits an application by mail, phone, electronically, Marketplace, inROADS, or in person which contains, at a minimum, his name and address and signature. When the application is submitted, the date of application is the date that the form with the name, address and signature is received in the local office.

NOTE: WV-KIDS-1 is no longer being used; however, if one is received in local office, a SLA-1 must be sent to the client and the KIDS-1 can be used to protect the date of application. The SLA-1 must be returned and processed for benefits to be issued if received within 30 days.

NOTE: When a faxed copy or other electronic transmission of an application is received that contains a minimum of the applicant's name, address and signature, it is considered an original application and no additional signature is required.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the DFA-2, Form DFA-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed DFA-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the DFA-2 when the DFA-5 has been signed.

D. WHO CAN BE INCLUDED ON THE SAME APPLICATION

1. Individuals who have a familial relationship with the applicant (spouse, child - biological, adopted or step child; parent - biological, adopted or step parent; sibling - biological, adopted, half or step sibling.)

2. Individuals who are a tax dependent of, or on the same income tax return with, the applicant.

   EXCEPTION: A non-custodial parent cannot apply for Medicaid or CHIP for their child even when claiming their child as a tax dependent. In this situation, based on MAGI rules, the child's MAGI household includes - himself, his parents (biological, adopted or step parents), or siblings (biological, adopted or step) under 19 with whom he resides. Information necessary to determine the child's eligibility cannot be determined based on the non-custodial parent's application; therefore, the case should fail for the child with the reason that the non-custodial parent cannot apply for the child.

3. Individuals who are under age 19 may be included on an application submitted by an adult application filer, even if the child and application filer are not in a familial or tax relationship.

Adult individuals who do not fall into one of these categories will be notified that they must submit a separate application.

E. EXPEDITED PROCESSING

Data system action must be taken to approve, deny or withdraw the application within 13 calendar days of the date a completed application is received in the local office. If additional information or verification is required after the complete application is received, the Worker must request it immediately to allow the client 10 days to provide it, as required in–Due Date of Additional Information below, and to complete the application process within 13 days.

When a DFA-2 is used, the application for Medicaid coverage as a pregnant woman must be processed within 13 days of the date a complete application is received, even though the application for the other Program may not require faster processing.

F. DUE DATE OF ADDITIONAL INFORMATION

When an interview is conducted, the Worker and the client decide on a reasonable time for the information to be returned.

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 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 eRAPIDS 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 pregnant woman must be notified that she remains eligible for 2 months after the month in which her pregnancy ends.

K. REDETERMINATION SCHEDULE

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 her 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. REDETERMINATION SCHEDULE AND SPECIAL PROCEDURES

1. Redetermination Schedule

Redeterminations occur annually. When possible, the redetermination process is completed automatically using electronic data matches without requiring information from the client. This redetermination process is initiated by eRAPIDS which matches current information with the hub. The Reasonable Compatibility Provision applies each time this occurs. See Section 4.1. If determined eligible after completing the

redetermination process, the Department will notify the client. The notice will identify information used to determine eligibility. If the customer agrees with the information, no further action is required. If the client does not agree, he is to report the information that does not match the circumstances.

When the redetermination process cannot be completed automatically, eRAPIDS sends a pre-populated form containing case information and require the client to provide additional information necessary to determine continuing eligibility. A signature is required.

The pre-populated auto renewal verification checklist form 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 information must be submitted,
- Specific information necessary to complete the redetermination,
- The opportunity to report changes,
- That the AG may receive a verification checklist for completion and return, if reported changes require follow-up,
- That the AG(s) will be closed after proper notification, if the redetermination is not completed, and
- Instructions for submitting the pre-populated auto renewal verification checklist form online by using inROADS. A phone number to call if the individual has questions about submitting the pre-populated auto renewal verification checklist online.

The client must be given 30 days from the date of the letter to return the information. The information may be submitted by mail, phone, electronically, Internet, or in person. Failure to respond and provide the necessary information will result in closure of the benefit.

If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be back dated up to 3 months.

2. Special Procedures – Rolling Renewals

Rolling Renewals do not apply to Pregnant Women. When the pregnancy is due or reported ending, the client will be evaluated for MAGI Medicaid using automatic procedures in the Section above.

M. THE BENEFIT

See Section 1.9 for retroactive and ongoing benefits.

NOTE: A Child Under Age19 who becomes pregnant must receive Medicaid as a pregnant woman.

The 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 Special Procedure above, occurs.