

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

The beginning date of eligibility is the first day of the month of application, if eligible. Eligibility may be backdated up to 3 months prior to the month of application, provided all eligibility requirements were met.

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