

WV CHIP

If the OFS-M/CHIP-1 is unavailable, then the Worker may accept verbal or written confirmation from the parent requesting a change to Medicaid. Case comments must be entered to explain why the OFS-M/CHIP-1 could not be provided.

No application is required. If the parent chooses Medicaid, Medicaid is approved for a new 12 months of continuous coverage. If the parent chooses, WV CHIP, the original redetermination date remains.

The Worker must not accept the return of the WV CHIP medical card from the client for return to the claims administrator.

NOTE: See Section 7.14,E for procedures regarding WV CHIP Premium Expansion coverage.

At the annual redetermination, when income exceeds 300% FPL after the MAGI-income disregard is given and the individual(s) remain over the allowable income limit, the electronic account will be transferred to the Marketplace for an evaluation for other health coverage benefits.

C. UPDATE IN AG INFORMATION

The case information in RAPIDS must be updated based on changes reported by the client and by other valid sources even though benefits are not issued from RAPIDS and the client is eligible for 12 continuous months of coverage. Changes made outside of the required annual redetermination cycle are necessary so that the child may be correctly evaluated for Medicaid, should WV CHIP eligibility end.

Any change in the family's circumstances which could result in Medicaid eligibility for the child requires the Worker to reevaluate Medicaid eligibility. This includes when the Worker is notified that the WV CHIP child is pregnant and eligibility for Pregnant Woman coverage is evaluated.

When a WV CHIP child becomes eligible as a Pregnant Woman, Medicaid eligibility may be determined as of the date the pregnancy was diagnosed or as of any month within 3 months after the end of the pregnancy. Eligibility is established based on all case circumstances as they existed in the month for which Medicaid eligibility is first established; Medicaid eligibility may be established for the earliest month in which expenses not paid by WV CHIP were incurred. All case circumstances, including income, AG composition, marital status of the pregnant woman, etc. are used as they existed in the month that the pregnant woman first met all Medicaid eligibility requirements.

NOTE: See Section 7.14,E for procedures regarding WV CHIP Premium Expansion coverage.