

7.2 APPLICATION/REDETERMINATION PROCESS

A. INTRODUCTION

Individuals may apply or reapply for WV CHIP through the Federally-Facilitated Marketplace (FFM) or the Department or its designee. An eligibility determination made by the FFM is accepted by the Department and enrollment in WV CHIP is facilitated without delay.

For assistance, individuals may access the WV CHIP web site at www.chip.wv.gov or by contacting the WV CHIP Helpline at 1-877-982-2447.

Prior to approval for WV CHIP, the client must be determined ineligible for **all MAGI Medicaid coverage groups**; therefore, the Children Under Age 19 Group procedures are applied when determining eligibility for WV CHIP. See Chapter 1 for details regarding the application process for the Children Under Age 19 Group. See **Chapter 16.3** for consideration of all MAGI and non-MAGI Medicaid coverage groups.

Special redetermination procedures apply to WV CHIP and the Children Under Age 19 Group. These procedures are found in **Section G**.

B. SHARED POLICIES BETWEEN WV CHIP AND THE CHILDREN UNDER AGE 19 GROUP

The policies listed below are the same for WV CHIP as the Children Under Age 19 Group. The Manual citations are included.

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| - | Appeals process | See Chapter 6.3 |
| - | Application forms | See Chapter 1.9 |
| - | Application procedures beginning October 1, 2013 | See Chapter 1.24 |
| - | Coordination with the Marketplace | See Chapter 1.24 |
| - | Data system action | See Chapter 1.9 |
| - | Definition of Residency | See Chapter 8.2 |
| - | Determining a complete application | See Chapter 1.9 |
| - | Determining the date of application | See Chapter 1.9 |

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- Due date of additional information See Chapter 1.9
 - **Fair and Equitable Treatment** See Chapter 1.2
 - If interview is required;
Who must be interviewed See Chapters 1.9
 - MAGI-based financial methodology See Chapter 10.8
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 - Redetermination schedule and
special procedures See Chapter 1.9
 - Reporting changes to the Department See Chapter 2.8
 - Who is the payee See Chapter 1.9
 - Who must sign the application See Chapter 1.9
- C. POLICIES THAT DIFFER BETWEEN WV CHIP AND THE CHILDREN UNDER AGE 19 GROUP

Differences between the Children Under Age 19 Group Medicaid and WV CHIP include the following:

- WV CHIP is not Medicaid. It is health insurance coverage. WV CHIP has more limited coverage. Once eligible and enrolled, WV CHIP staff will notify the payee of coverage specifics.
- Because WV CHIP is not Medicaid, recipients are ineligible for NEMT.
- A child cannot have creditable private insurance and WV CHIP in the same month. See Appendix A to determine if private insurance is creditable. There is good cause for dropping coverage and, if met, can result in WV CHIP eligibility.

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- If dropped with good cause, the child, if otherwise eligible, may receive WV CHIP the month after the insurance is no longer in effect.

NOTE: The Worker must not advise a family concerning dropping a child's existing health insurance or about other health care provider choices.

- An applicant that indicates other insurance coverage on the date of application is denied WV CHIP unless the applicant indicates that coverage will terminate soon after application for good cause. If good cause is determined, the application is accepted and enrollment in WV CHIP occurs the 1st of the month after other coverage is terminated. If good cause is not met, the application is denied. If applicant is denied and reapplies for WV CHIP after other coverage is terminated, the application is approved and enrollment starts the first of the month of application.
- Financial eligibility is continuous for 12 months.
- Eligibility is not backdated up to 3 months as is permitted for Medicaid. The only instances of backdated coverage are identified in Chapter 7.14.
- Even though pregnancy services are not covered by WV CHIP, a pregnancy and birth of a child born to a woman receiving WV CHIP must be reported. Her newborn is a deemed WV CHIP eligible and eligible for 12 months of WV CHIP coverage without an application.
- The WV CHIP Helpline at 1-877-982-2447 is the contact for replacement of the medical insurance card or to answer questions about services and/or the level of coverage. The WV CHIP staff mails a "Summary Plan Description" to all WV CHIP eligibles upon approval.
- Copies of client Explanation of Benefits (EOB) are requested from the claims administrator at 1-800-356-2392. This number is also used for information about the status of medical claims or problems related to medical payments.
- The client's medical service providers must contact the WV CHIP Helpline for assistance or questions, instead of the Department.
- Failure to cooperate or accept BCSE services does not affect WV CHIP eligibility but is offered on a voluntary basis.