

### 7.3 THE CASE MAINTENANCE PROCESS

After approval for WV CHIP, information is passed from RAPIDS to WVOT. Although the WV CHIP Office issues the benefit to the client, action is taken on changes reported to the Department so updated information can be reported to WV CHIP through RAPIDS.

#### A. CLOSURES

The WV CHIP Office is notified of WV CHIP ineligibility through an exchange of information with RAPIDS. This notification triggers the termination of coverage by WV CHIP.

Eligibility under all Medicaid coverage groups must be explored for all children who become ineligible for WV CHIP prior to the end of the 12-month period of continuous eligibility.

A child may be determined ineligible prior to the expiration of the 12-month period of continuous eligibility only if the child:

- Moves out of state;
- Dies;
- Reaches age 19. The child is eligible until the end of the month in which he reaches the age limit. A child who reaches age 19 on the first day of the month remains eligible until the end of that month;

**EXCEPTION:** See Section 7.3,D.

**NOTE:** If a child is receiving inpatient hospital services on the date he would lose eligibility due to attainment of the maximum age, eligibility must continue until the end of that inpatient stay.

- Becomes eligible for Medicaid and the caretaker chooses Medicaid over WV CHIP.
- Obtains individual or group health insurance coverage after WV CHIP approval. See Definitions at the beginning of this Chapter.
- Becomes eligible for a state group health plan after WV CHIP approval.
- Becomes eligible for SSI.
- Was approved or redetermined for WV CHIP in error and is not currently eligible.

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- Becomes an inmate of a public institution.
- Reaches the WV CHIP lifetime benefit maximum. The AG continues to be financially eligible for the program, but is ineligible for payment of services indefinitely. See Section 7.3,D,1.
- Reaches the WV CHIP annual benefit maximum for the current calendar/benefit year. The client continues to be financially eligible for the program, but ineligible for payment of services for the remainder of the current year. When the new calendar/benefit year begins, the AG is reopened, unless the client is now a Medicaid recipient or is otherwise ineligible for WV CHIP. See Section 7.3,D,2.

**NOTE:** When one child's circumstances result in closure of the WV CHIP AG, other WV CHIP recipients, if otherwise eligible, continue to receive their 12-month period of continuous eligibility, unaffected.

**B. CHANGE IN INCOME**

Any change in circumstances not listed in Item A above, including a change in income, does not affect eligibility once the 12-month period of continuous eligibility is established. In addition, a reduction in the number of people included in the Needs Group of the child does not affect eligibility once the 12-month period has been established. See Item C below for instructions on updating case information.

**EXAMPLE:** A child is approved for WV CHIP beginning in March. His 12-month period of continuous eligibility ends in the following February. In August his father changes jobs and the income of the family now exceeds 200% FPL. The child's eligibility under WV CHIP continues through February.

**EXAMPLE:** A child is approved for WV CHIP beginning in September and ending in the following August. The last week of September his absent father returns to the family. The father works and his income exceeds 200% FPL. The child's eligibility under WV CHIP continues through August.

**EXAMPLE:** A man and woman with 2 children apply for WV CHIP coverage for the children, ages 12 and 18, in April. The children are approved for coverage from April through the following March. In October, the 18-year-old attains the age of 19. His WV CHIP coverage must be stopped beginning November 1st. At the point that the 19-year-old loses coverage and is removed from the Needs Group, the income of the parents exceeds 200% FPL for a Needs Group of 3. However, the 12-year-old child's WV CHIP eligibility continues through March.

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**EXAMPLE:** Mark Bronson is approved for WV CHIP with a certification period of March 2007 through February 2008. The DFA Policy Unit staff notifies the local office Supervisor when he reaches the annual benefit maximum of \$200,000. The child is evaluated for alternative medical assistance and a Medicaid evaluation for the following month occurs. Mark continues to be ineligible for Medicaid and his WV CHIP AG is closed. While the AG is closed, the family's income increases to exceed 200% FPL. Regardless, the child continues to be financially eligible for the remainder of his WV CHIP 12-month period of continuous eligibility when the new calendar/benefit year begins and the benefit is reinstated.

When a child who is originally income ineligible for Medicaid becomes income eligible for Medicaid during the 12-month period of WV CHIP continuous eligibility, RAPIDS sends notice OFS-M/CHIP-1 to notify the client of Medicaid eligibility and which permits him to choose Medicaid. If the client chooses Medicaid, he must sign and return the second page of the notice to the local DHHR office. If the client chooses Medicaid, the WV CHIP AG is closed and Medicaid is approved. No application is required. 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.

### 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. This is 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 WV CHIP child reaches the annual and/or lifetime benefit maximum(s) or when the Worker is notified that the WV CHIP child is pregnant and eligibility for Poverty-Level Pregnant Woman coverage is evaluated.

When a WV CHIP child becomes eligible as a Poverty-Level 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

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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.

#### D. PROCEDURES WHEN RECIPIENT REACHES WV CHIP BENEFIT MAXIMUMS

WV CHIP recipients have an annual benefit maximum of \$200,000 and a lifetime benefit maximum of \$1,000,000. These limits are included in the "Summary Plan Description" mailed to WV CHIP applicants upon approval. The benefit year coincides with the calendar year. Throughout the benefit year, recipients receive Explanation of Benefit (EOB) statements as provider claims are processed. The EOBs notify the recipient as he nears and reaches the annual and/or lifetime benefit maximums.

Upon notification from the WV CHIP staff that a recipient is nearing a benefit maximum, the DFA Policy Unit staff monitors these cases due to their special circumstances and contacts the local office Supervisor who takes appropriate action based on the benefit maximum(s) reached.

##### 1. When WV CHIP Recipient Reaches The Lifetime Benefit Maximum

A recipient may reach the annual benefit maximum without reaching the lifetime benefit maximum.

When the lifetime benefit maximum is reached, benefits are not paid for the current calendar/benefit year and indefinitely, and the WV CHIP AG is closed according to the following:

##### a. Policy Unit Responsibilities:

- To notify the Supervisor when the WV CHIP recipient nears the lifetime benefit maximum.
- To assist the Supervisor by providing names of programs/agencies, etc. to which the client may be referred for alternative medical assistance.
- To notify the Supervisor when the WV CHIP recipient reaches the lifetime benefit maximum.

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- To provide case-specific assistance, as needed, to the Supervisor.
- To notify RAPIDS if any invalidation of WV CHIP months are needed.
- To act as liaison between the local office and WV CHIP and notify WV CHIP when the AG has been closed in RAPIDS.

## b. Local Office Responsibilities

- To contact the client immediately by phone, if available, and reiterate that his WV CHIP benefits are nearing exhaustion and upon reaching the lifetime benefit maximum, no medical services are paid for the remainder of the current calendar/benefit year and indefinitely.
- To refer the client, prior to WV CHIP AG closure, to other programs/agencies, etc., that may provide him alternative medical assistance.
- To close the WV CHIP AG upon notification from the DFA Policy Unit. Adverse notice requirements do not apply.

**NOTE:** When one child's circumstances result in closure of their WV CHIP AG, other WV CHIP recipients, if otherwise eligible, continue to receive their 12-month period of continuous eligibility, unaffected.

- To complete a Medicaid evaluation based on existing case circumstances, for the month following WV CHIP AG closure. If approved for Medicaid, usual program notification requirements apply.
- To provide the client the opportunity to reapply for Medicaid based on current circumstances.
- To notify the DFA Policy Unit when the WV CHIP AG is closed and provide other case-specific information as requested.

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- To document on CMCC, the information related to the WV CHIP AG closure including that the child is ineligible indefinitely for WV CHIP.

**EXAMPLE:** Janie Robbe is approved for WV CHIP with a certification period of February 1, 2010 through January 31, 2011. On May 5, 2010, the DFA Policy Unit staff e-mails the Supervisor that WV CHIP has paid \$900,550 in medical claims on her behalf and she is nearing the \$1,000,000 lifetime benefit maximum. The Worker immediately begins working with the client to try to obtain alternative medical assistance. The Policy Unit staff updates the Supervisor when Janie reaches the lifetime benefit maximum on May 28, 2010 and the WV CHIP AG is closed the same day. The Worker evaluates the child for Medicaid for June and Janie remains ineligible. A referral is made for Janie to the CAMC hemophiliac program. The Worker documents the closure circumstances on CMCC. The DFA Policy Unit contacts RAPIDS staff to invalidate the June coverage for WV CHIP, since no medical services are paid for the last three days of May and the closure occurs after the May deadline. The DFA Policy Unit staff notifies WV CHIP of the action taken.

**EXAMPLE:** Same situation as the previous example except the Medicaid evaluation results in Janie being eligible for Medicaid. Janie is approved for Qualified Child Medicaid with a certification period of June 1, 2010 through May 30, 2011. The WV CHIP AG is closed May 28, 2010. The DFA Policy Unit staff contacts RAPIDS staff to invalidate June coverage for WV CHIP, since no medical services are paid for the last three days of May and the closure occurs after the May deadline. The DFA Policy Unit staff notifies WV CHIP of the action taken.

## 2. When WV CHIP Recipient Reaches The Annual Benefit Maximum

A recipient may reach the annual benefit maximum without reaching the lifetime benefit maximum.

When the annual benefit maximum is reached, benefits are not paid for the remainder of the current benefit/calendar year and the WV CHIP AG is closed according to the following:

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- a. Policy Unit Responsibilities:
- To notify the Supervisor when the WV CHIP recipient nears the annual benefit maximum.
  - To assist the Supervisor by providing names of programs/agencies, etc. to which the client may be referred for alternative medical assistance.
  - To notify the Supervisor when the WV CHIP recipient reaches the annual benefit maximum.
  - To provide case-specific assistance, as needed, to the Supervisor.
  - To notify RAPIDS if any invalidation of WV CHIP months are needed.
  - To act as liaison between the local office and WV CHIP and notify WV CHIP when the AG has been closed in RAPIDS.
  - To monitor WV CHIP recipients who reach the annual benefit maximum for the current year and notify the Supervisor prior to the December deadline to reinstate effective January of the new calendar/benefit year, any months of the client's WV CHIP 12-month period of continuous eligibility that remain from the original WV CHIP certification period.
  - To contact the Supervisor and provide assistance, if needed, specific to WV CHIP AGs that reached annual benefit maximums to assure they are provided the opportunity for a WV CHIP redetermination at the time of their original review cycle.
- b. Local Office Responsibilities
- To contact the client immediately by phone, if available, and reiterate that his WV CHIP benefits are nearing exhaustion and upon reaching the annual benefit maximum, no medical services are paid for the remainder of the current calendar/benefit year.
  - To refer the client, prior to WV CHIP AG closure, to other programs/agencies, etc., that may provide him alternative medical assistance.

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- To close the WV CHIP AG upon notification from the DFA Policy Unit. Adverse notice requirements do not apply.

**NOTE:** When one child's circumstances result in closure of their WV CHIP AG, other WV CHIP recipients, if otherwise eligible, continue to receive their 12-month period of continuous eligibility, unaffected.

- To complete a Medicaid evaluation based on existing case circumstances, for the month following WV CHIP AG closure. If approved for Medicaid, usual program notification requirements apply.
- To provide the client the opportunity to reapply for Medicaid based on current circumstances.
- To notify the DFA Policy Unit when the WV CHIP AG is closed and provide other case-specific information as requested.
- To document on CMCC, the information related to the WV CHIP AG closure, including that the child is ineligible for the remainder of the current calendar/benefit year and his potential eligibility for the new calendar/benefit year.
- To reinstate, effective January of the new calendar/benefit year, any months of WV CHIP 12-month period of continuous eligibility remaining from the original WV CHIP certification period.

**NOTE:** Remaining months of the original WV CHIP 12-month period of continuous eligibility must be reinstated, unless the client is otherwise ineligible for WV CHIP or is now a Medicaid recipient. The reinstatement of WV CHIP occurs without the client's request or a reapplication.

**EXAMPLE:** Bill Lantz's WV CHIP certification period is September 2009 through August 2010. He reaches the annual benefit maximum on November 5, 2009. The DFA Policy Unit staff notifies the Supervisor on November 8, 2009, who closes the WV CHIP AG the same day and

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evaluates him for Medicaid. Bill continues to be ineligible and is referred to the Cincinnati Children's Hospital for no-cost services.

Prior to the December deadline, the DFA Policy Unit staff contacts the Supervisor to reopen Bill's WV CHIP AG effective January of the new calendar/benefit year. Bill has 8 months of the WV CHIP 12-month period of continuous eligibility remaining from his original certification period. No special assistance is needed from the DFA Policy Unit staff regarding the redetermination process for this AG and the appropriate redetermination form is sent in July in accordance with Section 7.2,D.

**EXAMPLE:** Sue reaches the annual benefit maximum in 2009 and the Worker closes the WV CHIP AG. The Worker completes a Medicaid evaluation for the following month. The family's income has decreased. Even though Sue has 2 months of WV CHIP continuous eligibility remaining, she is now a Medicaid recipient with a Medicaid CME. Her WV CHIP is not reinstated when the new calendar/benefit year begins. Medicaid redetermination policies apply.

- To provide the opportunity for a WV CHIP redetermination.

**EXAMPLE:** Sandy and Randy Lance are approved for WV CHIP with certification periods of April 1, 2008 through March 31, 2009. Sandy reaches the annual benefit maximum in September 2008 and her WV CHIP AG is closed. A Medicaid evaluation is completed for October and she continues to be ineligible. The DFA Policy Unit staff contacts the Supervisor prior to the December deadline to reinstate Sandy's remaining 3 months of WV CHIP, effective January of the new calendar/benefit year. Since Randy's AG remained open and his AG is due for a non-passive review, RAPIDS issues a WV-KIDS-1 in the 11<sup>th</sup> month of the certification period in accordance with Section 7.2,D and both children are provided the opportunity for a WV CHIP redetermination.

**EXAMPLE:** Sue Long's WV CHIP certification period is March 1, 2009 through February 28, 2010. She reaches the annual benefit amount in 2009 and her WV CHIP AG is closed. She continues to be ineligible for Medicaid. On December 15, 2009, the DFA Policy Unit staff notifies the Supervisor that Sue has 2 months of her WV CHIP 12-month period of continuous eligibility that extend into the new calendar/benefit year of 2010. The DFA Policy Unit staff contacts the Supervisor prior to the December 2009 deadline to reopen the WV CHIP AG effective January 2010 and assists the Supervisor with the review process to assure the client is provided the opportunity for a March WV CHIP redetermination.

**NOTE:** If the Worker is unsure that a WV CHIP AG will receive a WV-KIDS-1 or a PR form on which to complete a redetermination, the Worker must manually mail a WV-KIDS-1 to the AG, so he is provided the opportunity for a WV CHIP review at the end of his original certification period. The WV-KIDS-1 is available on the current forms page of the DHHR, DFA Intranet.