16.1 INTRODUCTION

The West Virginia Medicaid Program provides payment for covered medical services to certified medical providers for eligible individuals who are aged, blind or disabled and to eligible members of families with dependent children.

The determination of which medical services are covered under Medicaid and which medical providers are certified to accept Medicaid patients is the responsibility of the Bureau for Medical Services and is not addressed in this Manual. Unless otherwise specified, the coverage group receives all services covered under Medicaid.

For eligibility for nursing care services and AD, TBI and I/DD Waiver coverage groups, refer to Chapter 17.

This Chapter provides an overview of the Medicaid Program. In addition, each coverage group has specific requirements which must be met and procedures to follow that may not apply to other Income Maintenance programs or other Medicaid coverage groups. These are contained in this Chapter.

Certain programs, such as CDCS, I/DD, AD, and TBI Waiver, require a medical and/or other determination by a community agency or government organization other than DFA and a financial determination by an Income Maintenance Worker. When an applicant's medical eligibility for, or enrollment in these programs is pending, he must not be refused the right to apply, but must be evaluated for any or all DFA programs.

NOTE: Children determined eligible for Children Under Age 19 Medicaid remain eligible for 12 continuous months, regardless of any changes after approval, except those specified in Section 2.8.

In addition to the coverage groups described in this Chapter which make up the Medicaid Program, the Department has special procedures in place to pay for certain necessary drugs for individuals not eligible for Medicaid. See Chapter 28.

A. ASSIGNMENT OF MEDICAL SUPPORT RIGHTS

Provided they are legally able to do so, all adult Medicaid applicants and recipients must assign to the Department any right to medical support and payments for medical care from any third party. All other adults who have the legal ability to do so, but who are not Medicaid recipients, must assign medical support rights as well. An applicant for the SSI is required to assign third-party rights to the Department as part of his application for SSI.

Applicants must provide accurate health insurance information at application and redetermination. Any third party insurance should be entered into the data system.

Medical support rights exist as a court order directed to the absent parent to provide monetary contributions or insurance for the benefit of the child. Any monetary contributions will be collected by the Bureau for Child Support Enforcement (BCSE) and then returned to Medicaid.

Clients may voluntarily request BCSE services. The client must complete a signed application to be returned to BCSE to process these services. The Worker must explain to the client the process for voluntarily requesting BCSE services.

A link to the services provided by BCSE is provided here {http://www.dhhr.wv.gov\bcse\parents\Pages\Pamphlets.aspx}.

B. DATA SYSTEM INTERACTION

When health insurance information is entered by BCSE, eRAPIDS alert 191 “Ins. Info. Check OSCAR’S INSU”, is sent to the Worker. Since BCSE and BMS data systems do not interface, the Worker must enter the health insurance information on eRAPIDS which will interface with BMS.

The Bureau for Medical Services must verify health insurance with the carrier before entering it in the BMS data system. The Worker is notified by eRAPIDS alerts when BMS updates Third-Party Liability (TPL) information, there is an insurance carrier or policy number mismatch or the TPL information is not verified. See the eRAPIDS User Guide for specific Worker actions required. If the Worker has any information which conflicts with the BMS-verified information, he must provide the information to the Third-Party Liability (TPL) Unit by e-mail or fax so that BMS can clear up any discrepancy. This insures accurate information is entered in both data systems.

C. CERTIFICATE OF COVERAGE WHEN MEDICAID COVERAGE ENDS

All Medicaid recipients who so request, must be issued a Certificate of Coverage DFA-HIP-1, when Medicaid benefits stop.

This applies to all individuals whose Medicaid benefits stopped on or after July 1, 1996. See Section 2.1.

D. CHILD SUPPORT REQUIREMENTS AND PROCEDURES

Federal law mandates that efforts be made to locate absent parents, establish paternity and obtain medical support for dependent children who receive Medicaid. These services are provided by Bureau for Child Support Enforcement (BCSE) at no charge to the client by submitting a paper application, App-1-Interactive, to the BCSE. Enrollment into Medicaid coverage must not be delayed for an otherwise eligible individual pending cooperation with BCSE.

The legally responsible adult included in the case with the dependent child must be offered the opportunity to voluntarily receive BCSE services.

The Worker has the following responsibilities:

- When the responsible adult, who can legally assign rights expresses an interest in voluntarily receiving services, provide a BCSE application, the App-1-interactive and an explanation of where the application is submitted.

- To respond to eRAPIDS alert 191. See Section 16.1 for the required action.

1. BCSE Referrals

Referrals to the Bureau for Child Support Enforcement (BCSE) are voluntary, free of charge, and must be made by paper application. The BCSE will ensure that information regarding their services and methods of application will be provided to all applicants.

2. BCSE Case Closure of Medicaid

BCSE closes a case after voluntary referral for reasons such as, but not limited to, the following:

- The non-custodial parental rights and responsibilities are terminated and no arrears are owed
- The non-custodial parent or alleged father is deceased and no further action, including a levy against the estate, can be taken.
- Paternity cannot be established because the alleged father's identity is unknown
- The non-custodial parent's location is unknown and BCSE has been unsuccessful in locating the person after exhausting all efforts.
- The non-custodial parent is a citizen of, and lives in, a foreign country, does not work for the federal government or a company with headquarters or offices in the United States, and has no reachable domestic income or assets; and there is no reciprocity with the other country.
- The non-custodial parent cannot pay support for the duration of the child's minority and the person has no income or assets which can be levied or attached for support for one of the following reasons:
  - The non-custodial parent is incarcerated and there is no chance for parole for the duration of the child's minority; or
  - The non-custodial parent is receiving SSI and there is no income or assets to pay support and a doctor's statement or statement from SSA is provided to state that the non-custodial parent is permanently and totally disabled; or
  - The non-custodial parent has a medically verified permanent and total disability with no evidence of support potential.

When BCSE closes a case for one of the above stated reasons, the BCSE Child Support Specialist enters the absence code PX. When this code is entered, information about the absent parent is no longer exchanged with OSCAR. The code cannot be changed by the Worker. The code is retained in eRAPIDS. If the Worker receives information about the absent parent which he believes is pertinent and which may require action by BCSE, he sends a DHS-1 to the Child Support Specialist.

3. Redirection of Support and Income Withholding

NOTE: While there is no penalty for Medicaid recipients who refuse to redirect support payments, they must be instructed that being referred to BCSE automatically triggers income withholding whenever there is an existing court order for support and an identifiable source of income.

When a Medicaid referral is made to BCSE, the Child Support Specialist immediately implements income withholding for any child support the child may be receiving, whenever possible. This action may not be declined or terminated by the Medicaid client. Collection of support must, thereafter, be made through BCSE and distributed as non-public assistance (NPA) payments.

4. Communication Between The Worker And The Child Support Specialist

Communication between the Worker and the Child Support Specialist continues until the case is closed and/or the child whose parent(s) is absent is removed from the benefit group.

The Worker must notify the Child Support Specialist, in writing, if any information is discovered in establishing paternal, and/or medical support.

The Child Support Specialist must notify the Worker, in writing, of the following:

- Information which affects eligibility or the amount of the payment.
- Change of address.
- Paternity is established.
- Information regarding a change in the deprivation factor or cause of absence, if applicable, is secured.

When health insurance information is entered by BCSE, an interface between OSCAR and eRAPIDS occurs and eRAPIDS alert 191 is sent to the Worker.

Changes in case circumstances are automatically referred to BCSE through eRAPIDS.

E. HEALTH INSURANCE PREMIUM PAYMENT (HIPP)

This program is to assist Medicaid-eligible individuals who cannot afford available employer group health coverage. The Bureau for Medical Services (BMS) pays health insurance premiums, along with deductibles and co-payments, for Medicaid-eligible individuals when the policy is determined cost effective.

This program can also assist recently unemployed individuals with COBRA benefits available from a former employer. Under COBRA provisions, most employers are required to offer continued health benefits for 60 days after employment is terminated. Once an individual chooses to continue benefits, the benefits can be renewed for the next 18 months. Individuals are covered for services not included in the insurance policy, but covered under Medicaid. To qualify, there must be group health insurance available which covers at least 1 person who is Medicaid-eligible in West Virginia.

The application for HIPP may be completed online or printed at www.wvrecovery.com. The individual may also call HMS at (304) 342-1604 to request an application or to obtain additional information about program requirements and the eligibility determination process.

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