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 Medicaid except: full-coverage Medicaid Groups with an unmet spenddown or Groups with limited coverage such as QMB, SLIMB, and QI-1.

On requirement for WV CHIP eligibility is that the child be ineligible for Medicaid; 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.

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

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.

- Definition of residency	See Chapter 8.2,B
- Fair and Equitable Treatment.	See Chapter 1.2,A
- Application forms	See Chapter 1.9,A
- Application procedures beginning October 1, 2013	See Chapter 1.24,H

-	Determining a complete application	See Chapter 1.9,B
-	Determining the date of application	See Chapter 1.9,C
-	If interview is required; Who must be interviewed	See Chapters 1.9,D and E
-	Who must sign the application	See Chapter 1.9,F
-	Due date of additional information	See Chapter 1.9,H
-	Who is the payee	See Chapter 1.9,K
-	Redetermination schedule and special procedures	See Chapter 1.9,N and R
-	Reporting changes to the Department	See Chapter 2.8, B and C
-	Data system action	See Chapter 1.9,Q
-	MAGI-based financial methodology	See Chapter 10.8
-	Appeals process	See Chapter 6,3,D
-	Coordination with the Marketplace	See Chapter 1.24,G

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.

- 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,C.

- 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. It is explained that if WV CHIP recipients are later determined eligible for Medicaid, cooperation with BCSE may be required.

D. CONTENT OF THE INTERVIEW

Although an interview is not required, when one occurs, the interview requirements found in Chapters 1.2 and 1.9,G are applicable. When an interview occurs the Worker explains the WV CHIP Program and differences between it and Medicaid as detailed in Section C. above.

E. AGENCY DELAYS

Under no circumstances is an application denied solely because the processing time limit has passed and the Worker has failed to act.

Eligibility begins on the 1st of the month of application, regardless of the reason for the delay. See Chapter 7.14,C for situations which result in backdating WV CHIP coverage.

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

After the reasonable compatibility process has been applied and it is determined that the Worker should have pended the individual, but failed to request the verifications needed, the Worker must immediately send a request for the information. The request must inform the individual that the application is being held pending and the starting date of his WV CHIP coverage may be delayed if he does not respond immediately.

Reimbursement for out-of-pocket expenses due to agency delays does not apply to WV CHIP because it is not Medicaid.

F. BEGINNING DATE OF ELIGIBILITY

For current applicants, the beginning date of eligibility is the 1st day of the month of application. When the case is held pending termination of other health insurance coverage, the earliest date of eligibility is the 1st day of the month when the other health insurance is not in effect.

EXAMPLE: On September 5, 2013 Ms. Stetson requests that her personnel department terminate her health insurance coverage. She applies for WV CHIP on November 5, 2013 and indicates private insurance coverage through November 30, 2013. Termination of coverage is evaluated for good cause and it is determined that good cause for dropping coverage was met for family coverage exceeds 9.5% of household income The application is approved for WV CHIP and the start date is December 1, 2013.

EXAMPLE: On September 5, 2013 Ms. Stetson requests her personnel department terminate her health insurance coverage. Coverage terminated on October 31, 2013. She applies for WV CHIP on November 5, 2013. Because other coverage was not effective on the date of application, the application is approved for WV CHIP and the start date is November 1, 2013.

NOTE: Eligibility is not to be backdated up to 3 months as is permitted for Medicaid. The only instances of backdated coverage are identified in Chapter 7.14,C.

Deemed WV CHIP Newborn

A child born to a WV CHIP recipient is deemed WV CHIP eligible when:

- The child's mother was eligible for, and receiving, CHIP for the date of the child's birth,
- The child is not eligible for Medicaid,
- The child is deemed to have applied as of the date of the birth and is not required to submit an application.

The child receives WV CHIP continuously regardless of changes in circumstances until his first birthday, unless the child:

- Moves out of state,
- Dies,
- The adult voluntarily requests closure of the child's eligibility.

Coverage begins from the first of the month of the child's birth.

G. REDETERMINATION SCHEDULE AND SPECIAL PROCEDURES

1. Redetermination Schedule

Redeterminations occur annually. When possible, the redetermination process is completed automatically using electronic data matches without requiring information from the client. This redetermination process is initiated by eRAPIDS, which matches current information with the hub. The Reasonable Compatibility provision applies each time this occurs. See Chapter 4.1. If determined eligible after completing the redetermination process, the Department will notify the client with a continued eligibility form. The continued eligibility form will identify the specific information used to determine eligibility. If the client agrees with the information, no further action is required. If the client does not agree, they are to report the information that does not match the circumstances.

When the redetermination process cannot be completed automatically, eRAPIDS sends the pre-populated form containing specific case information and requires the client to provide additional information necessary to determine continuing eligibility. A signature is required.

The pre-populated auto renewal verification checklist form provides the following information:

- That the AG(s) for the individual(s) listed is due for redetermination.
- The address to which the form is returned, if submitted by mail.
- The date by which the information must be submitted.

- Specific information necessary to complete the redetermination.

- The opportunity to report changes to the Department.

- That the AG may receive a verification checklist for completion and return, if reported changes require follow-up.

- That the AG(s) will be closed after proper notification, if the redetermination is not completed.

- Instructions for submitting the pre-populated auto renewal verification checklist form online by using inROADS. A phone number to call if the individual has questions about submitting the pre-populated auto renewal verification checklist online.

The client must be given 30 days from the date of the letter to return the information. The information may be submitted by mail, in person, online using inROADS or telephone. Failure to respond and provide the necessary information will result in closure of the benefit.

If the client responds and provides the information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be reinstated to effective date of closure. See Section 7.14,C.

2. Special Procedures – Rolling Renewals

When a change is reported during the certification period that affects eligibility, the Department must only request the information on the change reported. When the information is received, the client is evaluated for rolling renewal. If the agency has enough information available to renew eligibility with respect to all the eligibility criteria, the agency must begin a new 12-month certification period.

EXAMPLE: A client is determined eligible from February 1, 2014 through January 31, 2015. On June 2, 2014 the client calls and reports a change in income. The information is provided to the Department on June 6, 2014. The Worker evaluates and determines enough information is available to renew eligibility. The benefit is given a new certification period effective July 1, 2014 through June 30, 2015.

EXAMPLE: A redetermination for SNAP benefits is completed on May 14, 2014. The certification period is April 1, 2014 through March 31, 2015. After the SNAP redetermination is completed, the Worker finds the information provided is enough to recertify. The WV CHIP certification period is renewed from June 1, 2014 through May 31, 2015.

When the determination is completed and the individual(s) remains eligible, the new eligibility period must begin the month immediately following the month of redetermination. See the eRAPIDS User Guide.

H. CLIENT NOTIFICATION

The WV CHIP staff is responsible for all notifications related to medical coverage and payment of benefits once a child is enrolled.

eRAPIDS automatically sends a notice to the child's household mailing address when:

- A WV CHIP application is approved or denied;
- Eligibility for a WV CHIP child continues at redetermination; or
- A child loses WV CHIP eligibility.

EXCEPTION: See Chapter 7.3,D when adverse notice requirements do not apply.

Benefits are continued, pending a hearing, when the AG requests a hearing within the advance notice period.

Hearing requests related to health plan benefits are referred to the WV CHIP Helpline at 1-877-WVA-CHIP or 1-877-982-2447, rather than the Department's Hearings Officer.

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

I. THE BENEFIT

Once the case information is forwarded to WV CHIP, WV CHIP is responsible for subsequent notification of WV CHIP enrollment materials, such as benefit plan, member cards, rights and responsibilities, etc.

The West Virginia Office of Technology (WVOT) determines whether the client is subject to co-payments for certain medical services and prescriptions which are collected by the provider, based on whether the countable income. Since WVOT makes this determination, no indication of co-pay status appears in RAPIDS. The client must be referred to the WV CHIP Help Line at 1-877-982-2447 for any questions concerning copayments.

EXCEPTION: Children who are members of a federally recognized American Indian or native Alaskan tribe are exempt from premiums, deductibles and copayments. American Indian/Alaska Native (AI/AN) means: 1) a member of a Federally recognized Indian tribe, band or group; 2) an Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601 et. Seq.; or 3) a person who is considered by the Secretary of the Interior to be an Indian for any purpose.

The medical insurance card is produced and mailed to the client by WV CHIP. Only one card is produced for the 12-month financial eligibility period. The WV CHIP card is not a Medicaid card produced by RAPIDS and cannot be replaced through RAPIDS by use of blank Medicaid cards or by a letter from the Department. When a replacement is necessary, the client must contact the WV CHIP Helpline. If the client contacts the Department instead of the WV CHIP Office, he is referred to 1-877-WVA-CHIP or 1-877-982-2447 for a replacement.

J. EXPEDITED PROCESSING

The policy in Chapter 1.9,O regarding Children Under Age 19, applies to WV CHIP. A child must first be determined ineligible for Medicaid according to its processing timeline before being eligible for WV CHIP.