

CHAPTER 4

Rules and Regulations for Kid Care CHIP

Cost Sharing

Section 1. Authority. This Chapter is promulgated pursuant to the Child Health Insurance Program Act at W.S. §§ 35-25-108 and the Wyoming Administrative Procedure Act at W.S. § 16-3-102.

Section 2. Purpose and Applicability.

(a) This Chapter shall apply to and govern Kid Care CHIP. This Chapter shall become effective for Kid Care CHIP services provided on or after January 1, 2014.

(b) The requirements of 42 C.F.R. Ch. IV, Subch. D, Pt. 457 also apply to Kid Care CHIP and are incorporated by this reference as of the effective date of this Chapter, and may be cross-referenced throughout this Chapter where applicable. This incorporation by reference does not include any later amendments or editions of the incorporated matter. The incorporated matter may be viewed at <http://www.ecfr.gov/cgi-bin/ECFR> and www.ssa.gov or may be obtained at cost from the Department.

Section 3. Cost Sharing Maximums and Tracking Requirements.

(a) Cost sharing shall not exceed five percent (5%) of a family's gross income for the length of the child's eligibility period as specified in 42 C.F.R. § 457.560.

(b) Each family shall be notified of their cost sharing maximum for the eligibility period. Families shall track their cost sharing expenditures and submit receipts to the Department when they believe they have met their total cost sharing maximum for the eligibility period.

(c) Families will track their benefit year cost sharing expenditures for medical, pharmacy, dental and medically necessary orthodontia and submit receipts to the Department when they believe they have met the benefit year cost sharing maximum for medical and/or pharmacy and/or dental and/or medically necessary orthodontia.

(d) The benefit year cost sharing maximums and co-payments for particular medical, pharmacy and dental services shall be determined by the Department and insurance contractor. The benefit year cost sharing maximums and co-payments may be adjusted at the establishment of a new contract or contract extension with the insurance contractor.

(e) If it is determined the family has paid more than their five percent (5%) annual cost sharing maximum or medical, dental, pharmacy or medically necessary orthodontia co-payment maximum(s) the family shall be reimbursed by the insurance contractor.

Section 4. Co-payments.

(a) Co-payment amounts shall be determined according the applicable Plan. Enrollment in Plan A, B or C shall be determined by the family income reported at the time of application.

(b) The benefit year maximum amounts for medical, dental, pharmacy and medically necessary orthodontia and particular service co-payments shall be contained in the Subscription Agreement developed by the Insurance contractor and shall be made available to each CHIP enrollee.

(c) Exclusions from Co-payments. No co-payment shall be assessed for:

(i) Well-baby and well child services;

(ii) Immunizations;

(iii) Preventive dental services; or

(iv) Services provided to American Indians or Alaska Natives.

(d) Failure to make co-payment. No insured shall be terminated because of the failure to make co-payments.
