

Wyoming State Family and Children's Programs



Providing Vital Health Care Access

Medicaid is an important access point for families who traditionally received services from public programs and more recently for families who only need access to medical coverage.







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Medicaid currently covers over 89,000 Wyoming residents in more than 50 different eligibility groups during a year.

Medicaid is a joint federal and state government program that pays for medical care.

Medicaid is funded by federal and state dollars (50%/50%) for most programs.



Legal Authority

WDH also conducts eligibility determinations and case maintenance for individuals throughout the state through the use of a Customer Service Center.

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For the purposes of today's discussion, we will focus on the eligibility process for the Medicaid Family and Children's Programs.

The Customers

Who are they?

Family and Children's Programs





Categories of Eligibility for Family & Children's Programs

Children

Newborn – Baby born to a Medicaid eligible mother until age one

Child MAGI- Children 0 through 5 with family income at or below 154% of the Federal Poverty Level (FPL). Children 6 through 18 with family income at or below 133% of the FPL.

Foster Care – Children in DFS custody including some who enter subsidized adoption or who age out of foster care

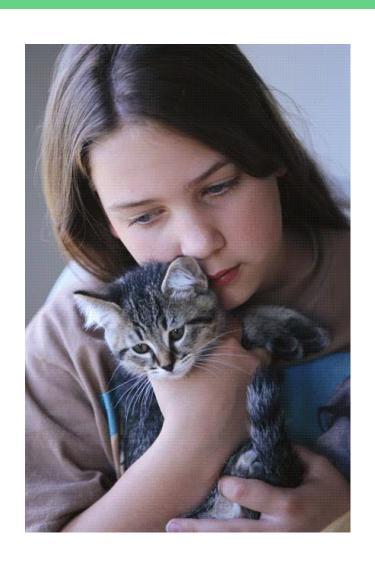
Pregnant Women

Income at or below 154% FPL

Family MAGI

Adult(s) caring for a child under the age of 18 with income at or below approximately 55% of the FPL

Eligibility Requirements



Eligibility determination is dependent upon family size, income, tax filer status and family relationships.

Eligibility Details



Eligibility for Medicaid begins on the first day of the month of application when a person is found eligible.

A person may qualify for up to three months of retroactive coverage if they are found eligible.

Once found eligible, a child receives 12 continuous months of Medicaid coverage.

What Income Counts?

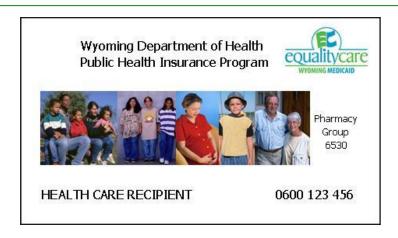
- Total tax filer household income and the size of the household are used to determine income eligibility for a program. The income of some household members may not be included if they are not related to or financially responsible for the child or pregnant woman. Some types of income are not counted.
- A five percent of the Federal Poverty Level disregard is given if the 5% would make difference in the eligibility determination.

How are families notified?

Eligibility is determined within 45 days.

Written notices are sent and may include retroactive coverage for up to 90 days.

Families then receive a Medicaid card in the mail.



Current Eligibility System

The Current Eligibility System is called WES (Wyoming Eligibility System)

Medicaid eligibility determinations are made by the system which contains the Medicaid rules.

Interface with Claims Processing

An electronic interface is transmitted from WES to MMIS (Fiscal system) on a daily basis.

Conduent is the fiscal agent contracted to process claims for Medicaid.



Who can Apply for Medicaid?

Anyone Can apply for the child

(Parents, Grandparents, Legal Guardians, etc. depending upon where the child resides)

Eligibility is based on family size and income. The income of some household members may not be considered if they are not related to or financially responsible for a child.



How does the customer apply?

Complete an application online at www.wesystem.wyo.gov

Mail or drop off completed application to/at WDH Customer Service
Center
2232 Dell Range Blvd., Suite 300
Cheyenne, WY 82009

Print an application off of the websites at:

http://health.wyo.gov/healthcarefin/apply/

Call the WDH Customer Service Center at:

1-855-294-2127

Email scanned applications to <u>wesapplications@wyo.gov</u>
Fax applications to 1-855-329-5205



Application Requirements

Medicaid verifies eligibility factors

- The application collects information on household members, income and insurance.
- Electronic sources can verify some information on the application.
- Families are required to submit verifications for any factors that cannot be verified electronically.

Citizenship and identity

• If eligibility staff are unable to verify these through interfaces, families will be required to provide verification such as birth certificates, Tribal ID's or Certificates of Indian Blood.

How long is someone eligible?



12 months

After 12 months, a review is completed and eligibility is re-determined

This policy is intended to prevent eligible individuals from moving on and off the program (churning), thus reducing administrative costs and improving the likelihood of individuals finding a medical home with continuity of care. Adults can be discontinued before the twelve continuous months if changes in income make them no longer eligible.

THANK YOU...

Contact

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