



## ***Children's Health Insurance Program***

***Wyoming Department of Health***

### ***Eligibility***

## ***Policy and Procedure Manual***

***Revised***

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# General Information

## **1.1 Introduction**

The Balanced Budget Act of 1997 (Public Law 105-33) established the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. The purpose of CHIP is to enable states to initiate and expand child health assistance to uninsured, low-income children.

Wyoming's Children's Health Insurance Program (Kid Care CHIP) is a low-cost plan that provides health insurance to children who are less than 19 years of age and meet the eligibility criteria. Most families financially participate in the program through co-payments for non-preventive services. A family's maximum co-payment obligation is \$200 per child per benefit year for Plan B and \$300 per child per benefit year for Plan C.

The Enrollee Handbook describes who may be covered under Kid Care CHIP. It explains the rights and responsibilities of a person requesting or receiving Kid Care CHIP and outlines available benefits.

Because each state must administer CHIP within broad federal guidelines, eligibility criteria may vary considerably among states. Thus, a child eligible for insurance under Wyoming's CHIP program may not be eligible for coverage in another state. Moreover, services provided in Wyoming may differ in amount, duration, or scope from services provided in other states.

## **1.2 Confidentiality**

The Wyoming Department of Health (WDH) may share applicant information for purposes directly connected with the administration of CHIP with other state or federal programs, the program Benefit and Claims Administration contractor and the Wyoming Eligibility System contractor.

Information can be released in the following instances:

1. Authorization has been granted,
2. An applicant or enrollee submits a written request to release, or

### **Verbal Release:**

An applicant or enrollee can provide a verbal release of information by identifying him or herself to the Customer Service Center. Customer Service Center personnel will request identifying information unique to the applicant or enrollee, such as date of birth or social security number.

### **Written Release:**

Information may be released if the Primary Individual (PI) or other person authorized by the Primary Individual provides a written authorization to release information that includes:

1. The date the authorization expires;
2. The name of the person or agency to whom the information will be released;
3. Information to be released:
  - a. Designate records or specific information (e.g., contents of full application, notices, correspondence, etc.);
  - b. Information dated within a certain time frame; or
  - c. A general release
4. A dated signature of the authorizing individual.

The Wyoming Department of Health has a legal and ethical duty to safeguard PHI, and the WDH acts in accordance with:

- AS-001,002,003,004,005,006,007, 008 & S-001b, 009 & S-006a, 010, 012,013,014,015, 020,021 and PSC – 4001.

Issues addressed by WDH policy, include but are not limited to:

- Assistance and consultation
- Required uses and disclosures
- Prohibited uses and disclosures
- Uses and disclosures for treatment, payment, or health care operations
- Uses and disclosures pursuant to a valid authorization
- Notice of privacy practices
- Restrictions and exceptions
- Access to health information
- Amendments
- Accounting of disclosures
- Authorized disclosures
- Disclosures about victims of child or adult abuse or neglect
- Disclosures for investigative purposes
- Disclosures for public health activities

- Disclosures for health oversight activities
- Disclosures for legal proceedings
- Disclosures to avert a serious threat
- Rights of custodial versus non-custodial parents

WDH staff will consult with the WDH Compliance Officer regarding uses and disclosure of PHI. *Information that does not belong to WDH or that was obtained under a promise to keep it confidential cannot be released.*

In the event a breach of confidentiality occurs despite security and confidentiality protections WDH staff shall immediately report a suspected or known privacy violation or security incident. The WDH Compliance Office should be notified of the incident using the Incident Reporting Form, WDH acts in accordance with AS-009 and S-006a, Report and Response to Privacy Violations and Security Incidents policy.

The referenced WDH policies and forms are located on the WDH Shared Employee Resources site, under Privacy and Security.

### **1.3 Civil Rights**

Wyoming Department of Health staff will not discriminate against any applicant or enrollee in any aspect of the program's administration any, including based on a person's race, color, national origin, disability, age, sex or religion.

Kid Care CHIP applicants and enrollees have the right to:

- Equal access to services without regard to race, color, national origin, disability, age, sex or religion.
- A bilingual interpreter, when necessary.
- Auxiliary aids to accommodate physical disabilities.

If you believe you have been discriminated against you may file a complaint with the Office of Civil Rights.

1. Regional Manager  
Region VIII Office of Civil Rights  
U.S. Department of Health and Human Services  
999 18<sup>th</sup> Street, Suite 417  
Denver, Colorado 80202
2. Director  
Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Rm 509F, HHH Bldg.

Washington, DC 20201

## **1.4 Official Documents Available for Review**

The following documents are available for review:

1. Kid Care CHIP State Plan approved by the Centers for Medicare and Medicaid Services (CMS).
2. Kid Care CHIP Rule and Regulations.

These documents are available for review on the Kid Care CHIP website.

## Applicant Concerns or Complaints

### **2.1 Overview**

Kid Care CHIP applicants and enrollees may call the Customer Service Center (1-855-294-2127) with questions, concerns or complaints concerning eligibility and/or enrollment.

If more information is needed the call may be referred to the Kid Care CHIP Eligibility and Benefits Manager

Written complaints may be mailed to the Customer Service Center:

Wyoming Department of Health  
Customer Service Center  
2232 Dell Range Blvd., Suite 300  
Cheyenne, WY 82009

If a written complaint cannot be resolved by the Customer Service, such complaints will be diverted to the Kid Care CHIP Eligibility and Benefits Manager.

If a Kid Care CHIP enrollee does not agree with a decision made by BlueCross BlueShield of Wyoming regarding health, pharmacy or visions services, they may contact the Customer Services Department of BlueCross BlueShield of Wyoming at 634-1393 or outside of Cheyenne at 1-800-209-9720 to ask questions, ask for a review of a decision or make a verbal complaint. All inquiries will be acknowledged within 10 business days. They may also file a written complaint to:

BlueCross BlueShield of Wyoming  
4000 House Ave  
Cheyenne, WY 82001

All written complaints will be acknowledged within 10 business days and a decision or written response should be received within 45 days.

If a Kid Care CHIP enrollee does not agree with a decision made by Delta Dental of Wyoming regarding dental services, they may contact the Customer Services Department of Delta Dental



at 632-3313 or outside of Cheyenne at 1-800-735-3379 to ask questions, ask for a review of a decision or make a verbal complaint. All inquiries will be acknowledged within 10 business days. They may also file a written complaint to:

Delta Dental of Wyoming  
PO Box 29  
Cheyenne, WY 82003

All written complaints will be acknowledged within 10 business days and a decision or written response should be received within 45 days.

Within 45 days of receiving a letter about BlueCross BlueShield or Delta Dental's decision and if the Kid Care CHIP applicant or enrollee is not satisfied with the response, they may appeal the decision by writing the complaint and mailing it to:

Kid Care CHIP  
Fair Hearings  
2232 Dell Range Blvd., Suite 300  
Cheyenne, WY 82009

Kid Care CHIP enrollees may also have rights under Wyoming insurance law. For more information about these rights, they may call or write:

Wyoming Department of Insurance  
106 E 6<sup>th</sup> Ave.  
Cheyenne, WY 82002  
1-800-438-5768

*Information about the insurance carrier's complaint resolution policy is available in the Kid Care CHIP Enrollee Handbook.*

Any applicant or enrollee who is not satisfied with the resolution of their complaint may pursue the matter further through an Administrative Review and/or the Fair Hearing process.

## **2.2 Administrative Review**

An Administrative Review is a meeting between the Kid Care CHIP Eligibility and Benefits Manager and the Kid Care CHIP applicant or enrollee for the purpose of resolving a dispute regarding the Department's action and avoiding a Fair Hearing. The applicant must request an administrative review within 30 days of the date on the notice of denial or closure. An Administrative Review will identify the issues related to an adverse action and, if possible, resolve the issues to the applicant's satisfaction.

The Kid Care CHIP Eligibility and Benefit Manager will schedule and conduct an Administrative Review within 7 days of receiving a request for a Fair Hearing. The applicant may represent himself/herself at the Administrative Review or designate a representative. The applicant or the designated representative may waive the Administrative Review.

The Kid Care CHIP Eligibility and Benefits Manager will represent the Department. The Kid Care CHIP Eligibility and Benefits Manager will research the facts of the case and decide if all policies and procedures were followed correctly. If all policies and procedures were correctly followed, during the Administrative Review the Kid Care CHIP Eligibility and Benefits Manager will explain the policies and procedures relevant to the case and, if possible, resolve the issue.

When Kid Care CHIP policies and procedures have not been followed the Administrative Review resolution will be favorable to the applicant.

Kid Care CHIP will provide notification, within 10 days, to the applicant or designated representative of the results of an Administrative Review.

If the applicant is unsatisfied with the Administrative Review's outcome, Kid Care CHIP will schedule a Fair Hearing.

## **2.3 Fair Hearing**

A Fair Hearing form is mailed out with every denial and closure letter; this form details the applicant's civil rights and the administrative procedure for Fair Hearings. Applicants can either call the Customer Service Center (CSC) with concerns or complete the Fair Hearings form and return it to the office. The Customer Service Center will forward all Fair Hearings forms to the Kid Care CHIP Eligibility and Benefits Manager.

The Department is responsible for assuring an applicant's/recipient's right to due process and hearing. An applicant has a right to a hearing pursuant to the rules and procedures of Kid Care CHIP if the application is denied or not acted upon within a reasonable time. A recipient has a right to a hearing pursuant to the rules and procedures if Kid Care CHIP eligibility is terminated or suspended.

The Customer Service Center shall notify applicants and recipients of the right to a hearing at the time of application and at the time of any adverse action. The Customer Service Center shall mail all notices of adverse action, except as otherwise specified, at least 15 calendar days before the effective date.

A request for a hearing shall be mailed or personally delivered by a recipient (or the recipient's legally authorized representative) to the Kid Care CHIP Eligibility and Benefits Manager within 30 calendar days after the date that the notice of adverse action is mailed to the recipient. If the Customer Service Center mails the notice and the recipient requests a hearing within 10 days of the adverse action, the Department may not terminate or reduce services until the final decision is rendered after the hearing unless it is determined that the sole issue is one of

Federal or State law or policy.

Kid Care CHIP shares Medicaid's rules related to Fair Hearings which can be found in Chapter 4 of Medicaid's Rules and Regulations that are on file with the Wyoming Secretary of State's office.

The Kid Care CHIP Eligibility and Benefits Manager shall:

1. Retrieve a transmittal form from the Office of Administrative Hearing's (OAH) website at <http://oah.wyo.gov>, complete the transmittal form, and submit it to the Office of Administrative Hearings through interoffice mail. The OAH can be reached at (307)777-6660 if there are any questions about the transmittal form.
2. Kid Care CHIP may also enlist representation from the Wyoming Attorney General's Office if it is deemed necessary based on the issues involved in the action. If representation from the Wyoming Attorney General's Office is acquired, the office should be contacted immediately at (307)777-7841.
3. A client's Fair Hearing must be held within 40 calendar days from the date they requested the hearing. It is also required that all parties be given at least 20 calendar days notice of the hearing date. Once the Office of Administrative Hearings receives the *Transmittal Form*, the OAH will set a date and time for the Prehearing Conference as well as the Fair Hearing. The dates and times for these events are typically one week apart. All parties will be notified by the OAH of both the date and time for the Prehearing Conference as well as the date and time for the Fair Hearing in the form of an *Order Setting Prehearing Conference, Telephone Hearing and Requiring Disclosure* form.
4. The Kid Care CHIP Eligibility and Benefits Manager (or other Kid Care CHIP representative who will be handling the appeal) will be required to prepare a *Respondent's Disclosure Statement* as well as provide copies of any exhibits such as policy and legal citations. The *Respondent's Disclosure Statement* as well as any exhibits must be assembled together in a binder and sent to all parties involved prior to both the Prehearing Conference and the Fair Hearing. The *Respondent's Disclosure Statement* outlines all of the relevant facts of the case. Because the burden of proof in any Fair Hearing process is on Kid Care CHIP, all policy citations and relevant legal citations that are relevant to the action must be clearly presented. The *Order Setting Prehearing Conference, Telephone Hearing and Requiring Disclosure* form that OAH sends to all parties will outline what documents are to be submitted as well as the required format for the binder. Typically, the parties involved in a Prehearing Conference and Fair Hearing will include the Kid Care CHIP representative, the client who is appealing the action taken by Kid Care CHIP, the hearing officer with the Office of Administrative Hearings, and the Wyoming Attorney General's Office if they are representing Kid Care CHIP. The client's copy of the *Respondent's Disclosure Statement* and relevant policy and legal citations must be sent via certified mail. Kid Care CHIP is also required to send a copy of the *Respondent's Disclosure Statement* and copies of any exhibits to Jill Reinking, in the Wyoming Department of Health.

#### **Denial of hearing:**

The Department may deny a request for a hearing if the action complained of is not an adverse action.

The reason for the adverse action is due to a mass change.

The request for the hearing was not received within the appropriate time frame.  
The applicant/recipient fails, without good cause, to appear at the scheduled hearing.  
The applicant/recipient or his/her representative withdraws the request in writing.  
A denial of a request for hearing is a final decision of the Department, which may be appealed to district court pursuant to the Wyoming Administrative Procedure Act, unless otherwise agreed by the applicant/recipient and the Division.

**Location of hearing:**

Hearings involving applicants/recipients are held via phone conferencing between Kid Care CHIP, the applicant/recipient, and the hearing officer.

**Consolidation of hearing:**

Upon motion of one of the parties, the hearing officer may consolidate two or more hearings if the hearings involve the same parties and/or related parties with similar or related issues.

The contestant, or the contestant's legally authorized representative, must be given the opportunity to:

1. Examine, at a reasonable time before the date of the hearing and during the hearing, the contents of the respondent's case file and all documents and records to be used by the Department at the hearing.
2. Bring witnesses, establish all pertinent facts and circumstances, present an argument, and question or refute any testimony or evidence, including opportunity to confront and cross-examine adverse witnesses.

If a contestant fails to appear by phone for the Fair Hearing on the date and time specified in the notice, the hearing officer may:

1. Continue the hearing to a later date and provide proper notice as prescribed in these rules; or
2. Proceed to conduct the hearing without the contestant and dispose of the contested case, unless prohibited by Federal or State statute; or
3. Deny or dismiss a hearing if the contestant withdraws the request in writing or the contestant fails to appear at a scheduled hearing without good cause.

Good cause shall be determined by considering circumstances which are beyond the contestant's control, such as illness, illness of another household member requiring the presence of the contestant, a household emergency, unavailability of transportation, lack of adequate child care, or other such circumstances which the hearing officer determines were beyond the contestant's control.

**Discovery:**

All discovery in a contested case shall be governed by the Wyoming Rules of Civil Procedure,

as described in W.S. § 16-3-107(g) and (h).

**Prehearing conference:**

At a time on or before the day of the hearing (typically one week from the date of the Fair Hearing), the hearing officer on his own or either party's motion, may meet with the parties for a conference to consider simplification of the issues, stipulations and admissions of fact, clarification or limitation of evidence, and any other matters that may expedite the proceeding and assure a just conclusion of the case. The meeting may be held by telephone conference.

**Informal Disposition:**

Settlement of a contested case by any informal means (i.e. stipulation, agreed settlement or consent order) shall be allowed at any time, unless precluded by law.

**Evidence and testimony:**

1. The Kid Care CHIP Eligibility and Benefits Manager shall have the burden of proof, unless otherwise provided by law.
2. The parties shall be entitled to present any oral or documentary evidence, submit rebuttal evidence and conduct cross-examinations, as may be required for a full disclosure of the facts.

**Representation:**

Any recipient has the right to represent themselves, to be represented by an attorney, or, if the contestant is a recipient, by a legally authorized representative. If an attorney represents the contestant, payment of the attorney's fees and costs are the responsibility of the contestant. Respondent may request the Attorney General to assist in contested case hearings to the extent required by W.S. § 16-3-112 (c).

**Decisions:**

The hearing officer shall make proposed findings of fact and conclusions of law within 20 business days of the close of the hearing and forward them to the Director of the Department of Health for a final determination. This time may be extended if the parties or other interested persons are to submit briefs; but may not be extended by more than 10 business days, unless the parties stipulate in writing or on the record at the hearing, to a later date.

**Appeals:**

Appeals from a final decision of the Department of Health shall be in accordance with W.S. § 16-3-114 and Rule 12 of the Wyoming Rules of Appellate Procedure, except as otherwise agreed by the parties.

# Benefits and Co-Payments

## **3.1 Medical**

The Wyoming Children's Health Insurance Program adheres to the Code of Federal Regulations (42 CFR §457, Subpart D) directing the guidelines for the Children's Health Insurance Program benefits. The Wyoming CHIP health benefits model is Secretary Approved, appropriate for the targeted population of low-income children.

- The following benefits are provided through Kid Care CHIP:
- Inpatient hospital services
- Outpatient hospital services
- Physician benefits
- Surgical services
- Clinic services, including health center services
- Prescription drugs and diabetic supplies
- Laboratory and radiological services
- Prenatal care and family planning services
- Inpatient mental health services
- Outpatient mental health services
- Dental services
- Inpatient and outpatient substance abuse and chemical dependency treatment services
- Vision exams
- Eyeglasses or contacts Audiological benefits, not including hearing aids.
- Rehabilitation
- Spinal Manipulation
- Physical Therapy
- Ground and Air transportation (is covered in the event of an emergency)
- Durable Medical Equipment
- Hospice Care (concurrent)
- EPSDT

***Refer to the Enrollee Handbook or the Subscription Agreement for more information on covered benefits.***

## **3.2 Dental**

Dental services must be provided by a dentist or orthodontist who has enrolled as a Kid Care CHIP dental or orthodontic provider through Delta Dental of Wyoming.

**Benefits provided through Kid Care CHIP include:**

- Exams
- Cleanings
- Bitewing x-rays
- Fluoride treatments
- Sealants
- Full mouth x-rays
- Space maintainers
- Fillings
- Simple extractions
- Emergency treatment for the relief of pain
- Medically necessary dental services
- Medically necessary orthodontic services

*Refer to the Delta Dental Handbook for more information on covered benefits.*

### **3.3 Medically Necessary Orthodontic Services**

A child may be eligible for medically necessary orthodontic services. This benefit is available only to children who meet specific criteria and who are found eligible by the Delta Dental Orthodontic Consultant.

Contact Delta Dental (1-800-735-3379) for details about the specific criteria and the required referral form.

A child must be enrolled in Kid Care CHIP when the orthodontic treatment starts, but may be removed from the program for any of the programmatic reasons. In these instances, the orthodontic benefit limit will be paid by Delta Dental and the child is expected to continue with the treatment plan.

### **3.4 Procedures Not Covered**

**Services not covered by Kid Care CHIP, unless proven Medically Necessary, include, but are not limited to:**

- Experimental services
- Organ and tissue transplants
- TMJ treatment
- Acupuncture
- Cosmetic surgery
- Routine foot care
- Cosmetic Orthodontia

- Radial keratotomy, myopic keratimileusis, or any surgery which involves corneal tissue.

***Refer to the Enrollee Handbook or contact Blue Cross & Blue Shield of Wyoming @ 1-800-209-9720 for more information on covered benefits.***

### **3.5 Cost Sharing Plans**

Children are separated into one of three cost sharing plans (Plan A, Plan B, or Plan C). The plan the child is placed in is dependent on information obtained and verified at the time of application. It is imperative that CSC Representatives enter correct information in all of the required fields on the WES Person Detail screens for each child.

Plan A children are those who are Native American or Alaskan Native as well as those children in households with income at or below 100% FPL.\*

Plan B children consist of approved children in households with income between 101% and 150% FPL.

Plan C children consist of approved children in households with income between 151% and 200% FPL.

In order to ensure that children who claim to be Native American or Alaskan Native are enrolled appropriately in Plan A, the following procedures must be followed by the CSC Representative when completing the “Person Detail” screen in WES for each child.

- The field titled “IHS Native American/Alaska Native” must be marked “Yes”.
- The verification field adjacent to the “IHS Native American/Alaska Native” field must be marked with the appropriate type of verification that applies.
- If verification does not already exist in EDMS or is not presented at the time of application, the CSC Representative must enter “Client Statement” as the verification type. Valid forms of verification would be a copy of the child’s Certificate of Indian Blood (C.I.B.) letter or Tribal I.D. card.
- If verification is already in the EDMS or is presented by the client at the time of application, the CSC Representative must enter “Hard Copy”.
- In the “Race Detail” field, “Native American/Alaska Native” must be chosen from the dropdown.
- In the “Indian Enrollment” field, the child’s specific tribe must be chosen from the list in the dropdown. If the child’s Enrollment is available, it should be entered into the field adjacent to the “Indian Enrollment” field titled “Enrollment Number”.



The amount of cost sharing is based on which plan the child is enrolled. There is an out of pocket maximum per benefit year (January through December).

Refer to the Enrollee Handbook or contact Blue Cross & Blue Shield of Wyoming (1-800-209-9720) for more information on cost sharing and out of pocket maximums.

\*Native American and Alaskan Native children must provide proof of tribal affiliation by providing a copy of their Certificate of Indian Blood (C.I.B.) letter or their Tribal ID card. A family is given 90 days from their effective date to provide this information or the child will be moved to either Plan B or Plan C (depending on the household income). If verification of the child's tribal enrollment is received, the CSC Representative will enter it into the required fields as outlined above. If the tribal enrollment verification is received within the initial 90 days, WES will retain the child on Plan A for the remainder of the 12 continuous months and not switch the child to a cost sharing plan, such as A or B. If the tribal enrollment verification is not received, WES will switch the child to a cost sharing plan based on the child's FPL percentage when the initial 90 days of coverage has passed.

### **3.6 Out of Pocket Maximums**

The maximum amount that a household will pay per enrollment year is 5% of the household's gross annual income. This amount is determined at time of application and outlined on their approval letter.\* Only co-payments paid for covered services by participating providers can count towards this maximum. The only exception is Emergency Room visits outside of the PPO network and services that have prior approval from BlueCross BlueShield.

Families must keep track of their own cost sharing if they chose to track it. Families should submit their receipts to the Kid Care CHIP office when they have reached the 5% limit. If after review with Blue Cross & Blue Shield of Wyoming it is determined the out of pocket maximum has been met the family will not have another co-payment for the remainder of that particular year.

\*Only co-payments paid for covered services by participating providers count towards this maximum. The only exception is Emergency Room visits outside of the Provider Network and services that have prior approval from Blue Cross & Blue Shield of Wyoming.

### **3.7 Insurance Cards**

Each child will receive a BlueCross BlueShield and Delta Dental insurance card. Parents or the providers are still responsible for verifying coverage before a service is rendered.

BlueCross BlueShield sends the family a packet containing the insurance cards. The family should receive this packet no later than 10 days following the enrollment start date.

If a CHIP family indicates they have not received their enrollment packet, including the Blue  
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Cross & Blue Shield card and Delta Dental card, the family should contact Blue Cross & Blue Shield (1-800-209-9720) to request the cards and packet.

In the event a CHIP family reports receiving a Blue Cross & Blue Shield or Delta Dental card in error, the following process should be implemented:

1. Gather the name of the CHIP family (child/children) who received the card(s) in error and information contained on the packet mailing label.
2. Gather the name of the child on the card(s) received in error.
3. Notify the Wyoming Department of Health Compliance Officer for appropriate follow-up to the situation.
4. Notify appropriate personnel at Blue Cross & Blue Shield, and Delta Dental of the situation and that the Department of Health Compliance Officer has been notified.

## Non-Financial Criteria

It is essential that the Wyoming Department of Health Customer Service Center (CSC) understand and adhere to all Medicaid eligibility factors; by law all applicants must first be screened for Medicaid and as a result, the Wyoming Eligibility System (WES) will automatically screen for Medicaid eligibility before screening for Kid Care CHIP eligibility.

### **4.1 Eligibility Criteria Overview**

**Insurance through Kid Care CHIP is available to a child who is:**

- A United States citizen, a lawful qualified non-citizen (refugee or asylum) or a lawful, permanent alien who has lived in the United States for at least 5 consecutive years;
- A Wyoming resident;
- Less than 19 years of age (not past the month of their 19<sup>th</sup> birthday);
- Not eligible for or already enrolled in Medicaid
- Not currently covered by health insurance nor has had health insurance during the last 30 days, except as provided for under section 4.6;
- Not eligible to receive health insurance benefits under Wyoming's state employee benefit plan as a state employee or as the dependent of a state employee (this can include some school district employees, i.e. Natrona County School District);
- Not residing in a public institution for mental disease;
- Not residing in a public correctional institution.
- Financially eligible based on a MAGI income eligibility determination.

### **4.2 Age**

Children less than 19 years of age may be insured through the end of the month of their nineteenth birthday. For example, a child turns 19 on April 4<sup>th</sup>. The child meets the age criteria through April 30<sup>th</sup>.

If a child turns 6 years old during the application month, the child will be processed as a 5 year old for Medicaid consideration because Medicaid's start date is the first day of the application month and in all circumstances this will be more beneficial to the child.

## 4.3 Citizenship

A child must be a United States citizen or a lawful, permanent resident who has lived in the United States consecutively for five (5) or more years to be insured through Kid Care CHIP. The clock on the five-year time period begins to run from the date the immigrant obtains qualified alien status and not related to the date on which an immigrant first entered the United States.

### Citizenship Documentation

Kid Care CHIP requires proof of citizenship. If the citizenship documentation is provided at time of application, the Customer Service Center will enter the appropriate code in WES that citizenship is verified for the child. If the citizenship documentation is not provided at time of application, the Customer Service Center will inquire any available interfaces in an effort to verify citizenship.

If citizenship verification is not provided with the application or secured through an available interface, the approval letter will include language giving the family 90 days from their effective date to provide the required documentation. If the citizenship verification has not been received by the end of the initial 90 days, the family will be sent a timely closure letter and will be closed. If the family re-applies for the child, documentation will be needed before the child can be re-enrolled.

### Qualified Aliens:

A qualified alien is a lawful, permanent resident with an Alien Registration Number (an “A” number), who has been in the United States for 5 consecutive years, and who plans to continue to reside within the United States. A child who does not meet these criteria may be eligible for Medicaid’s Emergency Services.

A child who is not a U.S. citizen must provide documentation of his/her qualified alien status—the Alien Registration Number as well as their date of entry. The Alien Registration Number contains 7, 8 or 9 numerical digits preceded by the letter “A.” The date of entry and the Alien Registration number may be verified through the Federal Data Hub.

The Alien Registration Number can be found on the following documents approved by Immigration and Customs Enforcement (ICE):

- Resident Alien Card
  - Form I-551
  - Last revised August 1989
- Permanent Resident Card
  - Form I-551

- Introduced in December 1997
- Employment Authorization Card
  - Form I-688A
- Temporary Resident Card
  - Form I-688
- Arrival-Departure Record
  - Form I-94
  - Will be attached to an unexpired foreign passport
- Certificate of Naturalization
  - Issued when a non-citizen becomes a US citizen

*Parents need not be U.S. citizens to have their children eligible for CHIP.*

**The following qualified aliens are exempt from the (5) five-year bar:**

1. Refugees, asylums, certain Cuban, Haitian and Amerasian immigrants, and certain aliens whose deportation is being withheld under section 243;
2. Unmarried, dependent children of veterans and active duty service members of the US Armed Forces;
3. Victims of a severe form of trafficking;
4. American Indians born in Canada;
5. Battered aliens or children of battered aliens.

The Customer Service Center may refer applicants to Immigration and Customs Enforcement (ICE) for information about their status. Immigration and Customs Enforcement (ICE) may be contacted at 800-375-5283. Also, the Denver ICE office services the state of Wyoming and can be reached at (303)371-3041.

#### **4.4 Social Security Numbers**

Social Security Numbers are required for a child to be eligible for Kid Care CHIP. Social Security Numbers are important for the Customer Service Center in verifying eligibility factors through available data interfaces. Children who are newly born and may not have a Social Security number as of yet may meet this requirement by providing proof of application for a Social Security Number.

#### **4.5 State Residency**

Only children who are Wyoming residents can be insured through Wyoming's Kid Care CHIP program. A Wyoming resident is anyone who currently resides in the state and intends to remain in the state. Except in the case of migrant and other seasonal workers, temporary residence with no intent to remain in the state does not fulfill the residency requirement.

Children who usually live with a parent or guardian in another state and are in Wyoming during a school break or summer vacation are not considered Wyoming residents. They are “temporarily absent” from their custodial parent or guardian and could be eligible in the state where the custodial parent or guardian resides.

**Example:**

*A child who resides in Utah during the school year and stays with his father in Wyoming during summer breaks would be considered a Utah resident. Therefore, he could not be insured through Kid Care CHIP.*

Children who are temporarily absent from their home in Wyoming may continue to be insured under Kid Care CHIP.

**Example:**

*A child lives with his father in Wyoming during the school year and visits with his mother in Idaho during summer breaks. This temporary absence from his father’s home does not affect his Kid Care CHIP insurance in Wyoming.*

**Absence for School Attendance:**

A child who is away from home to attend boarding school or other educational facility or Job Corp (e.g., 18 years old and away at college) may continue to be insured through Kid Care CHIP (the child must be under 19 years of age).

## **4.6 Other Health Insurance Coverage**

Health insurance through Kid Care CHIP is available to a child who:

1. Has not had creditable health insurance for at least thirty days prior to applying;
2. Is not eligible to receive health insurance benefits under Wyoming’s state employee benefit plan as an employee or as a dependent of a parent or step-parent who is eligible to enroll in the state employee health plan. This includes benefitted state employees, benefitted employees of all of Wyoming’s Community Colleges and the University of Wyoming; and
3. Meets all other eligibility requirements.

NOTE: Effective July 1, 2011, Kid Care CHIP no longer insured dependents of employees who work for Natrona County School District. The Natrona County School District entered into a contract with the State of Wyoming’s group health insurance plan and now offers the State of Wyoming health insurance plan.

**Creditable Health Insurance:**

A child, who has creditable health insurance coverage, even when the coverage requires high

premiums, co-payments, or deductibles, is not eligible for Kid Care CHIP. The only exception to this requirement is for children who were previously eligible for Medicaid who lost their eligibility for Medicaid and became eligible for Kid Care CHIP while maintaining coverage under their policy.

A child covered under a creditable group health plan but cannot reasonably access care under the plan is not considered to have creditable health insurance coverage. For example, a child residing in Wyoming who is insured under the non-custodial parent's health maintenance organization (HMO) in Oregon cannot access care without traveling to Oregon. Therefore, the child may be insured under Kid Care CHIP.

**The following are not considered creditable health insurance coverage:**

1. Accident-only insurance policies;
2. Indian Health Services (IHS);
3. Medicaid;
4. School insurance purchased so children can participate in school-related activities;
5. Children's Special Health (CSH);
6. Insurance for a specific illness (e.g., cancer) or specific part of the body (e.g., dental, vision).

NOTE: AFLAC insurance can be a supplemental, accidental, or a comprehensive medical plan. Please contact the applicant to determine the specifics.

NOTE: The Wyoming Health Insurance Pool (WHIP) is considered creditable health insurance.

**30 Day Waiting Period:**

Children who lose health insurance coverage must wait 30 days before they can apply for Kid Care CHIP. The waiting period is waived if the:

1. Parent or guardian providing the insurance dies;
2. Parent or guardian providing the insurance has terminated employment;
3. Parent or guardian providing the insurance can no longer work due to a disability;
4. Parent or guardian providing the insurance has a lapse in insurance coverage due to new employment;
5. Employer no longer offers a health insurance benefit;
6. Insurance is not accessible (e.g., coverage is through an HMO in Oregon);

7. Coverage is for a specific illness or body part (e.g., cancer policy, vision, dental);
8. Coverage is specific to school-related activities; (student accidental plan)
9. Coverage was provided by Indian Health Services, Tribal Health, or Medicaid;
10. Coverage was provided under COBRA; or
11. Coverage met the affordability exemption.

NOTE: In order to meet the affordability exemption, a family's total premium must exceed 9.5% of the family's gross income or the child's portion of the premium must exceed 5% of the family's gross income. The procedure to determine insurance premium affordability is performed by the Kid Care CHIP Eligibility and Benefits Manager. In situations where a client is claiming to have dropped their child's health insurance within 30 days prior to their application, CSC Representatives must make a referral to the Kid Care CHIP Eligibility and Benefits Manager. The Kid Care CHIP Eligibility and Benefits Manager will verify both the household's total gross income and out-of-pocket insurance premiums to determine as to whether the child(ren)'s insurance premium is deemed affordable.

*The Kid Care CHIP Eligibility and Benefits Manager or Program Manager must approve other circumstances.*

#### **State of Wyoming employees:**

The State Plan (42 CFR Ch. IV (10-1-01 Edition) states that a targeted low-income child may not be eligible for health benefits coverage under a State health benefits plan in the State on the basis of a family member's employment with a public agency, even if the family declines to accept the coverage.

#### **4.7 Institution for Mental Disease (IMD) or Public Institution**

Insurance through Kid Care CHIP is not available to a child who is:

1. A patient in an institution for mental disease (IMD) at the time application; or
2. An inmate of a public institution.

#### **Institutions for Mental Disease (IMD):**

A child in an IMD may not become eligible for Kid Care CHIP. An IMD is a facility with greater than 16 beds and its primary function is the treatment of mentally ill patients. IMDs in Wyoming include:



1. Wyoming State Hospital
2. Wyoming Life Resource Center (formally known as the Training School)

**Public Institution:**

Public institutions are facilities that incarcerate individuals who are involuntarily serving time for a criminal offense. Public institutions include state or federal prisons, jails, detention facilities, or other penal facilities. Public institutions in Wyoming are:

1. Wyoming State Penitentiary
2. Wyoming Honor Conservation Camp or Wyoming Boot Camp
3. Wyoming Honor Farm
4. Wyoming Women's Center
5. Wyoming Boy's and Girl's School
6. Frontier Correctional Systems
7. Pioneer Home
8. City/County Jail Facilities—a facility is a public institution when it is under the responsibility of a governmental unit or when a governmental unit exercises administrative control.

## **4.8 Verification Requirements**

Kid Care CHIP requires verification of all financial and non-financial eligibility factors. In order to prevent any undue hardship on clients, the Customer Service Center will utilize all available interfaces to verify any eligibility factors before requesting verification from the client.

## **4.9 Who Can Apply for a Child**

The following people can apply on behalf of a child that lives with them at least 50% of the time:

- A parent
- A caretaker
- A relative
- A legal guardian
- A representative may apply on the behalf of a parent, caretaker, or legal guardian who is incapacitated.

When parents share joint physical custody (e.g. child stays at each parent's home 50% of the time), either parent can apply and eligibility is based on the income and circumstances of the

applying parent. If true 50/50 custody exists, the parent who claims the child as a tax dependent should apply for the child.

If a non custodial parent and/or new caretaker files a new application and the child is already receiving benefits on another parent/caretaker's case, the non custodial parent and/or new caretaker must provide verification (such as a court order) from the custodial parent/caretaker before the existing case can be closed and the new case can be opened. The Customer Service Center should ensure that new coverage is not duplicated over for any existing months while transitioning the child between cases.

#### **4.10 Non Custodial Parent Calling for Eligibility Information**

Based on the authority outlined in Wyoming Statute §20-2-201(e), Kid Care CHIP can release the following information to non custodial parents:

- The child's eligibility dates
- The child's medical or dental ID card numbers

Non custodial parents may also request copies of their child's medical and dental cards. The Customer Service Center should coordinate all non custodial parent requests for copies of medical and dental cards with the Kid Care CHIP Eligibility and Benefits Manager.

#### **4.11 Household Composition for Kid Care CHIP**

Household composition for Kid Care CHIP is based on tax household structure which may include children in a household with their parents, grandparents, and/or step-parents and step-siblings, depending on who files a joint tax return.

# Financial Criteria

## **5.1 Income Overview**

Effective January 1, 2014, income eligibility for Kid Care CHIP is identical to Family and Children's Medicaid programs, which are all based on a family's Modified Adjusted Gross Income (MAGI). Other than a few obscure exceptions (i.e. dividends on foreign investments), if a source of income is taxable, it is countable towards determining income eligibility for Kid Care CHIP.

Kid Care CHIP requires verification of all income which may include paycheck stubs, employer statements, and/or tax forms, depending on the source of income.

1. Wages, tips, bonuses and per diem should be verified by either paycheck stubs or employer statements. The following methods outline how to calculate income from paystubs:
  - a. A person paid two times per month (semi-monthly) will have their gross income multiplied by 2
  - b. A person paid every two weeks (bi-weekly) will have their gross income multiplied by 2.15
2. Self employment income should be calculated off of the current month's gross income, last year's gross annual income divided by 12, or the income may be averaged over several months. Last year's tax forms will be most advantageous as verification of self employment income because they verify the client's business expenses which are deducted and therefore reduce the amount of countable income.

## **5.2 Income Guidelines**

To be income eligible for Kid Care CHIP, a family's countable monthly income cannot exceed 200% of the federal poverty level (FPL) guidelines. The FPL usually increases every April 1st. Applications and renewals received in March will be based off of the new year's FPL chart.

As part of the Modified Adjusted Gross Income (MAGI) determination, the Wyoming Eligibility System (WES) will also deduct a 5% disregard from a family's countable income before comparing the family's countable income to the 200% federal poverty level. WES calculates the 5% disregard by calculating 5% of the 100% FPL amount for the family size and then subtracts this amount from the family's countable income before comparing it to the 200% federal poverty level. For example, the 100% FPL limit for a family of 5 is \$2,326 so the 5% disregard for a family of 5 would be \$116.30.

A child is income eligible for Kid Care CHIP if the family unit's income is between 134% and 200% FPL and the child is age six through 18 years old.

A child is income eligible for Kid Care CHIP if the family unit's income is between 155% and 200% FPL and the child is age birth through 5 years old.

*All applications are screened for potential Medicaid eligibility first.*

## Eligibility Miscellaneous

### **6.1 Kid Care CHIP—Start Date**

1. If the application is date stamped by the Customer Service Center, submitted on the WES Client Web Portal, or called in to the Customer Service Center from the 1<sup>st</sup> through the 25<sup>th</sup> of the month, the child's Kid Care CHIP start date will be the 1<sup>st</sup> day of the next month. (Example: an application was submitted on July 17, 2014 so the Kid Care CHIP start date would be August 1, 2014)
2. If the application is date stamped by the Customer Service Center, submitted on the WES Client Web Portal, or called in to the Customer Service Center from the 26<sup>th</sup> through the last day of the month, the child's Kid Care CHIP start date will be the 1<sup>st</sup> day of the month after next. (Example: an application was submitted on July 28, 2014 so the Kid Care CHIP start date would be September 1, 2014)
3. All children that are approved for a start date other than the first of the next month will require an add-on form to be submitted to the Kid Care CHIP Eligibility and Benefits Manager. Because the Kid Care CHIP program coordinates benefits with a private insurance contractor, add-on forms are vital to ensuring that benefits are issued timely to avoid delays in children receiving the medical services for which they have been determined eligible to receive.

### **6.2 Kid Care CHIP Add-ons**

A Kid Care CHIP add-on form is required when authorizing and issuing CHIP benefits for a start date that is any time previous to the preceding max benefit month, which includes back to the first of the current month. The BCBS Month End File generates from WES at 5PM on the day before the last business day of the month. Based on the timing of the BCBS Month End File, the latest a child can be issued benefits for the next month without the necessity to complete a Kid Care CHIP add-on form is before the BCBS Month End File generates.

NOTE: It is important for the CSC representative to remember that after 5PM on any given day, the system has rolled into the next business day.

A Kid Care CHIP add-on form is not required if a CSC Representative is authorizing and issuing Kid Care CHIP benefits for a start date that is the max benefit month. Here is an example of a situation that does not require a Kid Care CHIP add-on form to be completed: If a CSC Representative issues a child's CHIP benefit on 08/29/16 (which happens to be the second to

the last business day of the month in this example) by no later than 5PM for a start date of 09/01/16 (September is the max benefit month), an add-on form is not required. Under any other circumstance, the issuance is considered to be in the past and completion and submission of a Kid Care CHIP add-on form to Kid Care CHIP Eligibility and Benefits Manager is required.

### **6.3 Duplication of Kid Care CHIP and Medicaid**

If eligibility determinations are performed accurately by the Customer Service Center, a child should never be dually covered and issued both Kid Care CHIP and Medicaid for the same month. Because Kid Care CHIP pays a per child per month premium to an insurance contractor for each child that is covered on the program, any duplication of Kid Care CHIP over any month(s) of existing Medicaid coverage is wasteful of the public funds that are used to operate the Kid Care CHIP program and result in an eligibility error for the program.

### **6.4 Timely Processing of Applications and Renewals**

All applications for Kid Care CHIP are required to be processed by the Customer Service Center within 45 days of the date that the application was received. It is the procedure of the Kid Care CHIP program to request all required verifications within 48 hours of the receipt of applications to ensure that clients are aware of the verifications required to determine their eligibility and have most of the 45 day pending time frame to gather and submit the required verifications.

### **6.5 Kid Care CHIP Renewals**

Children are eligible to receive 12 continuous months of coverage once they are approved and enrolled in Kid Care CHIP. However, a renewal is required to be completed every 12 months to determine continued eligibility for the program. Approximately 45 days before Kid Care CHIP coverage is scheduled to end, the Wyoming Eligibility System (WES) will generate and mail the family a renewal letter and renewal application. Families are required to return the completed renewal application or call in to the Customer Service Center to renew over phone by the 15<sup>th</sup> day of the month in which coverage is set to end. This allows the Customer Service Center to have adequate processing time. If the renewal application is not returned by the 15<sup>th</sup> of the month that coverage is scheduled to end, a closure notice is generated.

When all required verifications have been secured, it is important for the Customer Service Center to process and finalize all renewals timely to prevent lapses in coverage for the client.

Renewal applications that are received after the child's coverage has ended shall continue to be processed and eligibility determined back to the date the child ended for a period of 90 days after the closure date. Every situation with the child being approved at renewal during the 90-day "look back" period will require a CHIP Add-on form to be completed and submitted to the Kid Care CHIP Eligibility and Benefits Manager.