WYOMING MEDICAID
Client Handbook

Your Guide to Wyoming Medicaid

Wyoming Department of Health

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Contents

What are Medicaid and Medicare? 1
Who may be eligible for Medicaid? 1
How do I apply for Medicaid? 2
What happens after I submit my application? 3
Can I get Medicaid for past months? 3
How do I renew my Medicaid? 3
How long will I be covered? 4
How do I use the Medicaid card? 4
What if I am denied Medicaid benefits? 5
What are my responsibilities while receiving Medicaid? 6
What services are available through Medicaid? 7
What are the restrictions to the Medicaid program? 10
What is health? 11
What can I do to be healthy? 11
When should I see a healthcare provider? 11
What am I expected to do when I go to the provider? 12
When should I go to the emergency room? 13
What are my rights under the Medicaid program? 14
What is Estate Recovery? 14
Important reminders about your right to reconsideration or a fair hearing 15
Important reminders about Medicaid 15
Client Web Portal Information 17
Contact Information by County 18
Notes 20

What are Medicaid and Medicare?

Medicaid

Medicaid helps pay for healthcare services for children, pregnant women, families with children, and individuals who are aged, blind, or disabled who qualify based on citizenship, residency, family income, and sometimes resources and healthcare needs.

Non-citizens may be eligible for emergency services.

Medicare

Medicare is a Federal Health Insurance Program for aged, blind, or disabled individuals. It is available to individuals receiving Social Security Disability Income (SSDI) or those aged 65 and older who are receiving Social Security payments. Medicare is not part of the Medicaid program.

For questions regarding Medicare, please see www.medicare.gov.

Who may be eligible for Medicaid?

Medicaid programs may be able to help:

- Children under age 19
- Children in Foster Care or Subsidized Adoption
- Pregnant Women
- Parent(s) with a dependent child
- Individuals receiving Supplemental Security Income (SSI) through Social Security
- Individuals no longer receiving Supplemental Security Income (SSI)
- Individuals in need of nursing home care
- Individuals who qualify for nursing home care, but prefer care in their home
- Individuals who are hospitalized for at least 30 days or more
- Individuals who are in need of hospice care
- Individuals who are developmentally disabled
- Individuals who have acquired a brain injury
- Individuals who need care in an Assisted Living Facility
- Individuals screened through the Integrated Cancer Services Program and diagnosed with breast or cervical cancer
- Individuals with verified tuberculosis infection
- Individuals who are disabled and working
- Individuals who need assistance paying Medicare Premiums
- Non-citizens may be eligible for emergency services and delivery (child birth)

How do I apply for Medicaid?

The paper application must be signed and dated. To get a paper application, call the Customer Service Center (CSC), toll free at 1-855-294-2127. These applications are also available at various sites in the community, such as Department of Family Services (DFS) offices, Public Health offices, WIC offices, some doctors' offices, or can be printed at the Wyoming Department of Health website at www.health.wyo.gov.

Pregnant women may apply for Presumptive Eligibility through a Qualified Provider's office. Most Public Health nursing offices are qualified providers. If found eligible, you will have temporary coverage for outpatient services to give you time to complete an application for regular Medicaid benefits and have eligibility determined by the Customer Service Center.

Other individuals may apply for Presumptive Eligibility through a Qualified Hospital. If found eligible, you will have temporary coverage to allow you time to complete an application for regular Medicaid benefits and have eligibility determined by the Customer Service Center.

Phone: Call the Customer Service Center (CSC) at 1-855-294-2127 or TTY/TDD 1-855-329-5204

Mail/Drop-Off: Mail or drop-off a completed application to
2232 Dell Range, Suite 300
Cheyenne, WY 82009

Email: Email a completed application to wesapplications@wyo.gov

Fax: Fax a completed application to 1-855-329-5205

Online: Complete an application online at https://www.wesystem.wyo.gov

If you have applied for Medicaid and have questions on the status please call the CSC for status related questions at 1-855-294-2127. Also, remember report any changes to your information, such as address or phone number to the CSC as well!

Apply for other programs offered through the Department of Family Services, such as Supplemental Nutrition Program (SNAP), Personal Opportunities with Employment Responsibilities (POWER), or child care by applying at the local DFS office.

Apply for Supplemental Security Income (SSI) through Social Security, and if you are determined eligible, you will automatically be eligible for Medicaid.

What happens after I submit my application

Medicaid Application
The Customer Service Center (CSC) will determine which program you qualify for based on your income, family size, and other eligibility guidelines. The application can take up to 45 days to process.

If you need to apply for Aged, Blind, or Disabled programs, an interview may be necessary. A Customer Service (CSC) or Wyoming Department of Health Long Term Care Benefit Specialist (LTC) will determine which program(s) you may qualify for, based on your income, resources, and other eligibility guidelines.

CSC: 1-855-294-2127
LTC: 1-855-203-2936

Notification
A notice will be sent to let you know if you are eligible for Medicaid. The notice will also let you know when your coverage begins and which members of your family are eligible. A notice will also be sent if eligibility is denied or discontinued or if more information is needed to determine if you are eligible.

Can I get Medicaid for past months?

Medicaid may be available up to three months prior to the date of your application, if you have medical bills and also meet all the eligibility guidelines during each of those months. If you have questions about coverage for the three months before you applied, please contact the CSC at 1-855-294-2127.

How do I renew my Medicaid?

Medicaid clients must renew their coverage every year, however, clients should update information such as address or phone numbers whenever it changes. In the months before coverage is due to end, Medicaid will send the client a renewal in the mail. Once the client has received the renewal, the client will need to look over the information on the renewal, update any information that has changed, sign and date the renewal, then return the renewal and verification documents to Medicaid by the due date.

If clients remain eligible, Medicaid will send the client a letter showing the renewal was approved.

Renewals can also be submitted over the phone, through email, by faxing the renewal back or by completing it online. Please see previous page for detailed information where to submit the application.

CSC: 1-855-294-2127
LTC: 1-855-203-2936

How long will I be covered?

Children are generally eligible for 12 months before their coverage must be renewed. Pregnant women are eligible for up to 60 days after the birth of their baby. Most adult coverage must be renewed at 12 months, unless there is a change in income or resources that would make them ineligible. If you have questions on when your coverage ends or when your renewal is due, please contact the CSC at CSC: 1-855-294-2127.

How do I use the Medicaid card?

Ask the healthcare provider if they accept Wyoming Medicaid when making an appointment or before services are provided.

Show your Medicaid card to your medical and/or pharmacy provider when you check in for an appointment or fill a prescription. It is helpful to have your Medicaid card with you at all times in case of an emergency. You must use a doctor, clinic or hospital that accepts Wyoming Medicaid health insurance or your medical bills cannot be paid by Wyoming Medicaid.

You can also use the following link to verify if a provider is covered by the Wyoming Medicaid network:
https://wymedicaid.portal.conduent.com/wy/client/general/providerLocator.do

Within approximately two weeks of being determined eligible, you will receive a Medicaid card in the mail for each eligible individual in your family who has not already been issued a card in the past.

Note to person(s) previously eligible: A new card will not be sent out; your previous card is still valid. If you no longer have the card(s), you may request cards on the Client Secure Web Portal or contact Client Relations.

Client Relations: 1-800-251-1269

If you have moved recently you may need to update your address with the CSC prior to requesting a replacement card. You may view the address on-file on the Client Secure Web Portal as well. Allow 24 to 48 hours for address updates prior to requesting a new card after updating your address with the CSC.

CSC: 1-855-294-2127

FOR CHILDREN WHO HAVE MEDICAID AND CHILDREN'S SPECIAL HEALTH (CSH) ELIGIBILITY

Please take your current CSH eligibility letter, Medicaid card, and any other insurance cards with you to all appointments. CSH coverage is only for the conditions and providers which are listed in your current CSH letter of eligibility.

WHAT IF I HAVE MEDICAID, MEDICARE, OR OTHER HEALTH INSURANCE?

Present the Medicaid Card, along with proof of other health insurance or Medicare coverage, to the provider. Medical and pharmacy providers need this information to bill private insurance and Medicare before billing Medicaid. If you have private insurance or Medicare, those insurance companies must be billed first. Medicaid will only pay after all other insurance has been billed and paid their portion. It is necessary for you to report any changes to your private insurance to Medicaid. To do this, contact client Relations at 800-251-1269, option 2.

Exceptions: Preventive Pediatric Care, and Family Planning.

If you receive payment for medical bills from your private medical insurance, Worker's Compensation, or casualty insurance while you are covered by Medicaid, you must turn the payment over to the Medicaid program. Failure to do this may result in the loss of Medicaid coverage. For questions, contact Client Relations at 1-800-251-1269, option 2.

THE ONLY PERSON WHO MAY USE THE MEDICAID CARD FOR MEDICAL TREATMENT IS THE PERSON WHOSE NAME IS ON THE CARD.

What if I am denied Medicaid benefits?

YOUR CIVIL RIGHTS

You cannot be denied Medicaid coverage or medical services because of your age, religion, disability, veteran status, gender, race or national origin. If you believe you have been discriminated against, you may file a complaint with the Office of Civil Rights, 1961 Stout Street, Room 1426, Denver, Colorado 80294, or call 1-800-368-1019 toll free.

YOUR RIGHT TO A HEARING

If you feel your benefits were denied, changed, or terminated incorrectly, you may request an administrative hearing.

- A request for an administrative hearing must be made within 30 days of receipt of notice of the denial, change, or termination in your eligibility for benefits, or of medical services being denied.
- For denied, changed, or terminated eligibility, make your request on the back of the notice you received from the Customer Service Center (CSC). You may call, fax, mail or email your request to the CSC. See page 2 for contact information for the CSC.

- Mail the hearing request to Wyoming Department of Health, Customer Service Center, 2232 Dell Range Blvd., Suite 300, Cheyenne, WY 82009.
- Requests for administrative hearings that are not received within 30 days from the date of the notice denying, changing, or terminating your eligibility, will be denied.
- A lawyer, relative, friend or other person may represent you, or you may represent yourself. You must pay any legal charges if you hire a lawyer.

An administrative hearing is a review and discussion of your disagreement. It is not a court of law. A hearing officer, who is not involved in your case, listens to your complaint, reviews evidence presented, makes a recommendation, and explains the rules to you, answers your questions, and sees that you are treated fairly.

What are my responsibilities while receiving Medicaid?

- Report to the Customer Service Center (CSC) changes in your household, such as:
  1. Someone moving out of state
  2. A change in mailing address, telephone number, or email address
  3. A change to other insurance coverage
  4. A change in income, resources (such as receiving an inheritance or a settlement), or number of people in the home if you are an adult receiving benefits
  5. The death of a Medicaid client
- Tell your medical or pharmacy provider you have Medicaid coverage when making an appointment, filling a prescription and ask if they accept Medicaid. Be sure to show your Medicaid card to your provider or pharmacy
- Tell your medical provider or pharmacy of any other medical insurance or prescription coverage you have
- Pay your co-payment to your medical provider or pharmacy if it applies to you

If you receive a bill for services you think should have been covered under Medicaid, immediately contact your provider. DO NOT ignore correspondence from providers. If you are made eligible after your visit to a provider, talk with the provider, provide them with your Medicaid card and ask if they will bill Medicaid. Keep track of the date you contact the provider and to whom you speak. If you continue to get a bill or are turned over to collection, contact Client Relations at 1-800-251-1269 and provide all the steps you have taken, they may have you fax or mail the bill to them to further assist you.

Benefits are listed on the next few pages. Please read carefully as there are limitations and restrictions. Keep in mind that benefits may change. You may be eligible for some or all of these services. If you have questions about your benefits, call Client Relations at 1-800-251-1269.

What services are covered by Medicaid?

Please Note: Not all services are covered by all Medicaid eligibility programs – some programs cover only specific or limited services – contact Client Relations at 800-251-1269 for information regarding your specific benefits. You may also log in to the Secured Client Web Portal to view your benefits, co-pays, verify monthly eligibility, thresholds, etc. Instructions on how to register for the portal are available on the website at:
https://wymedicaid.portal.conduent.com/wy/general/clientHome.do

You will need your Medicaid client ID or SSN to register.

- **Ambulance Services**
  Emergency transportation by Basic Life Support ambulance, Advanced Life Support ambulance, or Air ambulance. Some non-emergency ambulance transportation may also be covered if the client is in need of special care during the trip and if other means of travel would put the client in danger.
- **Ambulatory Surgical Center Services**
  Outpatient surgery performed in a free-standing facility.
- **Care Management Entity**
  Home and community based high fidelity wraparound services for Medicaid-eligible children and young adults under the age of 21 who are experiencing serious emotional disturbance and who would otherwise require care in a Psychiatric Residential Treatment Facility or similar inpatient psychiatric treatment setting.
- **Children's Mental Health Waiver**
  Home and community based high fidelity wraparound services for Medicaid-eligible children and young adults under the age of 21 who are experiencing serious emotional disturbance and who would otherwise require care in a Psychiatric Residential Treatment Facility or similar inpatient psychiatric treatment setting. Applicants who meet the waiver enrollment criteria and are accepted will be served by the Care Management Entity.
- **Chiropractic Services**
  Services of a licensed Chiropractor. Services in excess of 20 dates of service per calendar year will require an Authorization of Medical Necessity.
- **Community Choices Waiver**
- Provides access to an array of home and community-based services to older adults (65+ years) and adults (19 to 64 years) with physical disabilities as an alternative to nursing facility care.
- **Dental Services**
  For children and young adults under the age of 21, full comprehensive services are available. Braces are only available to children ages 6-18, having severe problems with their bite that causes physical function issues. A client's dentist may refer them to the Severe Malocclusion Program if it is determined that they meet the requirements for the program. For clients ages 21 and older, who are eligible for Medicaid benefits, preventive and emergency dental services are available. Preventive dental services for adults cover two check-up visits per year (this includes an exam, x-rays and a basic cleaning), emergency services to relieve pain, extractions and denture/partial maintenance.
- **Developmental Center Services**
  Developmental assessments and therapy services for children age 5 and younger.
- **Developmental Disability Comprehensive and Support Waiver Services**

Supportive services provided to eligible persons of all ages with an intellectual or developmental disability so they can actively participate in the community with friends and family, be competitively employed, and live as healthy, safe, and independently as possible according to their own choices and preferences.

- **Dietitian Services**
  Services provided by a licensed Dietician upon referral of a physician or nurse practitioner. Services in excess of 20 dates of service per calendar year will require an Authorization of Medical Necessity.
- **Durable Medical Equipment**
  Medically necessary equipment and supplies for use outside of a facility or institution, if ordered by a physician. These services may be obtained through a pharmacy or medical supplier and may require prior authorization by Medicaid.
- **End-Stage Renal Disease (ESRD) Services**
  Outpatient dialysis services for kidney disease provided by a facility.
- **Family Planning Services** A physician, nurse practitioner or a Family Planning Clinic furnishes family planning services to individuals of childbearing age. Pregnancy testing and contraceptive supplies and devices are covered.
- **Health Check Exams**
  Comprehensive well-child screening, diagnostic and treatment services for children and young adults under 21 years of age. Exams include: complete physical exam, immunizations, lab tests, lead screening, growth and development check, nutrition check, eye exam, mental health screening, dental screening, hearing screening and health education. Services must be provided by a physician, physician assistant, nurse practitioner, or Public Health Nurse.
- **Hearing Services**
  Services of an audiologist and hearing aids.
- **Home Health Services**
  Skilled medical services provided by a home health agency to clients under a physician's plan of care.
- **Hospice Services**
  Services delivered in a client's home, hospice facility or a nursing facility under a doctor's order to terminally ill clients of any age. The services are only for care related to the terminal illness during the last months of the person's life.
- **Hospital Services**
  Inpatient and outpatient services with some exceptions. A co-payment is required for non-emergency outpatient visits for clients over 21 years old.
- **Intermediate Care Facility for the Intellectually Disabled (ICF-ID) Services**
  Long-term care in a facility for intellectually disabled clients who are unable to live outside an institution.
- **Interpretation Services**
  Medically necessary verbal or sign language interpretation services that adhere to national standards developed by the National Council on Interpreting in Healthcare (NCIHC).
- **Laboratory and X-ray Services**
  Includes radiology, ultrasound, radiation therapy, and nuclear medicine services, if ordered by a physician or nurse practitioner, including annual routine pap tests and screening mammography.
- **Mental Health and Substance Abuse Services**
  Includes mental health and substance abuse services when provided by a community mental health center, a substance abuse treatment center, child development center, or an advanced practitioner of nursing with specialty of psych/mental health, a physician, a psychiatrist, or a licensed psychologist and the licensed mental health professionals as well as supervised mental

health/substance abuse clinical staff.

You may verify your eligibility and benefits on the Client Secured Portal.

- **Nurse Practitioner and Nurse Midwife Services**
  Services provided by nurse midwives and adult, pediatric, OB/GYN, geriatric and other nurse practitioners, as permitted by state statutes.
- **Nursing Facility Services**
  Provided in a nursing facility for clients with medical needs who are unable to continue to live in the community. These admissions are subject to pre-admission screening for medical necessity.
- **Organ Transplant Services**
  Medically necessary transplants are limited and require prior authorization.
- **Occupational, Physical and Speech Therapy Services**
  Rehabilitative therapy under written orders of a physician, when provided through a hospital, physician's office or by an independent occupational, physical or speech therapist
- **Physician Services**
  Medically necessary services provided by professional or under the supervision of a physician.
- **Prescription Drugs**
  Most prescription and some over-the-counter drugs are covered. A prescription is required for all drugs. A co-payment may be required for clients age 21 and older. If you are entitled to Medicare Part D, Medicaid cannot cover your prescription drugs.
- **Program of All-Inclusive Care for the Elderly (PACE)**
  Comprehensive long term care services and supports for eligible adults age 55 and older who would otherwise need to have care in a nursing home. All Medicaid services are coordinated and provided by the provider's interdisciplinary team of health professionals.
- **Prosthetics and Orthotics**
  Prior authorization is required in some cases.
- **Psychiatric Hospital Services**
  Acute psychiatric stabilization is covered for clients over the age of 21. Acute psychiatric stabilization and psychiatric residential treatment facility (PRTF) services are covered for clients under the age of 21. Prior authorization is required in all cases.
- **Rehabilitation Services**
  Services to restore movement, speech or other functions after an illness or injury, when medically necessary and ordered by a physician or licensed practitioner.
- **Surgical Services**
  Surgical procedures which are medically necessary. Prior authorization may be required for some procedures.
- **Transportation Services**
  Medicaid clients may request travel reimbursement to assist with the cost of some medically necessary travel to medical appointments. The healthcare provider must be an enrolled Wyoming Medicaid provider and the service must be a Medicaid covered service. Not all Medicaid coverage groups receive transportation services. Clients may make some travel requests on the Client Secure Web Portal or by calling the Travel Services at 1-800-595-0011.
- **Vision Services**
  Comprehensive services including eyeglasses for clients under the age of 21, with limits, when provided by an ophthalmologist, optometrist or optician. For adult clients ages 21 and older,

who are eligible for Medicaid benefits, services are limited to treating an eye injury or eye disease.

What services are not covered by the Medicaid program?

If you are unsure about current benefits, discuss it with your healthcare provider before receiving services. If Medicaid does not cover a service, you will be responsible for payment.

The following services are NOT covered:

- Abortion, except as specified by Federal Law
- Acupuncture
- Autopsies
- Cancelled or missed appointments
- Chronic pain rehabilitation
- Claims for which payment was fully made by another insurer
- Cosmetic procedures
- Educational supplies and equipment
- Examinations or reports required for legal or other purposes not specifically related to medical care
- Experimental procedures or drugs
- Glasses and contact lenses for adult ages 21 or older
- Infertility services including reverse sterilization, counseling, and artificial insemination
- Nursing home reserved bed days
- Periodontal treatments, root canals, fillings, orthodontics, and tooth replacement dental services for adults ages 21 and older
- Personal comfort items
- Podiatrist services, except where Medicare is the primary insurance
- Prescription drugs if you are entitled to Medicare Part D
- Private duty nursing services
- Room and board for waiver clients
- Services provided to a client outside the United States
- Services provided to a client who is an inmate of a public institution or is in the custody of a state, local, or federal law enforcement agency
- Services provided for the convenience of the client
- Services that are not medically necessary
- Services that are not prescribed by a physician or other licensed practitioner
- Services that are performed by a provider who is not enrolled with Medicaid
- Services provided by a school psychologist.
- Waiver services furnished while the client is an inpatient of a hospital, nursing facility or other institution

There may be additional services that are not covered by the individual programs. Refer to the Services Available section of this handbook to see if Medicaid covers a specific service or have your provider call Provider Relations at 1-800-251-1268.

What is health?

Health is your overall physical and mental condition. Part of being healthy is not being sick, or having pain/injuries. You are most healthy when your body functions as designed. When it does not function as it is supposed to, you may not be healthy. It is important for you to be involved in your healthcare since you know best how you are feeling.

What can I do to be healthy?

Maintaining healthy habits gives everyone the best chance of staying healthy. If you have health problems, good health habits are even more important.

- Stay up to date with immunizations and health screenings
- Be physically active
- Eat right — limit fast food and junk food
- Maintain a healthy body weight
- Be tobacco-free
- Avoid drugs and excessive alcohol
- Manage stress
- Have regular dental checkups
- Practice safety in all daily activities

When should I see a healthcare provider?

You should see a healthcare provider for routine checkups, vaccinations, when you feel really sick, and for others medical needs. For help in deciding if you need to see a doctor, call the 24/7 nurse line at 1-888-545-1710, option 2.

Remember: regular and routine examinations by a qualified medical professional can help you have better health

It is important to check your health on a regular basis, because your body may go through changes without you noticing them.

What am I expected to do when I go to the provider?

Take your Medicaid card and any other public or private health insurance information. You are expected to show up 30 minutes early for your first visit and then 15 minutes early for any additional appointments so you have time to fill out paper work. Always attend scheduled appointments or call ahead of time to cancel. If you are not able to attend an appointment, you must follow the provider's office appointment cancellation policy to avoid being billed for a missed appointment. You may be held responsible for charges associated with a missed appointment.

Bring any information you have regarding your current and past medical conditions/problems, such as shot records, pill bottles for medications you are currently prescribed, surgeries, and the names of healthcare providers and clinics that you have been to recently. Write down any questions you have ahead of time.

YOU WILL BE RESPONSIBLE FOR:

- Bringing your Medicaid card and any other health insurance information to your visit.
- Making sure that your healthcare provider accepts Wyoming Medicaid, and is accepting new Medicaid clients when making the appointment and prior to receiving services. Wyoming Medicaid providers are listed on the Medicaid website. Please refer to the link on page 10 to find a Medicaid provider or refer to the Client portal.
- Providing medical information about yourself and any family medical history.
- Paying any co-payment established by Medicaid to your healthcare provider for services received.
- Paying your healthcare provider for services you receive that are not covered by the Medicaid program.
- Following the treatment plan as outlined by your healthcare provider. Your provider may not want to be responsible for your care unless you follow their treatment plan. Tell your provider if you don't plan to take the medicine they prescribe, or follow the treatment they recommend.
- Getting any medication prescribed by your healthcare providers and taking it as instructed.
- Respecting the provider's staff and the privacy of other clients.
- Reporting all accidents involving trauma or motor vehicle accidents and responding to letters from Medicaid.
- If you receive a medical bill, contact your provider immediately.

YOUR HEALTHCARE PROVIDERS ARE RESPONSIBLE FOR:

- Informing you if they are not enrolled with Medicaid or if they are not willing to accept you as a Medicaid client.

- Following up on all prior authorization requests (medical or pharmaceutical).
- Performing only services that are medically necessary.
- Advising you if the Medicaid programs do not cover the service they provide or recommend, before the service is provided. This must be done in writing so you will have the option to

receive the service and pay out of pocket or to choose not to receive the service.

- Accepting Medicaid payment as payment in full, with the exception of copayment.
- Billing all other insurances prior to billing Medicaid.

You should not be billed for the following types of services by your healthcare provider:

- Charges for services that require prior authorization that your healthcare provider did not obtain.
- Charges not paid because of your healthcare provider's billing error.
- If you received a service that was not medically necessary but did not receive notice in writing before the service was provided that you would be financially responsible.
- Charges higher than Medicaid payments. You are responsible for Medicaid co-payment.

CLIENTS MAY NOT COMPLETE OR SUBMIT A MEDICAID CLAIM FORM. IF A PROVIDER ACCEPTS YOU AS A CLIENT AND AGREES TO BILL MEDICAID, THEY MAY NOT CHARGE YOU FOR FILING THE CLAIM.

When should I go to the emergency room?

Emergency rooms are for emergencies and life-threatening situations, and should not be used for any other purpose. Emergency room care is expensive. Do not go to the emergency room for care that should take place in a healthcare provider's office, such as sore throats, colds, flu, earache, minor back pain, and tension headaches. An emergency is a serious threat to your health. If you believe you have an emergency, go to the nearest emergency room or call 911. If you need help determining if you should go to the emergency room, call the 24/7 nurse line at 1-888-545-1710, option 2.

Some examples of emergencies are:

- Trouble breathing
- Chest pain
- Severe cuts or burns
- Loss of consciousness/blackout
- Bleeding that does not stop
- Vomiting blood
- Broken bones

What are my rights under the Medicaid program?

It is important that you are comfortable with your healthcare provider and the overall care you receive.

YOU HAVE THE RIGHT:

- To receive considerate, respectful, and confidential care from your clinic and your healthcare provider.
- To receive services without regard to race, religion, political affiliation, gender, or national origin.
- To be told if something is wrong with you, and what tests are being performed, in words that you can understand.
- To ask your healthcare provider questions about your healthcare.
- To be able to voice your opinion about the care you receive, and to share in all treatment decisions.
- To receive an explanation about medical charges related to your treatment.
- To read your medical record.
- To refuse any medical procedure.
- To request an interpreter if you need one.

What is Estate Recovery?

The federal government requires state Medicaid programs to seek repayment from the estates of certain deceased clients who have benefited from the Medicaid program. The State will pursue recovery of medical care costs paid by the Medicaid program from the estate of a Medicaid client, age 55 years or older, or if the person was an inpatient in a medical institution, such as a nursing home, when they received medical assistance. If you have information or questions regarding estate recovery, please call Client Relations at 1-800-251-1269, option 3.

ESTATE RECOVERY HELPS THE STATE OF WYOMING GENERATE FUNDS TO PAY MEDICAL CARE COSTS, THROUGH THE MEDICAID PROGRAM, FOR THE INCREASING NUMBER OF PEOPLE IN NEED OF CARE.

Important reminders about your right to reconsideration or a fair hearing

Benefits are available through the Department of Health to all eligible persons regardless of age, religion, disability, veteran status, gender, race, or national origin. If you do not agree with a decision, you may request reconsideration or a fair hearing.

The Medicaid agency will review your request, make a decision about your services and if a hearing is granted, notify you of the time and date of the hearing.

A lawyer, relative, friend or other person may represent you or you may represent yourself. If you hire an attorney, you must pay any legal charges.

Important reminders about Medicaid

Payments for medical care will not be made to you. Payments are only made to healthcare providers such as doctors, hospitals and pharmacies enrolled in the program. Be sure the provider accepts Medicaid before you receive any services. Please refer to the link on page 10 to find a Medicaid provider. If the provider does not accept Medicaid, you will be responsible for the bill.

If the provider is enrolled, there is no guarantee that they will bill Medicaid. Always ask if Medicaid will be billed before you receive service. If the provider states that Medicaid will not be billed and you decide to receive the service anyway, you are responsible for paying any bills.

BE SURE THE PROVIDER ACCEPTS MEDICAID BEFORE YOU RECEIVE ANY SERVICES.

Medicaid is a complex set of programs that change often. Federal regulations, State laws, and court decisions often result in changes to the programs. This information was accurate at the time that this handbook was published, but changes may have occurred since then.

Please see below for more information regarding client questions.

If you receive a bill for services you think should have been covered under Medicaid, check with the provider to be sure they accept Medicaid and that you presented them with your Medicaid card. If you are made eligible after your visit to a provider, talk with the provider, provide them with your Medicaid card and ask if they will bill Medicaid. Keep track of the date you contact the provider and with whom you spoke. If you continue to get a bill or are turned over to collections, contact Client Relations at 1-800-251-1269 and provide all the steps you have taken; they may have you fax or mail the bill to them to further assist you. Do not ignore medical bills. Contact your provider immediately and make sure they have your Medicaid ID number.

FOR MORE INFORMATION

If you would like more information, or if you have other questions about the Medicaid programs, please contact one of the following agencies:

- For re-enrollment, application status, name changes, changes of address, or eligibility questions call the Wyoming Department of Health Customer Service Center (CSC) at 1-855-294-2127.
- For information on services and limitations call Client Relations at 1-800-251-1269.
    - To report a new private insurance policy, or an end date of an existing policy, call Client Relations, Option 2.
    - For Estate Recovery, call client Relations, Option 3.
    - For replacement cards, covered and non-covered services, call Client Relations, Option 1.
- For information on services and limitations for the Children's Special Health (CSH) program call (307) 777-7941, or 1-800-438-5795.
- For information on immunizations, Health Check, home healthcare, family planning, or general healthcare for you and your family, call your local Public Health Nursing (PHN) office.
- For Kid Care CHIP eligibility, call the Wyoming Department of Health Customer Service Center at 1-855-294-2127.
- For information on prescription services and limitations, talk to your medical provider or pharmacy or call the Department of Health at 1-866-571-0944.
- For more information on transportation reimbursement assistance, call the Travel Services at 1-800-595-0011, or visit the Medicaid Client Website to view the Travel Assistance Manual.
- For more information on WYHealth Management Program, call the Health Management program at 1-888-545-1710 or visit http://www.wyhealth.net.
- For more information about the Care Management Entity (CME) and High Fidelity Wraparound services for children and youth, please call the CME at 1-307-459-6162.
- To report Fraud, Abuse, or Waste in the Medicaid Program call the Fraud Hotline at 1-855-846-2563.

Telephone numbers for your local Department of Family Services (DFS), Public Health Nursing (PHN), and Women Infants and Children (WIC) offices are listed on pages 18-19, by county.

Wyoming Medicaid Client Website

The Client Secured Web Portal is available at https://wymedicaid.portal.conduent.com/ and offers you the following opportunities 24 hours a day and 7 days a week:

- Check your Medicaid eligibility
- Ask Medicaid questions regarding your benefits or covered and non-covered services, etc.
- You may request a replacement Medicaid Card.
- Make transportation requests when covered by your benefit plan. Certain requests will need to be made through the Travel Services. Please call 1-800-595-0011.

NOTE: The above requests must be made in the Client Secured Web Portal. To gain access to the secured area you must first register. Step by step instructions are provided on the website (https://wymedicaid.portal.conduent.com/client/) under the section titled "Training and Tutorials." To register, you will need the Medicaid client ID number or SSN (Social Security Number), date of birth, and first and last name.

You do not need to register to access general information:

- Find a Wyoming Medicaid doctor, dentist, hospital, or clinic in your area, or in a specific town, city or state
- Find a pharmacy
- Contact information
- Medicaid Handbook (English and Espanola)
- Newsletters and other client materials
- Frequently Asked Questions (FAQs)
- Transportation Assistance Manual
- Health Check Newsletters

To request a Medicaid Handbook contact Client Relations at 1-800-251-1269.

Wyoming Department of Health
Customer Service Center
1-855-294-2127
TTY/TDD: 1-855-329-5204
Fax: 1-855-329-5205

WYOMING ELIGIBILITY SYSTEM URL
WWW.WESYSTEM.WYO.GOV

Contact Information by County

County	Agency	Telephone
Albany	DFS	(307) 745-7324
	PHN	(307) 721-2561
	WIC	(307) 721-2535
Big Horn	DFS	(307) 765-9453 - Greybull
		(307) 765-2371 - Greybull
	PHN	(307) 548-6591 - Lovell
Campbell	DFS	(307) 682-7277
	PHN	(307) 682-7275
	WIC	(307) 686-8560
Carbon	DFS	(307) 328-0612 - Rawlins
	PHN	(307) 328-2607 - Rawlins
	WIC	(307) 328-2607 - Saratoga
		(307) 328-2606 - Rawlins
Converse	DFS	(307) 358-3138 - Douglas
		(307) 358-2536 - Douglas
	PHN	(307) 436-3474 - Glenrock
	WIC	(307) 358-4003
Crook	DFS	(307) 283-2014
	PHN	(307) 283-1142
Fremont	DFS	(307) 332-4038 - Lander
		(307) 856-6521 - Riverton
	PHN	(307) 332-1073 - Lander
		(307) 856-6979 - Riverton
	WIC	(307) 332-1034 - Lander
		(307) 857-3199 - Riverton
Goshen	DFS	(307) 532-2191
	PHN	(307) 532-4069
	WIC	(307) 532-5881
Hot Springs	DFS	(307) 864-2158
	PHN	(307) 864-3311
Johnson	DFS	(307) 684-5513
	PHN	(307) 684-2564
	WIC	(307) 217-0750
Laramie	DFS	(307) 777-7921
	PHN	(307) 633-4000
	WIC	(307) 634-6180

County	Agency	Telephone
Lincoln	DFS	(307) 877-6670 - Kemmerer
		(307) 886-9232 - Afton
	PHN	(307) 877-3780 - Kemmerer
		(307) 885-9598 - Afton
Natrona	DFS	(307) 473-3900
	PHN	(307) 235-9340
	WIC	(307) 265-6408
Niobrara	DFS	(307) 334-2153
	PHN	(307) 334-4062
Park	DFS	(307) 587-6246 - Cody
		(307) 754-2245 - Powell
	PHN	(307) 527-8570 - Cody
		(307) 754-8870 - Powell
	WIC	(307) 527-8580 - Cody
		(307) 754-8880 - Powell
Platte	DFS	(307) 322-3790
	PHN	(307) 322-2540
	WIC	(307) 322-3732
Sheridan	DFS	(307) 672-2404
	PHN	(307) 672-5169
	WIC	(307) 672-5174
Sublette	DFS	(307) 367-4124
	PHN	(307) 276-3575
Sweetwater	DFS	(307) 362-5630 -or-
		(307) 352-2500
	PHN	(307) 922-5390 - Rock Springs
		(307) 872-3944 - Green River
	WIC	(307) 352-6783
Teton	DFS	(307) 733-7757
	PHN	(307) 733-6401
	WIC	(307) 885-9071 - Afton
		(307) 734-1060 - Jackson
Uinta	DFS	(307) 789-2756 - Evanston
		(307) 786-4011 - Mountain View
	PHN	(307) 789-9203
	WIC	(307) 789-8943
Washakie	DFS	(307) 347-6181
	PHN	(307) 347-3278
	WIC	(307) 347-9249
Weston	DFS	(307) 746-4657
	PHN	(307) 746-4775
	WIC	(307) 746-2677

Notes

WYOMING MEDICAID CLIENT HANDBOOK

Wyoming Department of Health
Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
www.health.wyo.gov

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