

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: WYOMING

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No. 91-13
Supersedes
TN No. 76-8

Approval Date

1/14/92

Effective Date

12/1/91

HCFA ID: 7982E

State/Territory: WYOMING

Citation

42 CFR
435.914
1902 (a)(34)
of the Act

2.1(b)(1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicaid cost-sharing expenses as qualified Medicare beneficiaries under section 1902 (a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

~~1902(a)(18)~~
~~1902(a)(19)~~

X (3)

~~Individuals who are eligible for Medicaid cost-sharing expenses as qualified Medicare beneficiaries under section 1902 (a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.~~

42 CFR
434.20

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is--

— Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

— Not federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

X Not applicable

TN No. 93-008
Supersedes
TN No. 92-11 Approval Date 4/27/93 Effective Date 3/1/93

HCFA ID: 7982E

Revision: HCFA-PM-91- 6 (MB)
September 1991

OMB No.

State/Territory: WYOMING

Citation

1902(a)(55) of the Act 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 91-12

Supersedes

TN No. NEW

Approval Date

10/1/91

Effective Date

7/1/91

HCFA ID: 7985E