Certification Page
Regular and Emergency Rules

Revised July 2019

☐ Emergency Rules *(Complete Sections 1-3 and 5-6)* ■ Regular Rules

1. General Information

a. Agency/Board Name	Wyoming Department of Health		
b. Agency/Board Address	6101 Yellowstone Road, Suite 210	c. City: Cheyenne	d. Zip Code: 82002
e. Name of Agency Liaison	Heather Canarecci	f. Agency Liaison Telephone Number	307-777-8028
g. Agency Liaison Email Address	heather.canarecci2@wyo.gov	h. Adoption Date	August 15, 2019
i. Program	Kid Care CHIP		

2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular (non-emergency) rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these non-emergency or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

■ No. ☐ Yes. If the rules are new, please provide the Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):

3. Rule Type and Information

For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.

a. Provide the Chapter Number, Title* and Proposed Action for Each Chapter. *Please use the "Additional Rule Information" form to identify additional rule chapters.*

Chapter Number:	Chapter Name:	
1	General Provisions	☐ New ☐ Amended ■ Repealed
2	Eligibility	☐ New ☐ Amended ■ Repealed
3	Benefits	☐ New ☐ Amended ■ Repealed
4	Cost Sharing	☐ New ☐ Amended ■ Repealed
5	Rules and Regulations for Kid Care CHIP ("Children's Health Insurance Program")	■ New ☐ Amended ☐ Repealed
		☐ New ☐ Amended ☐ Repealed
		☐ New ☐ Amended ☐ Repealed
		☐ New ☐ Amended ☐ Repealed
		☐ New ☐ Amended ☐ Repealed
		☐ New ☐ Amended ☐ Repealed

* If the name of a chapter of rules is changing, please only provide the NEW chapter name on this rules certification form.

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ No. ☑ Yes. ☐ N/A

b. A public hearing was held on the proposed rules. ■ No. ☐ Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

5. Checklist

a. ☑ For regular rules, the Statement of Principal Reasons is attached to this Certification and, in compliance with Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule

b. ☐ For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

Signature of Authorized Individual	, FOR
Printed Name of Signatory	Michael A. Ceballos
Signatory Title	Director
Date of Signature	August 15, 2019

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

Kid Care CHIP

Promulgation of Chapter 5, Rules and Regulations for Kid Care CHIP ("Children's Health Insurance Program")

Repeal of Chapters 1 – General Provisions; 2 – Eligibility; 3 – Benefits; and 4 – Cost Sharing

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

Chapter 5

Kid Care CHIP

Promulgation of New Rule

Statement of Reasons

The Wyoming Department of Health promulgated this rule to comply with Wyoming Statute § 35-21-101 through 108, Title XXI of the Social Security Act, 42 C.F.R., Part 438, and 42 C.F.R., Part 457

Chapter 5 establishes rules to implement the Kid Care Children's Health Insurance Program (CHIP). The Kid Care CHIP Program was previously implemented under Rules 1 through 4. Chapter 5 combines these rules to simplify them. Chapters 1 through 4 are being repealed.

The creation of Chapter 5 allows Kid Care CHIP to come into compliance with 42 C.F.R., Part 438 and 457, specifically in regards to managed care regulations including but not limited to applicant rights and responsibilities, eligibility requirements, client cost sharing, client co-payments, and administrative hearings.

CHAPTER 1

General Provisions

REPEALED

CHAPTER 1

General Provisions

REPEALED

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

~~Section 2. Purpose and Applicability.~~

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

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

~~Section 3. General Provisions.~~

~~(a) This Chapter is intended to be read in conjunction with the Child Health Insurance Program Act at W.S. §§ 35-25-101 through 35-25-111, 42 U.S.C. § 1397aa through 1397ll, and HHS Regulations at 42 C.F.R. Part 457.~~

~~(b) Nothing in this Chapter shall be construed as providing an individual with an entitlement to Kid Care CHIP.~~

~~Section 4. Definitions. Except as defined in the Act or as otherwise specified in this section, the terminology used in this Chapter is the standard terminology and has the standard meaning used in health care, health insurance, Medicare, and Medicaid.~~

~~For the purposes of all Chapters of Kid Care CHIP Rules, the following shall apply:~~

~~(a) "Act" shall mean the "Child Health Insurance Program Act," as enacted by the Wyoming Legislature and codified at W.S. §§ 35-25-101 through 35-25-111.~~

~~(b) "Adverse action" shall mean the denial, suspension, or termination of benefits, other than a suspension or termination caused by a suspension of Kid Care CHIP, pursuant to Section 14 or a change in federal or state law, including an amendment~~

to this Chapter. "Adverse action" does not include the denial of services because they are not covered services or other issues about the scope of covered services.

(c) "Alaska Native" shall mean an Eskimo, Aleut, or other Alaska Native enrolled by the United States Secretary of the Interior.

(d) "Alien" shall mean a person residing in Wyoming who is not a citizen of the United States of America.

(e) "American Indian" shall mean a person who is an enrolled member of a federally recognized Indian tribe, band, or group, or a first or second degree descendent of such person.

(f) "Applicant" shall mean a child on whose behalf an application for coverage by Kid Care CHIP has been submitted, but there has been no final determination of eligibility.

(g) "Application" shall mean the form, specified by the Department, on which an applicant indicates in writing the desire to receive benefits.

(h) "Application date" shall mean the date an application for Kid Care CHIP is noted as received by the Department.

(i) "Basic level of benefits" shall mean the level of benefits established by the Health Benefits Plan Committee pursuant to Chapter 3.

(j) "Benefits" shall mean the health insurance coverage through Kid Care CHIP.

(k) "Benefit year" shall mean January to December of each year, so long as the insured remains eligible.

(l) "Change in circumstances" shall mean a change in an insured's address or health insurance coverage.

(m) "Change report" shall mean a form, as prescribed by the Department, used to report a change in circumstances.

(n) "Chapter 4 of the Medicaid rules" shall mean Chapter 4, Medicaid Administrative Hearings, of the Rules and Regulations for Medicaid.

(o) "Chapter 16 of the Medicaid rules" shall mean Chapter 16, Program Integrity, of the Rules and Regulations for Medicaid.

(p) "Citizen" shall mean an individual, whether adult or child, who is a citizen of the United States of America.

(q) "Centers for Medicare and Medicaid Services (CMS)" shall mean the federal agency which administers Medicare, Medicaid, and the Children's Health Insurance Program.

(r) "Contested case" as defined in Chapter 1 of the Medicaid rules.

(s) "Cost sharing or co-payment" shall be a charge to an insured for receiving services covered under a health insurance plan.

(t) "Cost-effective" shall mean the cost of providing program benefits does not exceed the average cost of similar programs in similar states, available state funds, or both.

(u) "Covered services" shall mean those health services which are covered by a health insurance plan offered pursuant to Chapter 3. "Covered services" must include the basic level of benefits.

(v) "Crowd out" shall mean the replacement or elimination of private health insurance by benefits offered pursuant to this Chapter.

(w) "Effective date of eligibility" shall mean: the first day of the month following the application date if the application date is on or before the twenty-fifth (25th) day of the month; or the first day of the month after the following month if the application date is after the twenty-fifth (25th) day of the month.

(x) "Eligible" shall mean a person who is approved for Kid Care CHIP.

(y) "Excess payments" shall mean Kid Care CHIP funds received by a participating insurance company to which the company is not entitled for any reason. "Excess payments" includes, but is not limited to:

(i) Overpayments;

(ii) Payments made as a result of system errors;

(iii) Payments for premiums or services furnished to a non-insured;

(iv) Payments for non-covered services furnished to an insured; or

(v) Payments which exceed the contract rate agreed to by the participating insurance company.

(z) "Explanation of benefits form (EOB)" shall mean a form sent by the insurance contractor to the provider and the enrolled child. EOBs provide information, claim payment, and client responsibility.

(aa) "Federal funds" shall mean the Federal funds received by the Department

pursuant to 42 U.S.C. § 1397ee to pay for Kid Care CHIP costs.

(bb) "Financially responsible adult" shall mean the person or persons legally responsible to support one or more low income children. "Financially responsible adult" may include a caretaker.

(cc) "Financial records" shall mean all records, in whatever form, used or maintained by a participating insurance company in the conduct of its business affairs and which are necessary to substantiate or understand invoices submitted to the Department.

(dd) "Guardian" shall mean a child's legally appointed conservator or guardian.

(ee) "Health insurance plan" shall mean an individual insurance policy or contract for the purpose of paying for or reimbursing the cost of hospital and medical care. "Health insurance plan" includes private insurance plans.

(ff) "HHS" shall mean the United States Department of Health and Human Services, its agent, designee, or successor.

(gg) "Household" shall mean the person or persons who live together in a residence. A "household" may include one or more families.

(hh) "Illegal alien" shall mean a foreign national who:

(i) Entered the U.S. without inspection or with fraudulent documentation; or

(ii) After entering legally as a nonimmigrant, violated status and remained in the U.S. without permission.

(ii) "Ineligible" shall mean not authorized to be an insured under Kid Care CHIP.

(jj) "Insured" shall mean a low income child who has been determined eligible for Kid Care CHIP.

(kk) "Invoice" shall mean a request by a participating insurance company for payment of Kid Care CHIP funds for insurance premiums.

(ll) "Kid Care CHIP" shall mean the Children's Health Insurance Program established pursuant to the Child Health Insurance Program Act, W.S. § 32-25-101 through 35-25-111.

(mm) "Kid Care CHIP funds" shall mean that combination of Federal funds and State funds which is available to the Department to make payments to participating insurance companies for insurance coverage furnished to eligible children.

(nn) "Kid Care CHIP State Plan" shall mean the state plan prepared by the Department pursuant to 42 U.S.C. § 1397aa(b) and submitted to HHS.

(oo) "Medicaid" shall mean medical assistance and services provided pursuant to Title XIX of the Social Security Act or the Wyoming Medical Assistance and Services Act.

(pp) "Medically necessary" or "medical necessity" shall mean a health service that is required to diagnose, treat, cure, or prevent an illness, injury, or disease which has been diagnosed or is reasonably suspected; to relieve pain; or to improve and preserve health and be essential to life. The service shall be:

(i) Consistent with the diagnoses and treatment of the insured's condition;

(ii) In accordance with the standards of good medical practice among the provider's peer group;

(iii) Required to meet the medical needs of the insured and undertaken for reasons other than the convenience of the insured and the provider; and

(iv) Performed in the most cost effective and appropriate setting required by the insured's condition.

(qq) "Medical records" shall mean all records, in whatever form, in the possession of or subject to the control of a participating insurance company which describes the insured's diagnosis, treatment, or condition.

(rr) "Mid-level practitioner" shall mean a physician's assistant, a certified nurse practitioner, a certified nurse midwife, or any other licensed health care professional authorized to diagnose and treat patients.

(ss) "Month" shall mean a calendar month.

(tt) "Notice of action" shall mean a written notice mailed to an insured which informs the insured of intended action affecting eligibility for benefits. The notice shall include the action to be taken, the effective date of the action, and the legal authority for the action. Notice shall be timely if mailed, by first-class United States mail, ten (10) days before the effective date of the intended action.

(uu) "Orthodontia medical necessity" shall mean medically necessary orthodontic services or cranial facial orthopedic deformities with an evaluation report from an orthodontist.

(vv) "Out-of-pocket maximum" shall mean the most money in cost sharing that a household will have to pay in a given benefit year. This amount is capped at five percent (5%) of the household's gross annual income. Once the out-of-pocket maximum

has been met, the family will not pay any more cost sharing until the next benefit year begins.

(ww) "Overpayments" shall mean Kid Care CHIP funds received by a participating insurance company as the result of fraud or abuse, as those terms are defined in Chapter 16 of the Medicaid rules.

(xx) "Participating insurance company" shall mean an insurance company which has contracted with the Department to provide health benefits to eligible children.

(yy) "Periodic review" shall mean a review of an insured's eligibility. A "periodic review" shall be conducted every twelve (12) months after the effective date of eligibility.

(zz) "Plan A" shall mean the Kid Care CHIP plan that includes Native American children, Alaskan Native children, and those children whose family income is one hundred percent (100%) or lower of the federal poverty level and who do not qualify for Medicaid because of a failure to meet the 40 quarter rule.

(aaa) "Plan B" shall mean the Kid Care CHIP plan that includes children from one hundred one percent (101%) to one hundred fifty percent (150%) of the federal poverty level.

(bbb) "Plan C" shall mean the Kid Care CHIP plan that includes children from one hundred fifty-one percent (151%) to two hundred percent (200%) of the federal poverty level.

(ccc) "Practitioner" shall mean a physician, nurse practitioner, dentist, optometrist, or any other health care professional acting within the scope of practice.

(ddd) "Pre-existing condition" shall mean an illness, injury, or health condition which exists as of the application date.

(eee) "Premium" shall mean the payment necessary to pay for a health insurance plan provided to an eligible child.

(fff) "Program" shall mean Kid Care CHIP.

(ggg) "Provider" shall mean an individual or entity that has an agreement with a participating insurance company to furnish services to an insured.

(hhh) "Qualified alien" shall mean a lawfully admitted alien who qualifies if the individual:

(i) Is admitted to the United States as a refugee under Section 207 of the Immigration and Naturalization Act (INA);

(ii) Has been granted asylum under Section 208 of the INA;

(iii) Is eligible for deportation, but the deportation is being withheld under Sections 241(b)(3) or 243(h) of the INA;

(iv) Is a lawfully admitted, permanent resident under the INA, and who has lived in the United States for five (5) or more consecutive years;

(v) Is lawfully residing within the State; and

(A) Is a veteran of the United States military service and received an honorable discharge (except such a discharge for alienage);

(B) Is on active duty with the United States military service, other than active duty for training; or

(C) Is the spouse or dependent child of a veteran or active member of the United States military.

(vi) Is a member of another group for which citizenship is met pursuant to the Balanced Budget Act of 1997.

(iii) "Residence" shall mean the place the insured uses as a primary dwelling place and intends to continue to use indefinitely for that purpose.

(jjj) "Resident" shall mean a person who lives in the State of Wyoming and has the intention of residing in the State.

(kkk) "Resource" shall mean real or personal property in which an individual has a legal or equitable interest.

(lll) "Services" shall mean health or medical services, medical supplies, or medical equipment.

(mmm) "State fiscal year" shall mean July first (1^{st}) through June thirtieth (30^{th}) of the following calendar year.

(nnn) "State funds" shall mean the state funds appropriated by the Wyoming Legislature for Kid Care CHIP. "State funds" may include grant funds received by the Department from a non-governmental source, if such funds are granted to constitute a portion of the State's expenditures for this program.

(ooo) "Termination" shall mean to remove an insured from the program or close the insured's file.

(ppp) "Twelve (12) months of eligibility" shall mean the period of time in which a child is eligible for Kid Care CHIP, unless the child moves out of state, enters an institution, turns nineteen (19), fails quality control, becomes eligible for Medicaid, and/or requests that the policy be closed.

(qqq) "Well-baby or well-child services" shall mean the regular or preventive diagnostic and treatment services necessary to ensure the health of babies and children.

Section 5. Payments Only to Participating Insurance Companies.

(a) Payments for premiums shall be made only to participating insurance companies. No person or entity that furnishes a health insurance plan to an insured shall receive Kid Care CHIP funds unless the health insurance plan is offered by or through a participating insurance company.

(b) Submission of invoices. Any person or entity that submits an invoice for premiums, deductibles, or co-insurance, shall be deemed to have agreed to be bound by these rules.

Section 6. Participating Insurance Company.

(a) No insurance company may participate in Kid Care CHIP, unless it offers a health insurance plan which meets or exceeds the basic level of benefits established pursuant to Chapter 3 Rules and Regulations for Kid Care CHIP and the insurance company has entered into a contract with the Department.

(b) The Department shall notify the participating insurance company of the identity of its participants and shall make premium payments on behalf of those participants directly to the company.

(c) The participating insurance company shall submit invoices to the Department in the manner specified by the Department to request reimbursement for premiums.

(d) When an insured seeks services, the provider must verify the individual's eligibility with the participating insurance company using the procedures established by the company. If a provider fails to verify eligibility, the Department shall not be responsible for paying such services.

Section 7. Payment and Submission of Invoices.

(a) Payment in full of covered services. If the service is a covered service, a participating insurance company may not request, receive, or attempt to collect any payment from the insured or the insured's family for the service, except for co-payments, pursuant to Chapter 4.

(b) Payment for non-covered services. A provider that provides a non-covered

service to an insured may seek payment from the insured's parent or guardian, if the provider informed the parent or guardian, in writing, of the insured's potential liability before providing the service, and the parent or guardian agreed in writing to pay for such services before they were furnished.

(c) Submission of invoices.

(i) Invoices shall be submitted to the Department in the manner and form specified by the Department;

(ii) The invoice is considered submitted on the date the invoice is received by the Department.

Section 8. Recovery of Overpayments. The Department may recover overpayments pursuant to Chapter 16 of the Medicaid rules. All references in that Chapter to "Medicaid" shall be replaced with "Kid Care CHIP" for purposes of this Chapter.

Section 9. Reconsideration and Administrative Hearings.

(a) A participating insurance company may request that the Department reconsider a decision to recover overpayments. Such request shall be mailed to the Department by certified mail, return receipt requested, within twenty (20) days of the date of the notice of overpayment. The reconsideration provisions of Chapter 16 of the Medicaid rules, shall govern all aspects of the reconsideration and any administrative hearings shall be governed by Chapter 4 of the Medicaid rules.

(b) Eligibility determinations and redeterminations. An applicant or insured who is denied eligibility or terminated from eligibility may request an administrative hearing pursuant to Chapter 4 of the Medicaid rules. Chapter 4 of the Medicaid rules shall govern administrative hearings involving Kid Care CHIP eligibility issues in all respects, except that a request for hearing on issues involving eligibility for Kid Care CHIP shall be mailed or hand-delivered to the Department within thirty (30) days from the date of the notice of adverse action.

(c) Denial of services or other coverage issues. An insured who is denied services or has any other complaint regarding covered services shall be entitled to review of that decision pursuant to the procedures provided by the participating insurance company. Such action is not adverse action, and the insured shall not be entitled to reconsideration or an administrative hearing regarding such decision pursuant to this Section or Chapter 4 of the Medicaid rules.

Section 10. Disposition of Recovered Funds. Any and all recovered Kid Care CHIP funds shall be returned to the program and used to provide additional services.

Section 11. Contingent on Funding.

(a) In accordance with Program Expenditure provisions of the Act, payment to participating insurance companies shall be contingent on the availability of Kid Care CHIP funds.

(b) Monitoring and projecting program expenditures. The Department shall:

(i) Monitor program expenditures to ensure that the expenditures do not exceed program funds;

(ii) Make monthly projections of expenditures for the remainder of the biennium based on program expenditures for the most recent six (6) calendar months, trended forward for the remainder of the biennium, and including utilization trends and the estimated amount of unpaid invoices.

(c) Program limitations. If the budget projections prepared pursuant to this Section show that there will or may be insufficient program funds, the Department may declare a partial or total moratorium on new insureds, so that otherwise eligible individuals will not be determined eligible until such time as the Department determines that sufficient program funds are available. Any such moratorium shall be no more restrictive than necessary to bring projected program expenditures into conformance with available program funds. The Department may also consider cost containment actions having no adverse effect on eligibility standards, methods and procedures. As per section 2105(d)(3) of the Social Security Act, as amended by section 2101(b) of the Affordable Care Act, the maintenance of effort (MOE) provision requires maintenance of CHIP eligibility standards, methods and procedures in effect on March 23, 2010, and to continue until a date determined by federal law.

(d) No appeal. A program reduction or termination, or the denial of eligibility because of a moratorium, shall not be adverse actions, and shall not be subject to reconsideration pursuant to this Chapter or an administrative hearing pursuant to Chapter 4 of the Medicaid rules.

Section 12. Financial Audits. The Department may audit a participating insurance company's financial records at any time to determine the accuracy and appropriateness of invoices submitted to the Department. The Department may recover any overpayments pursuant to Section 8.

Section 13. Interpretation of Chapter. The order in which the provisions of this Chapter appear is not to be construed to mean that any one provision is more or less important than any other provision. The text of this Chapter shall control the titles of its various provisions.

Section 14. Superseding Effect. This Chapter supersedes all prior rules or policy statements issued by the Department, including manuals or bulletins, which are

~~inconsistent with this Chapter.~~

~~Section 15. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in effect. If any portion of this Chapter is inconsistent with the provisions required by CMS, as part of the State plan, the State Plan shall control.~~

CHAPTER 2

Eligibility

REPEALED

CHAPTER 2

Eligibility

REPEALED

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

~~Section 2. Purpose and Applicability.~~

~~(a) This Chapter shall provide uniform procedures for determining eligibility for Kid Care CHIP. This Chapter shall become effective for Kid Care CHIP services provided on or after January 1, 2014.~~

~~(b) The requirements of 42 C.F.R. Ch. IV, Subch. C, Pt. 435 also apply to Kid Care CHIP and are incorporated by this reference as of the effective date of this Chapter, and may be cross-referenced throughout this Chapter where applicable. This incorporation by reference does not include any later amendments or editions of the incorporated matter. The incorporated matter may be viewed at http://www.ecfr.gov/cgi-bin/ECFR and www.ssa.gov or may be obtained at cost from the Department.~~

~~Section 3. Application Process. When an individual makes a request for Kid Care CHIP, the following apply:~~

~~(a) An application form shall be provided upon request;~~

~~(b) A separate application shall be required for each family, and the applicant shall be notified, in writing, of the result;~~

~~(c) The application may be mailed, delivered personally, faxed or submitted on-line to the Department;~~

~~(d) The application shall be accepted when complete and noted as received;~~

~~(e) Applicants shall be informed of the eligibility criteria, services available under the program, and their rights and responsibilities;~~

~~(f) An application shall be approved if the applicant is found to be eligible; or~~

~~(g) An application shall be denied if the applicant:~~

~~(i) is found to be ineligible;~~

~~(ii) does not provide all required information;~~

(iii) has withdrawn the application;

(iv) is an inmate of a public institution;

(v) is a resident in an institution for mental disease;

(vi) is a dependent of a state employee eligible for health insurance benefits;

(vii) has insurance or has willingly dropped insurance within thirty (30) days before the application was submitted; or

(viii) is age nineteen (19) or older.

(h) Documentation of the action taken and the reasons for the action shall be placed in the applicant's case file.

(i) The Department shall provide notice to the applicant of the determination within forty-five (45) calendar days from the application date.

Section 4. Applicant Rights. Applicants shall have the following rights:

(a) To apply without delay at the Kid Care CHIP Central Office (at the Department in Cheyenne), either in person, by mail, by facsimile, on-line, or by leaving the application at the Central Office.

(b) To be accompanied or assisted by a person of the applicant's choice in requesting or completing an application.

(c) To request assistance from the Department in completing an application.

(d) To have the application and all personally identifiable information kept confidential and only disclosed as necessary to determine or verify eligibility or in accordance with the rules of the Department.

(e) To be treated with respect and to not be discriminated against, in accordance with applicable federal and state laws.

(f) To be informed:

(i) Orally or in writing of the program eligibility factors and required verifications;

(ii) In writing of the effective date of eligibility; and

(iii) In writing of their rights and responsibilities.

(h) To be informed that the denial of an application for benefits is an adverse action, and that the applicant is entitled to reconsideration and an administrative hearing pursuant to Chapter 1, Section 9.

Section 5. Applicant Responsibilities.

(a) An applicant shall complete an application in the form and in the manner specified by the Department. The application must be completed, dated and signed by the applicant's parent or guardian, or by the child, if the child is an emancipated minor.

(b) An applicant shall cooperate fully in the process of determining eligibility, including the following:

(i) Provide any and all necessary information required by the Department; and

(ii) Promptly provide a Change Report to reflect a Change in Circumstances.

Section 6. Verifications. The following information shall be verified, and documentation shall be maintained in the individual's case file:

(a) Qualified alien status;

(b) Birth certificate;

(c) Proof of identity;

(d) Proof of American Indian or Alaska Native status; and

(e) Reasons for the denial of eligibility.

Section 7. Citizenship and Residence. Eligibility is limited to:

(a) Citizens and Qualified Aliens; and

(b) Residents of Wyoming

Section 8. Eligibility Determination.

(a) Eligibility shall be determined using the countable income of the family unit, as specified in 42 C.F.R. § 435.603.

(i) Except as specified in paragraph (ii) below, eligibility shall be determined based on the child's family's countable income during the month in which the application is submitted.

(ii) Income from self-employment or seasonal work shall be based on the monthly average of the family's annual countable income for the previous twelve (12)

month period. Current monthly income may be used if income from the previous twelve (12) month period is not representative of the family's current financial circumstance.

(b) Eligibility for Kid Care CHIP shall be limited to an individual who:

(i) Has countable income for the family unit that does not exceed 200% of the Federal Poverty Level;

(ii) Is under age nineteen (19);

(iii) Is not eligible for Medicaid;

(iv) Is not in a public institution;

(v) Is not eligible for State of Wyoming employee health insurance coverage;

(vi) Is not covered by any private health insurance plan; and

(vii) Has not been covered by a health insurance plan for one (1) month or more before the date of application (unless the plan is ended for a reason considered to be an exception in the CHIP State Plan);

(c) Resources. Resources shall not be used in determining eligibility.

Section 9. Eligibility Redetermination. The Department shall conduct a Periodic Review to determine continuing eligibility. Such reviews shall be done on forms and in accordance with procedures developed and specified in manuals or bulletins distributed by the Department.

Section 10. Eligibility Letters. The Department shall issue "Kid Care CHIP Eligibility Letters" to the parent or guardian of each insured notifying him or her of the approval of eligibility for the program. The letter shall include information about available participating insurance programs and specify which Kid Care CHIP plan the child is enrolled in.

Section 11. Duration of Eligibility. After being determined eligible, a child shall remain eligible for twelve (12) months following the effective date of eligibility unless the child turns age nineteen (19), enters a public institution, moves out of state, becomes eligible for Medicaid, requests that the Kid Care CHIP policy be closed and/or fails quality control.

CHAPTER 3

Benefits

REPEALED

CHAPTER 3

Benefits

REPEALED

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

Section 2. Purpose and Applicability.

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

Section 3. Basic Level of Benefits.

(a) The HHS Secretary approved benefits provided to targeted low income children eligible for Kid Care CHIP shall include, at a minimum, the following services:

(i) Inpatient hospital services
(ii) Outpatient hospital services
(iii) Physician services
(iv) Surgical services
(v) Clinic services and other ambulatory health care services
(vi) Prescription drugs
(vii) Laboratory and radiological services
(viii) Prenatal care and pre-pregnancy family planning services and supplies
(ix) Inpatient mental health services
(x) Outpatient mental health services
(xi) Dental services
(xii) Medically necessary orthodontia
(xiii) Abortion, only if necessary to save the life of the mother or if the pregnancy is the result of rape or incest
(xiv) Inpatient substance abuse treatment
(xv) Outpatient substance abuse treatment
(xvi) Durable medical equipment
(xvii) Preventive care, screening and immunization
(xviii) Hospice care
(xix) Emergency medical transportation
(xx) Vision services
(xxi) Any other additional or different services required by the Request for Proposal for health benefits, and resulting contract.

(b) Except as otherwise specified, coverage shall be one hundred percent (100%) with no deductible or co-payment. Co-payments by insureds or their families shall be in compliance with Chapter 4.

~~(c) Any recommended/approved plan for targeted low-income eligible children shall not contain any exclusion for pre-existing conditions or a maximum life-time benefit per child.~~

CHAPTER 4

Cost Sharing

REPEALED

CHAPTER 4

Cost Sharing

REPEALED

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

~~Section 2. Purpose and Applicability.~~

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

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

~~Section 3. Cost Sharing Maximums and Tracking Requirements.~~

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

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

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

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

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

~~Section 4. Co-payments.~~

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

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

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

(i) Well-baby and well-child services;

(ii) Immunizations;

(iii) Preventive dental services; or

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

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

CHAPTER 5

Rules and Regulations for Kid Care CHIP ("Children's Health Insurance Program")

Section 1. Authority. This Chapter is promulgated pursuant to Title XXI of the Social Security Act, 42 C.F.R., Part 438, 42 C.F.R., Part 457, and the Child Health Insurance Program Act at Wyoming Statutes 35-25-101 through 35-25-108.

Section 2. Purpose and Applicability.

(a) This Chapter has been adopted to describe a Kid Care CHIP applicant, client's rights and responsibilities associated with Kid Care CHIP eligibility, and to establish uniform procedures for Kid Care CHIP eligibility.

(b) The Department may issue manuals and newsletters to interpret this Chapter. Such manuals and newsletters shall be consistent with and reflect this Chapter. The provisions contained in manuals and newsletters shall be subordinate to this Chapter.

(c) Nothing in this Chapter shall be construed as providing an individual with an entitlement to Kid Care CHIP.

Section 3. Definitions.

(a) Except as defined in the Act or as otherwise specified in this section, the terminology used in this Chapter is the standard terminology and has the standard meaning used in health care, health insurance, Medicare, and Medicaid. For the purposes of this Chapter, the following shall apply:

(i) "Act" shall mean the Child Health Insurance Program Act at W.S. 35-25-101 through 35-25-108.

(ii) "Adverse action" shall mean the denial, suspension, or termination of benefits, other than a suspension or termination caused by a suspension of Kid Care CHIP, pursuant to Section 12 or a change in federal or state law, including an amendment to this Chapter. "Adverse action" does not include program reduction or termination, or the denial of eligibility due to a moratorium or the denial of services because they are not covered services.

(iii) "Alien" shall mean a person residing in Wyoming who is not a citizen of the United States of America.

(iv) "Applicant" shall mean a child on whose behalf an application for coverage by Kid Care CHIP has been submitted, but there has been no final determination of eligibility.

(v) "Application" shall mean the single, streamlined application form that is used by the State in accordance with 42 CFR § 457.330.

(vi) "Application date" shall mean the date an application for Kid Care CHIP is received by the Department.

(vii) “Benefit year” shall mean a year of benefits coverage that begins January 1 of each year and ends December 31 of the same year.

(viii) “Child” shall mean an individual who has not yet reached the nineteenth (19^{th}) anniversary of his or her birth.

(ix) "Cost sharing or co-payment" shall mean premium charges, enrollment fees, deductibles, coinsurance, copayments or other similar fees that the enrollee has responsibility for paying.

(x) “Department” shall mean the Wyoming Department of Health.

(xi) "Federal funds" shall mean the Federal funds received by the Department pursuant to 42 C.F.R. § 457 Subpart F.

(xii) "Household" shall mean, for the purposes of eligibility, number of persons counted as members of an individual’s household, including the modified adjusted gross income (MAGI) household determinations as defined in 42 CFR § 457.315.

(xiii) "Kid Care CHIP" shall mean the Children's Health Insurance Program created by the Balanced Budget Act of 1997, enacted Title XXI of the Social Security Act, and established pursuant to W.S. 35-25-101 through W.S. 35-25-108, administered by the State to provide child health assistance (insurance) to uninsured, targeted low income children.

(xiv) "Kid Care CHIP funds" shall mean that combination of Federal funds and State funds which is available to the Department per 42 CFR Part 457 Subpart F to make payments to participating insurance companies for child health assistance (insurance) for eligible, enrolled children as well as administrative expenditures, outreach and health initiatives and further defined by W.S. 35-25-107.

(xv) "Kid Care CHIP State Plan" shall mean the comprehensive written statement submitted by the Department to The Centers for Medicare and Medicaid (CMS) describing the purpose, nature and scope of the Program, as per 42 CFR § 457.50, referenced in W.S. 35-25-108.

(xvi) "Medically necessary" or "medical necessity" shall mean a health service that is required to diagnose, treat, cure, or prevent an illness, injury, or disease which has been diagnosed or is reasonably suspected; to relieve pain; or to improve and preserve health and be essential to life. The service shall be:

(A) Consistent with the diagnoses and treatment of the insured's condition;

(B) In accordance with the standards of good medical practice among the provider's peer group;

(C) Required to meet the medical needs of the insured and undertaken for reasons other than the convenience of the insured and the provider; and

(D) Performed in the most cost effective and appropriate setting required by the insured's condition.

(xvii) "Orthodontia medical necessity" shall mean orthodontic condition(s) that must meet specific criteria and determined eligible for services as outlined by Program guidelines.

(xviii) "Services" shall mean medical, mental health and dental services, medical supplies, or medical equipment as described in the Kid Care CHIP State Plan.

(xix) “Targeted low income child” shall mean a child who has a household income, as determined according to 42 CFR §457.315, at or below 200 percent of the Federal poverty level for a family of the size involved.

(xx) "Well-baby or well-child services" shall mean the regular or preventive diagnostic and treatment services necessary to ensure the health of babies and children.

Section 4. Application Process, Application Rights and Responsibilities.

(a) Application Process.

(i) Applicants shall submit an application in the manner and form prescribed by the Department. The application shall be completed, dated, and signed by the applicant or by any person who is assisting the applicant as specified in 42 CFR §435.907(b).

(A) Any individual who knowingly makes a false statement or misrepresentation or knowingly fails to disclose a material fact in obtaining benefits may be guilty of a misdemeanor or felony, as specified in Wyoming Statute § 42-4-111.

(ii) Applications shall be acted on within forty-five (45) days from the date of the application, as required by 42 C.F.R. § 457.340(d).

(iii) Applicants shall be notified in writing of the reasons for the action, the specific regulation supporting the action, and an explanation of the right to request a hearing, as required by 42 C.F.R. § 457.340(e).

(b) Applicant Rights.

(i) Applicants shall be allowed the opportunity to apply for Kid Care CHIP

without delay, as required by 42 C.F.R. § 457.340(a).

(ii) Applicants may be accompanied, assisted, or represented by an individual or individuals of their choice during the application process, as required by 42 C.F.R. § 457.340(a).

(iii) Applicants may request assistance completing the applications or obtaining required verification, as required by 42 C.F.R. § 457.340(a).

(iv) Applicants shall be informed of the following information in writing and verbally as appropriate, as required by 42 C.F.R. § 457.340(a):

(A) The eligibility requirements;

(B) Available Kid Care CHIP services; and

(C) The rights and responsibilities of applicants and clients.

(v) Applications and other personal identifying information are confidential and shall not be disclosed, except as allowed by state and federal regulation, as required by 42 C.F.R. § 438.224.

(vi) Applicants shall not be excluded, denied benefits, or otherwise discriminated against on the grounds of race, color, sex, religion, political belief, national origin, age, or disability, as required by 42 C.F.R. § 438.100(d).

(c) Applicant Responsibilities.

(i) Applicants shall cooperate in the process of determining eligibility by providing all information and documentation requested by the Department, including, but not limited to documents listed in Sections 5 and 6.

(ii) Applicants shall assign to the Department any right to medical support and to payment for medical care from a third party to the extent that Kid Care CHIP has paid for medical services.

(iii) Applicants who fail to cooperate or provide the information requested by the Department shall be denied eligibility.

(d) Eligibility Period and Redeterminations.

(i) Effective Date of Benefits.

(A) Kid Care CHIP eligibility begins the first day of the month following the application date if the application date is on or before the twenty-fifth (25th) day of the month; or the first day of the month after the following month if the application date is

after the twenty-fifth (25th) day of the month.

(B) Individuals are deemed to be continuously eligible for twelve (12) months from the effective date of eligibility or for 12 months from the last periodic review, as required by 42 C.F.R. § 457.342, unless the child turns age nineteen (19), enters a public institution, moves out of state, becomes eligible for Medicaid, or requests that the Kid Care CHIP policy be closed.

(ii) The Department shall re-determine an individual's eligibility every 12 months, as required by 42 CFR § 457.343

Section 5. General Eligibility Requirements.

(a) Applicants shall meet the following requirements to be eligible for Kid Care CHIP.

(i) Applicants shall be citizens or qualified non-citizens of the United States, and provide documentation of such, as specified in 42 C.F.R. § 457.320.

(ii) Applicants shall provide proof of identity, as specified in 42 C.F.R. § 435.407.

(iii) Applicants shall reside in Wyoming or meet the criteria, as specified in 42 C.F.R. § 435.403.

(iv) Applicants who are citizens or nationals of the United States shall provide record of a social security number, as specified in 42 C.F.R. § 457.340(b).

Section 6. Kid Care CHIP Eligibility Requirements.

(a) Applicants shall meet the following additional requirements to be eligible for Kid Care CHIP.

(i) Children must be between the ages of zero (0) and age eighteen (18).

(ii) Countable family income shall be between one hundred fifty-four percent (154%) and two hundred percent (200%) of the Federal Poverty Level (FPL) and calculated using the modified adjusted gross income of the household, as specified in 42 C.F.R. § 457.315.

(iii) Applicants who are American Indian or Alaska Natives shall provide proof of being an enrolled member.

(iv) Applicants cannot be in a public institution.

(v) Applicants cannot be covered by the State of Wyoming employee health insurance coverage.

(vi) Applicants cannot be covered by any health insurance plan.

(vii) Applicant cannot have been covered by a health insurance plan for one (1) month or more before the date of application (unless the plan is ended for a reason considered to be an exception in the CHIP State Plan).

(viii) Clients shall immediately report changes in any of the following circumstances to the Department:

(ix) Income;

(x) Household composition;

(xi) Health insurance;

(xii) Address.

Section 7. Basic Level of Benefits.

(a) The covered services provided to children eligible for Kid Care CHIP shall include, at a minimum, the following services:

(i) Inpatient hospital services

(ii) Outpatient hospital services

(iii) Physician services

(iv) Surgical services

(v) Clinic services and other ambulatory health care services

(vi) Prescription drugs

(vii) Laboratory and radiological services

(viii) Prenatal care and pre-pregnancy family planning services and supplies

(ix) Inpatient mental health services

(x) Outpatient mental health services

(xi) Durable medical equipment

(xii) Abortion, only if necessary to save the life of the mother or if the

pregnancy is the result of rape or incest

(xiii) Dental services

(xiv) Medically necessary orthodontia

(xv) Inpatient substance abuse

(xvi) Outpatient substance abuse treatment services

(xvii) Preventive care, screening and immunization

(xviii) Hospice care

(xix) Emergency medical transportation

(xx) Vision services

(xxi) Any other additional or different services required by the Request for Proposal for health benefits, and resulting contract.

(b) Except as otherwise specified, coverage shall be one hundred percent (100%) with no deductible or co-payment. Co-payments by insureds or their families shall be in compliance with Section 9.

(c) Any recommended/approved plan for targeted low-income eligible children shall not contain any exclusion for pre-existing conditions or a maximum life-time benefit per child.

Section 8. Cost Sharing Maximums and Tracking Requirements.

(a) Cost sharing shall not exceed five percent (5%) of a family's gross income for the length of the child's eligibility period as specified in 42 C.F.R. 457.560. Each family shall be notified of their cost sharing maximum for the eligibility period as per 42 CFR 457.525(b)(1).

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

(c) If it is determined the family has paid more than their five percent (5%) annual cost sharing maximum the family shall be reimbursed by the insurance contractor.

Section 9. Co-payments.

(a) The benefit year cost sharing maximums and co-payments for particular services shall be determined by the Department and insurance contractor. Co-payment amounts shall be

determined according to the family income reported at the time of application.

(b) Children who are American Indians or Alaska Natives as defined in 42 CFR 457.10 may not have any cost sharing charges imposed, as per 42 CFR 457.535.

(c) The benefit year maximum amounts for co-payments shall be contained in the Kid Care CHIP Handbook developed by the insurance contractor and shall be made available to each CHIP enrollee.

(d) Co-payments, coinsurance, deductibles or any other cost sharing will not be imposed for well-baby, well-child services, including but not limited to immunizations and preventive services, as outlined in 42 CFR §457.520.

(e) No insured shall be terminated because of the failure to make co-payments as per the Kid Care State Plan.

Section 10. Provider Participation. No person or entity that provides services to a client shall receive Kid Care CHIP funds unless the person or entity is a participating provider.

Section 11. Participating Insurance Company.

(a) No insurance company may provide benefit and claims administration services for Kid Care CHIP, unless it is licensed by the Wyoming Insurance Commissioner as outlined in W.S. 35-25-101 and offers coverage which meets or exceeds benefits outlined in 42 CFR Subchapter D, Part 457, Subpart D, W.S. 35-25-104, and pursuant to Minimal Essential Health Benefits as outlined in Section 2001 of the Affordable Care Act. The participating insurance company must have entered into an agreed upon contract with the Department.

(b) The Department shall provide the participating insurance company with the identity of the eligible enrollees and shall make payments on behalf of those enrollees directly to the participating insurance company as per the agreed upon timeframe and process.

(c) The participating insurance company, upon completion of agreed reconciliation process with the Department, shall submit invoices to the Department, in the manner specified by the Department, to request payment for premiums.

(d) When an insured seeks services, the provider must verify the individual's eligibility with the participating insurance company using the procedures established by the company. If a provider fails to verify eligibility, the Department shall not be responsible for paying such services.

Section 12. Contingent on Funding.

(a) In accordance with Program Expenditure provisions of the Act, payment to participating insurance companies shall be contingent on the availability of Kid Care CHIP funds.

(b) If the budget projections prepared show that there will or may be insufficient program funds, the Department may declare a partial or total moratorium on new insureds, so that otherwise eligible individuals will not be determined eligible until such time as the Department determines that sufficient program funds are available.

(c) A program reduction or termination, or the denial of eligibility because of a moratorium, shall not be an adverse action, and shall not be subject to reconsideration pursuant to this Chapter or an administrative hearing pursuant to Chapter 4 of the Wyoming Department of Health's Medicaid rules.

Section 13. Reconsideration and Administrative Hearings. An applicant or insured who is denied eligibility or terminated from eligibility may request an administrative hearing. Chapter 4 of the Wyoming Department of Health's Medicaid Rules shall govern administrative hearings involving Kid Care CHIP eligibility issues in all respects, except a client can submit a request for a hearing verbally and within 60 calendar days, as required by 42 C.F.R. § 438 Subpart F.

Section 14. Financial Audits. The Department may audit a participating insurance company's financial records at any time to determine the accuracy and appropriateness of invoices submitted to the Department.

Section 15. Interpretation of Chapter. The order in which the sections of this Chapter appear is not to be construed to mean that any one section is more or less important than any other section. The text of this section shall control the titles of its various sections.

Section 16. Superseding Effect. This Chapter supersedes all prior rules or policy statements issued by the Department, including manuals or newsletters, which are inconsistent with this Chapter.

Section 17. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in effect. If any portion of this Chapter is inconsistent with the State plan, the State plan shall control.

CHAPTER 5

Rules and Regulations for Kid Care CHIP ("Children's Health Insurance Program")

Section 1. Authority. This Chapter is promulgated pursuant to Title XXI of the Social Security Act, 42 C.F.R., Part 438, 42 C.F.R., Part 457, and the Child Health Insurance Program Act at Wyoming Statutes 35-25-101 through 35-25-108.

Section 2. Purpose and Applicability.

(a) This Chapter has been adopted to describe a Kid Care CHIP applicant, client's rights and responsibilities associated with Kid Care CHIP eligibility, and to establish uniform procedures for Kid Care CHIP eligibility.

(b) The Department may issue manuals and newsletters to interpret this Chapter. Such manuals and newsletters shall be consistent with and reflect this Chapter. The provisions contained in manuals and newsletters shall be subordinate to this Chapter.

(c) Nothing in this Chapter shall be construed as providing an individual with an entitlement to Kid Care CHIP.

Section 3. Definitions.

(a) Except as defined in the Act or as otherwise specified in this section, the terminology used in this Chapter is the standard terminology and has the standard meaning used in health care, health insurance, Medicare, and Medicaid. For the purposes of this Chapter, the following shall apply:

(i) "Act" shall mean the Child Health Insurance Program Act at W.S. 35-25-101 through 35-25-108.

(ii) "Adverse action" shall mean the denial, suspension, or termination of benefits, other than a suspension or termination caused by a suspension of Kid Care CHIP, pursuant to Section 12 or a change in federal or state law, including an amendment to this Chapter. "Adverse action" does not include program reduction or termination, or the denial of eligibility due to a moratorium or the denial of services because they are not covered services.

(iii) "Alien" shall mean a person residing in Wyoming who is not a citizen of the United States of America.

(iv) "Applicant" shall mean a child on whose behalf an application for coverage by Kid Care CHIP has been submitted, but there has been no final determination of eligibility.

(v) "Application" shall mean the single, streamlined application form that is used by the State in accordance with 42 CFR § 457.330.

(vi) "Application date" shall mean the date an application for Kid Care CHIP is received by the Department.

(vii) "Benefit year" shall mean a year of benefits coverage that begins January 1 of each year and ends December 31 of the same year.

(viii) "Child" shall mean an individual who has not yet reached the nineteenth (19^{th}) anniversary of his or her birth.

(ix) "Cost sharing or co-payment" shall mean premium charges, enrollment fees, deductibles, coinsurance, copayments or other similar fees that the enrollee has responsibility for paying.

(x) "Department" shall mean the Wyoming Department of Health.

(xi) "Federal funds" shall mean the Federal funds received by the Department pursuant to 42 C.F.R. § 457 Subpart F.

(xii) "Household" shall mean, for the purposes of eligibility, number of persons counted as members of an individual's household, including the modified adjusted gross income (MAGI) household determinations as defined in 42 CFR § 457.315.

(xiii) "Kid Care CHIP" shall mean the Children's Health Insurance Program created by the Balanced Budget Act of 1997, enacted Title XXI of the Social Security Act, and established pursuant to W.S. 35-25-101 through W.S. 35-25-108, administered by the State to provide child health assistance (insurance) to uninsured, targeted low income children.

(xiv) "Kid Care CHIP funds" shall mean that combination of Federal funds and State funds which is available to the Department per 42 CFR Part 457 Subpart F to make payments to participating insurance companies for child health assistance (insurance) for eligible, enrolled children as well as administrative expenditures, outreach and health initiatives and further defined by W.S. 35-25-107.

(xv) "Kid Care CHIP State Plan" shall mean the comprehensive written statement submitted by the Department to The Centers for Medicare and Medicaid (CMS) describing the purpose, nature and scope of the Program, as per 42 CFR § 457.50, referenced in W.S. 35-25-108.

(xvi) "Medically necessary" or "medical necessity" shall mean a health service that is required to diagnose, treat, cure, or prevent an illness, injury, or disease which has been diagnosed or is reasonably suspected; to relieve pain; or to improve and preserve health and be essential to life. The service shall be:

(A) Consistent with the diagnoses and treatment of the insured's condition;

(B) In accordance with the standards of good medical practice among the provider's peer group;

(C) Required to meet the medical needs of the insured and undertaken for reasons other than the convenience of the insured and the provider; and

(D) Performed in the most cost effective and appropriate setting required by the insured's condition.

(xvii) "Orthodontia medical necessity" shall mean orthodontic condition(s) that must meet specific criteria and determined eligible for services as outlined by Program guidelines.

(xviii) "Services" shall mean medical, mental health and dental services, medical supplies, or medical equipment as described in the Kid Care CHIP State Plan.

(xix) "Targeted low income child" shall mean a child who has a household income, as determined according to 42 CFR §457.315, at or below 200 percent of the Federal poverty level for a family of the size involved.

(xx) "Well-baby or well-child services" shall mean the regular or preventive diagnostic and treatment services necessary to ensure the health of babies and children.

Section 4. Application Process, Application Rights and Responsibilities.

(a) Application Process.

(i) Applicants shall submit an application in the manner and form prescribed by the Department. The application shall be completed, dated, and signed by the applicant or by any person who is assisting the applicant as specified in 42 CFR §435.907(b).

(A) Any individual who knowingly makes a false statement or misrepresentation or knowingly fails to disclose a material fact in obtaining benefits may be guilty of a misdemeanor or felony, as specified in Wyoming Statute § 42-4-111.

(ii) Applications shall be acted on within forty-five (45) days from the date of the application, as required by 42 C.F.R. § 457.340(d).

(iii) Applicants shall be notified in writing of the reasons for the action, the specific regulation supporting the action, and an explanation of the right to request a hearing, as required by 42 C.F.R. § 457.340(e).

(b) Applicant Rights.

(i) Applicants shall be allowed the opportunity to apply for Kid Care CHIP without delay, as required by 42 C.F.R. § 457.340(a).

(ii) Applicants may be accompanied, assisted, or represented by an individual or individuals of their choice during the application process, as required by 42 C.F.R. § 457.340(a).

(iii) Applicants may request assistance completing the applications or obtaining required verification, as required by 42 C.F.R. § 457.340(a).

(iv) Applicants shall be informed of the following information in writing and verbally as appropriate, as required by 42 C.F.R. § 457.340(a):

(A) The eligibility requirements;

(B) Available Kid Care CHIP services; and

(C) The rights and responsibilities of applicants and clients.

(v) Applications and other personal identifying information are confidential and shall not be disclosed, except as allowed by state and federal regulation, as required by 42 C.F.R. § 438.224.

(vi) Applicants shall not be excluded, denied benefits, or otherwise discriminated against on the grounds of race, color, sex, religion, political belief, national origin, age, or disability, as required by 42 C.F.R. § 438.100(d).

(c) Applicant Responsibilities.

(i) Applicants shall cooperate in the process of determining eligibility by providing all information and documentation requested by the Department, including, but not limited to documents listed in Sections 5 and 6.

(ii) Applicants shall assign to the Department any right to medical support and to payment for medical care from a third party to the extent that Kid Care CHIP has paid for medical services.

(iii) Applicants who fail to cooperate or provide the information requested by the Department shall be denied eligibility.

(d) Eligibility Period and Redeterminations.

(i) Effective Date of Benefits.

(A) Kid Care CHIP eligibility begins the first day of the month following the application date if the application date is on or before the twenty-fifth (25th) day of the month; or the first day of the month after the following month if the application date is after the twenty-fifth (25th) day of the month.

(B) Individuals are deemed to be continuously eligible for twelve (12) months from the effective date of eligibility or for 12 months from the last periodic review, as required by 42 C.F.R. § 457.342, unless the child turns age nineteen (19), enters a public institution, moves out of state, becomes eligible for Medicaid, or requests that the Kid Care CHIP policy be closed.

(ii) The Department shall re-determine an individual's eligibility every 12 months, as required by 42 CFR § 457.343

Section 5. General Eligibility Requirements.

(a) Applicants shall meet the following requirements to be eligible for Kid Care CHIP.

(i) Applicants shall be citizens or qualified non-citizens of the United States, and provide documentation of such, as specified in 42 C.F.R. § 457.320.

(ii) Applicants shall provide proof of identity, as specified in 42 C.F.R. § 435.407.

(iii) Applicants shall reside in Wyoming or meet the criteria, as specified in 42 C.F.R. § 435.403.

(iv) Applicants who are citizens or nationals of the United States shall provide record of a social security number, as specified in 42 C.F.R. § 457.340(b).

Section 6. Kid Care CHIP Eligibility Requirements.

(a) Applicants shall meet the following additional requirements to be eligible for Kid Care CHIP.

(i) Children must be between the ages of zero (0) and age eighteen (18).

(ii) Countable family income shall be between one hundred fifty-four percent (154%) and two hundred percent (200%) of the Federal Poverty Level (FPL) and calculated using the modified adjusted gross income of the household, as specified in 42 C.F.R. § 457.315.

(iii) Applicants who are American Indian or Alaska Natives shall provide proof of being an enrolled member.

(iv) Applicants cannot be in a public institution.

(v) Applicants cannot be covered by the State of Wyoming employee health insurance coverage.

(vi) Applicants cannot be covered by any health insurance plan.

(vii) Applicant cannot have been covered by a health insurance plan for one (1) month or more before the date of application (unless the plan is ended for a reason considered to be an exception in the CHIP State Plan).

(viii) Clients shall immediately report changes in any of the following circumstances to the Department:

(ix) Income;

(x) Household composition;

(xi) Health insurance;

(xii) Address.

Section 7. Basic Level of Benefits.

(a) The covered services provided to children eligible for Kid Care CHIP shall include, at a minimum, the following services:

(i) Inpatient hospital services

(ii) Outpatient hospital services

(iii) Physician services

(iv) Surgical services

(v) Clinic services and other ambulatory health care services

(vi) Prescription drugs

(vii) Laboratory and radiological services

(viii) Prenatal care and pre-pregnancy family planning services and supplies

(ix) Inpatient mental health services

(x) Outpatient mental health services

(xi) Durable medical equipment

(xii) Abortion, only if necessary to save the life of the mother or if the pregnancy is the result of rape or incest

(xiii) Dental services

(xiv) Medically necessary orthodontia

(xv) Inpatient substance abuse

(xvi) Outpatient substance abuse treatment services

(xvii) Preventive care, screening and immunization

(xviii) Hospice care

(xix) Emergency medical transportation

(xx) Vision services

(xxi) Any other additional or different services required by the Request for Proposal for health benefits, and resulting contract.

(b) Except as otherwise specified, coverage shall be one hundred percent (100%) with no deductible or co-payment. Co-payments by insureds or their families shall be in compliance with Section 9.

(c) Any recommended/approved plan for targeted low-income eligible children shall not contain any exclusion for pre-existing conditions or a maximum life-time benefit per child.

Section 8. Cost Sharing Maximums and Tracking Requirements.

(a) Cost sharing shall not exceed five percent (5%) of a family's gross income for the length of the child's eligibility period as specified in 42 C.F.R. 457.560. Each family shall be notified of their cost sharing maximum for the eligibility period as per 42 CFR 457.525(b)(1).

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

(c) If it is determined the family has paid more than their five percent (5%) annual cost sharing maximum the family shall be reimbursed by the insurance contractor.

Section 9. Co-payments.

(a) The benefit year cost sharing maximums and co-payments for particular services shall be determined by the Department and insurance contractor. Co-payment amounts shall be determined according to the family income reported at the time of application.

(b) Children who are American Indians or Alaska Natives as defined in 42 CFR 457.10 may not have any cost sharing charges imposed, as per 42 CFR 457.535.

(c) The benefit year maximum amounts for co-payments shall be contained in the Kid Care CHIP Handbook developed by the insurance contractor and shall be made available to each CHIP enrollee.

(d) Co-payments, coinsurance, deductibles or any other cost sharing will not be imposed for well-baby, well-child services, including but not limited to immunizations and preventive services, as outlined in 42 CFR §457.520.

(e) No insured shall be terminated because of the failure to make co-payments as per the Kid Care State Plan.

Section 10. Provider Participation. No person or entity that provides services to a client shall receive Kid Care CHIP funds unless the person or entity is a participating provider.

Section 11. Participating Insurance Company.

(a) No insurance company may provide benefit and claims administration services for Kid Care CHIP, unless it is licensed by the Wyoming Insurance Commissioner as outlined in W.S. 35-25-101 and offers coverage which meets or exceeds benefits outlined in 42 CFR Subchapter D, Part 457, Subpart D, W.S. 35-25-104, and pursuant to Minimal Essential Health Benefits as outlined in Section 2001 of the Affordable Care Act. The participating insurance company must have entered into an agreed upon contract with the Department.

(b) The Department shall provide the participating insurance company with the identity of the eligible enrollees and shall make payments on behalf of those enrollees directly to the participating insurance company as per the agreed upon timeframe and process.

(c) The participating insurance company, upon completion of agreed reconciliation process with the Department, shall submit invoices to the Department, in the manner specified by the Department, to request payment for premiums.

(d) When an insured seeks services, the provider must verify the individual's eligibility with the participating insurance company using the procedures established by the company. If a provider fails to verify eligibility, the Department shall not be responsible for paying such services.

Section 12. Contingent on Funding.

(a) In accordance with Program Expenditure provisions of the Act, payment to participating insurance companies shall be contingent on the availability of Kid Care CHIP funds.

(b) If the budget projections prepared show that there will or may be insufficient program funds, the Department may declare a partial or total moratorium on new insureds, so that

otherwise eligible individuals will not be determined eligible until such time as the Department determines that sufficient program funds are available.

(c) A program reduction or termination, or the denial of eligibility because of a moratorium, shall not be an adverse action, and shall not be subject to reconsideration pursuant to this Chapter or an administrative hearing pursuant to Chapter 4 of the Wyoming Department of Health's Medicaid rules.

Section 13. Reconsideration and Administrative Hearings. An applicant or insured who is denied eligibility or terminated from eligibility may request an administrative hearing. Chapter 4 of the Wyoming Department of Health's Medicaid Rules shall govern administrative hearings involving Kid Care CHIP eligibility issues in all respects, except a client can submit a request for a hearing verbally and within 60 calendar days, as required by 42 C.F.R. § 438 Subpart F.

Section 14. Financial Audits. The Department may audit a participating insurance company's financial records at any time to determine the accuracy and appropriateness of invoices submitted to the Department.

Section 15. Interpretation of Chapter. The order in which the sections of this Chapter appear is not to be construed to mean that any one section is more or less important than any other section. The text of this section shall control the titles of its various sections.

Section 16. Superseding Effect. This Chapter supersedes all prior rules or policy statements issued by the Department, including manuals or newsletters, which are inconsistent with this Chapter.

Section 17. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in effect. If any portion of this Chapter is inconsistent with the State plan, the State plan shall control.