

WYOMING MEDICAID AND KID CARE CHIP

Member Handbook



Your Guide to Wyoming Medicaid and Kid Care Chip



Wyoming
Department
of Health

Updated October 2022



Contents

What are Medicaid, Medicare and Kid Care CHIP?	1
Who may be eligible for benefits?	2
Who do I apply for benefits?	3
What happens after I submit my application?	4
Can I get Medicaid for past months?	4
How do I renew my benefits?	4
How long will I be covered?	5
How do I use my benefit card?	5
What if I am denied benefits?	7
What are my responsibilities while receiving benefits?	7
What services are available through Medicaid and Kid Care CHIP (covered services)?	8
What are the restrictions to the Medicaid or Kid Care CHIP programs (non-covered services)?	12
What is health?	13
What can I do to be healthy?	13
When should I see a healthcare provider?	13
What am I expected to do when I go to the provider?	14
When should I go to the emergency room?	16
What are my rights under the Medicaid or Kid Care Chip programs? ..	17
What is Estate Recovery?	17
Important reminders about your right to reconsideration or a fair hearing	18
Important reminders about Medicaid and Kid Care CHIP	18
For more information or questions	19
myHealthPortal Information	21
Contact Information by County	22
Notes	24

What are Medicaid, Medicare or Kid Care CHIP?

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.

Kid Care CHIP

Kid Care CHIP is Wyoming's Children's Health Insurance Program. The program is designed to provide health, vision, and dental insurance to Wyoming's children and teens through the age of 18. To be eligible, children must be uninsured and meet income and eligibility guidelines.

Who may be eligible for benefits?

Medicaid or Kid Care CHIP 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 benefits?

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, Women, Infant, and Children (WIC) offices, some doctors' offices, or can be printed at the Wyoming Department of Health (WDH) 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.

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!

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 3001 East Pershing Blvd., Suite 125 Cheyenne, WY 82001

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>

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?

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 CSC or WDH Long Term Care (LTC) Benefit Specialist 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 benefits. 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.

NOTE: Kid Care CHIP is not available for coverage prior to the date of application.

How do I renew my benefits?

Members must renew their coverage every year, however, members should update information such as address or phone numbers whenever it changes. In the months before coverage is due to end, members will receive a renewal in the mail. Once the member has received the renewal, the member 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 by the due date. If members remain eligible, they will receive 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 a renewal online at www.wesystem.wyo.gov. 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 1-855-294-2127.

If you have moved out of Wyoming, you will no longer be eligible for Wyoming Medicaid or Wyoming Kid Care CHIP.

How do I use my benefit card?

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

Show your 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 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 or Wyoming Kid Care CHIP. Any Medicaid provider can provide services to CHIP beneficiaries.

You can also use the following link to verify if a provider is covered by the Wyoming Medicaid network:

<https://www.wyomingmedicaid.com/portal/find-doctor-hospital-or-clinic>

Within approximately two weeks of being determined eligible, you will receive a benefit 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 or print cards on the myHealthPortal or contact Member Services via the CSC.

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 myHealthPortal as well. Allow 24 to 48 hours for address updates prior to requesting a new card after updating your address with the CSC.

myHealthPortal:

<https://myhp.wyomingmedicaid.us/memberportal/authenticatePage.action>

Wyoming Medicaid's Member Home Page-

<https://www.wyomingmedicaid.com/portal/MemberHome>

CSC: 1-855-294-2127

FOR CHILDREN WHO HAVE MEDICAID OR KID CARE CHIP AND CHILDREN'S SPECIAL HEALTH (CSH) ELIGIBILITY

Please take your current CSH eligibility letter, benefit 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 the Third Party Liability (TPL) Department at 1-855-294-2127. Select: Change a primary insurance policy, WHIPP, EID payments, subrogation.

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 Member Services via CSC at 1-855-294-2127 and select claims and claims question.

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

What if I am denied benefits?

YOUR CIVIL RIGHTS

Following federal law, discrimination isn't permitted on the basis of race, national origin, sex, age, sexual orientation, gender identity or disability. You can file a complaint of discrimination with the Office of Civil Rights (OCR) by visiting:

hhs.gov/civil-rights/filing-a-complaint/index.html

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 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, 3001 East Pershing Blvd., Suite 125, Cheyenne, WY 82001.
- 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.

What are my responsibilities while receiving benefits?

- Report changes to the CSC or to the Long Term Care (LTC) Unit within 10 days. These changes include:
 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 member
- Tell your medical or pharmacy provider you have Medicaid or Kid Care CHIP coverage when making an appointment, filling a prescription and ask if they accept Medicaid. Be sure to show

- your benefit 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
- When you cannot make a scheduled appointment time, contact your medical or dental provider as soon as possible to cancel and reschedule. Your health care providers appreciate your immediate attention to these matters. Missed appointments are not a covered service.

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. To determine if a specific procedure or prescription is covered under your benefit plan contact your medical provider.

What services are covered?

Please Note: Not all services are covered by all eligibility programs – some programs cover only specific or limited services – contact your provider. You may also log in to myHealthPortal to view your benefit plan and basic covered services, co-pays, verify monthly eligibility, thresholds, etc. Instructions on how to register for the portal are available on the website at:

<https://www.wyomingmedicaid.com/portal/Member-Training-and-Tutorials>

You will need your member ID or SSN to register.

Covered Services

- **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 member is in need of special care during the trip and if other means of travel would put the member 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 have complex behavioral health needs.
- **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 have complex behavioral health needs. Applicants who meet the waiver enrollment criteria and are accepted will be served by the Care Management Entity.
- **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 member's dentist may refer them to the Severe Malocclusion Program if it is determined that they meet the requirements for the program. For members 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, or acquired brain injury, 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.

- **Emergency Services**

Out of town or out of State. If your child receives emergency care out of state, your child's coverage will pay for services received as long as the provider is a Wyoming Medicaid provider. Children who spend time away from home will have services paid for if Wyoming Medicaid approves the service. Providers will need to enroll in Wyoming Medicaid to receive payment for services.

- **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 members under a physician's plan of care.

- **Hospice Services**

Services delivered in a member's home, hospice facility or a nursing facility under a doctor's order to terminally ill members 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 members over 21 years old.

- **Intermediate Care Facility for the Intellectually Disabled (ICF-ID) Services**
Long-term care in a facility for intellectually disabled members 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.
- **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 members 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 members age 21 and older. If you are entitled to Medicare Part D, Medicaid cannot cover your prescription drugs.
- **Prosthetics and Orthotics**
Prior authorization is required in some cases.
- **Psychiatric Hospital Services**
Acute psychiatric stabilization is covered for members over the age of 21. Acute psychiatric stabilization and psychiatric residential treatment facility (PRTF) services are covered for members 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**
Members 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 benefit plans have travel assistance coverage. Members are encouraged to review the Wyoming Medicaid Travel Assistance Member Reference Guide located on the Wyoming Medicaid website under “Resources” for the policy, reimbursement information and requirements. Members may make travel requests on the myHealthPortal or by calling Travel Services via CSC at 1-855-294-2127 and select travel assistance.

- **Vision Services**

Comprehensive services including eyeglasses for members under the age of 21, with limits, when provided by an ophthalmologist, optometrist or optician. For adult members ages 21 and older, who are eligible for Medicaid benefits, services are limited to treating an eye injury or eye disease.

- **Well-Baby and Well-Child Visits and Immunizations**

Coverage for routine immunizations is provided according to the schedule recommended by the American Academy of Pediatrics and Bright Futures. Immunizations can be provided by your child’s doctor or the local county public health clinic. Well-child visits and immunizations require no co-pay.

What services are not covered?

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

Services NOT covered

- Abortion, except as specified by Federal Law
- Acupuncture
- Autopsies
- Cancelled or missed appointments
- Chiropractic services, except where Medicare has paid primary
- Chronic pain rehabilitation
- Claims for which payment was fully made by another insurer
- Cosmetic procedures
- Daycare
- Driving while under the influence (DUI) classes
- 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
- Groups such as Alcoholics Anonymous, Narcotics Anonymous and other self-help groups
- 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 has paid primary
- Prescription drugs if you are entitled to Medicare Part D
- Private duty nursing services
- Residential Treatment Center room and board
- Services provided to a member outside the United States
- Services provided to a member 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 member
- 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
- Waiver services furnished while the member is an inpatient of a hospital (unless approved under federal guidance), 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 Services at 1-888-WYO-MCAD.

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 benefit 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 benefit card and any other health insurance information to your visit.
- Making sure that your healthcare provider accepts and is enrolled with Wyoming Medicaid, and is accepting new members when making the appointment and prior to receiving services. Providers are listed on the website. Please refer to the link on page 5 to find a provider or refer to the myHealthPortal.
- Providing medical information about yourself and any family medical history.
- Paying any co-payment established by Medicaid or Kid Care CHIP to your healthcare provider for services received.
- Prior to receiving services, working with the provider to make sure that Medicaid or Kid Care CHIP covers the service under your benefit plan.
- 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 members.
- 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. Make sure they have your Medicaid ID number and ask them to submit the claim to Medicaid. Members cannot submit claims to WY Medicaid.**
- Paying no more than 5% of your family's gross income for the cost of co-pays each enrollment year. Medicaid will tell you what the out of pocket maximum is for your family in the Approval letter or Renewal Approval letter.
- Once you have reached 5% of your family's income, your family will no longer have co-pays for that enrollment year.

YOUR HEALTHCARE PROVIDERS ARE RESPONSIBLE FOR:

- Informing you if they are not enrolled or if they are not willing to accept you as a Medicaid or Kid Care CHIP member. This also includes laboratories, anesthesiologists, specialists that may be used in conjunction with your appointment are enrolled. Following up on all prior authorization requests (medical, threshold or pharmaceutical).
- Performing only services that are medically necessary.
- Advising you if the Medicaid or Kid Care CHIP 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 or Kid Care CHIP 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.

MEMBERS MAY NOT COMPLETE OR SUBMIT A CLAIM FORM. IF A PROVIDER ACCEPTS YOU AS A MEMBER AND AGREES TO BILL MEDICAID OR KID CARE CHIP 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?

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.
- If you are covered under Kid Care CHIP, use any Medicaid-enrolled provider for approved services.

What is Estate Recovery?

The federal government requires state Medicaid programs to seek repayment from the estates of certain deceased members 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 member, 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 the Third Party Liability (TPL) Department at 1-855-294-2127. Select: Change a primary insurance policy, WHIPP, EID payments, subrogation.

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 race, national origin, sex, age, sexual orientation, gender identity, religion, disability, or veteran status. 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 and Kid Care CHIP

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 or Kid Care CHIP before you receive any services. Please refer to the link on page 5 to find a Medicaid provider. If the provider does not accept Medicaid or Kid Care CHIP, you will be responsible for the bill.

If the provider is enrolled, there is no guarantee that they will bill Medicaid or Kid Care CHIP. Always ask if Medicaid or Kid Care CHIP will be billed before you receive service. If the provider states that Medicaid or Kid Care CHIP 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 OR KID CARE CHIP BEFORE YOU RECEIVE ANY SERVICES.

These programs are complex and 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 member 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 or Kid Care CHIP and that you presented them with your benefit card. If you are made eligible after your visit to a provider, talk with the

provider, provide them with your benefit card and ask if they will bill Medicaid or Kid Care CHIP. 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 Member Services via CSC at 1-855-294-2127, select billing 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 benefit ID number.

FOR MORE INFORMATION

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

Agency Name	Telephone/Fax Number	Web Address	Contact for:
Customer Service Center (CSC) , Wyoming Department of Health 3001 E. Pershing Blvd, Suite 125 Cheyenne, WY 82001	Tel (855)294-2127 TTY/TDD 1-855-329-5205 (Members Only, CSC cannot speak to providers) 7am-6pm MST M-F Fax (855)329-5205	https://www.wesystem.wy.gov	<ul style="list-style-type: none"> • Member Medicaid or Kid Care CHIP applications • Eligibility questions regarding: <ul style="list-style-type: none"> ○ Family and Children's programs ○ Tuberculosis Assistance Program ○ Medicare Savings Programs ○ Employed Individuals with Disabilities (EID)
Wyoming Department of Health Long Term Care Unit (LTC)	Tel (855)203-2936 8-5pm MST M-F Fax (307)777-8399	N/A	<ul style="list-style-type: none"> • Nursing home program eligibility questions • Patient Contribution • Waiver Programs • Inpatient Hospital • Hospice • Home Health
Member Services via CSC	(855)294-2127	Email: WYmemberservices@cns-inc.com myHealthPortal-https://login.wyomingmedicaid.us/ www.wyomingmedicaid.com/portal/MemberHome	<ul style="list-style-type: none"> • Report a new insurance policy or an end date of an existing policy • Estate Recovery • Replacement cards, covered and non-covered services • Received a bill from a provider • Wyoming Medicaid Handbook • Travel Assistance Guide • Locate a provider
Magellan Healthcare, Inc.	Tel (307)459-6162 8-5pm MST M-F (855)883-8740 After Hours	https://www.magellanofwyoming.com/	<ul style="list-style-type: none"> • Care Management Entity wrap around services • Limitations
Children's Special Health (CSH) Program	(307)777-7941 or (800)438-5795		<ul style="list-style-type: none"> • Services and limitations
Travel Services via CSC	(855)294-2127	myHealthPortal-https://login.wyomingmedicaid.us/	<ul style="list-style-type: none"> • Travel approval • Travel Assistance Guide • Travel reimbursement • W-9 questions
Stop Medicaid Fraud	(855)846-2563		<ul style="list-style-type: none"> • Fraud or Abuse of Services

DHCF Pharmacy Program	Tel (307)777-7531 Fax (307)777-6964	N/A	<ul style="list-style-type: none"> • General questions • If you have questions about prescriptions and limitations – talk with your provider, general healthcare professional or pharmacy
WYhealth Management Program	(888) 545-1710	http://www.wyhealth.net	<ul style="list-style-type: none"> • Find a provider • Ask a Nurse • My 307 Wellness

- 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.
- **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 benefit card and ask if they will bill Medicaid or Kid Care CHIP. 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 Member Services via CSC at 1-855-294-2127, select billing and provide all the steps you have taken, they may have you fax or mail the bill to them to further assist you.

Telephone numbers for your local Department of Family Services (DFS), PHN, and WIC offices are listed at the end of this handbook, by county.

Member Webportal Information

myHealthPortal is available <https://www.wyomingmedicaid.com/portal/MemberHome> and offers you the following opportunities 24 hours a day and 7 days a week:

- Check your or your dependents Medicaid eligibility
- Ask Medicaid questions regarding your benefits or covered and non-covered services, etc.
- Request or print a replacement Medicaid Card
- Make transportation requests when covered by your benefit plan. Certain requests will need to be made through the Travel Services via CSC, at 1-855-294-2127, select travel assistance.

NOTE: The above requests must be made in myHealthPortal. To gain access to the secured area you must first register. Step by step instructions are provided on the website (<https://www.wyomingmedicaid.com/portal/Member-Training-and-Tutorials>) under the section titled "Member Training". To register, you will need the Member 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 or Kind Care CHIP 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 member materials
- Frequently Asked Questions (FAQs)
- Transportation Assistance Manual
- Health Check Newsletters

Please visit <https://www.wyomingmedicaid.com/portal/MemberHome> for Wyoming Medicaid's Member Home page.

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
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
	DFS	(307) 322-3790
	PHN	(307) 322-2540
Platte	WIC	(307) 322-3732
	DFS	(307) 672-2404
	PHN	(307) 672-5169
Sheridan	WIC	(307) 672-5174
	DFS	(307) 367-4124
	PHN	(307) 276-3575
Sublette	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 MEMBER HANDBOOK

WYOMING DEPARTMENT OF HEALTH

Healthcare Financing Division
122 West 25th Street, 4th Floor West
Cheyenne, WY 82002
www.health.wyo.gov

Updated October 2022



Wyoming
Department
of Health