



Wyoming
Department
of Health

WYOMING MEDICAID
MEMBER HANDBOOK
FOR ADULTS

Table of Contents

Overview	4
1 Application Process	6
1.1 Eligibility Requirements	6
1.1.1 Look-back Period for Coverage Eligibility	6
1.2 Special Eligibility	7
1.2.1 Presumptive Eligibility (PE)	7
1.2.2 Retroactive Coverage	7
1.3 Applying for Medicaid	8
1.4 Application Processing	8
1.4.1 Application Determination Notification	8
2 Getting Started with Medicaid	9
2.1 Using a Benefit Card	9
2.2 Replacing Benefit Cards	9
2.3 Member Portals	10
2.3.1 WY Medicaid Web Portal	10
2.3.2 myHealth Portal	10
2.4 Member Responsibilities	11
2.4.1 Appointments	11
2.4.1.1 Missed Appointments	11
2.4.2 Payments	11
2.4.3 Update Personal Information	12
2.5 Coordination of Benefits	12
2.5.1 Coordination of Benefits in the Case of a Personal Injury Accident	13
3 Member Benefits	14
3.1 Medical Benefits Overview	14
3.2 Out-of-State Services	21
3.2.1 Non-Emergency Services	21
3.2.2 Emergency Services	21
3.3 Prescription Drug Coverage	21
3.4 Telehealth	21
3.5 Finding a Provider	22



Table of Contents

3.6	Transportation Coverage	22
3.7	Services not Covered by Medicaid	23
4	Renewing Benefits	24
4.1	Renewal Process	24
5	Medicaid Rights	25
5.1	Member Rights and Policies	25
	5.1.1 Administrative Hearing	25
5.2	Mistreatment of Benefits	26
5.3	Estate Recovery	26
6	Important Member Information	27
6.1	When to use Emergency Care, Urgent Care, or Primary Healthcare	27
6.2	Medicaid Contact Directory	28
6.3	Additional Support Resources	30
	6.3.1 Medicaid Waivers	30
	6.3.2 Quit Tobacco	30
	6.3.3 Wyoming 211	31
	6.3.4 WYhealth	31
6.4	Links to other Medicaid Handbooks	32
	Website Links	33



Overview



Medicaid:

Medicaid is a program that provides assistance paying for healthcare services for children, pregnant women, families with children, and individuals who are aged, blind, or disabled. Eligibility is determined based on citizenship, residency, family, income, 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 members. It is available to those receiving Social Security Disability Income (SSDI) or those aged 65 and older receiving Social Security payments. Medicare is not part of the Medicaid program. For questions regarding Medicare, please see the [Medicare](#) website.

Medicaid Eligibility Requirements:

To be eligible, a person must meet program-specific income criteria, resource criteria where applicable, and be one of the following:

- Receiving Supplemental Security Income (SSI) through Social Security
- Working members who are disabled and no longer receiving Supplemental Security Income (SSI) due to enrollment in the [1619 program](#)
- In need of nursing home care
- Qualifying for nursing home care but preferring care in their home
- Hospitalized for at least 30 days
- In need of hospice care
- Developmentally disabled
- Living with an acquired brain injury
- In need of care in an Assisted Living Facility
- Diagnosed with breast or cervical cancer
- Living with verified tuberculosis infection
- Disabled and working
- In need of assistance to pay Medicare premiums
- A non-citizen who needs emergency services
- Low-income parent or caretaker relative
- Pregnant women



There may be some exceptions to Medicaid Criteria

Please contact the Customer Service Center at 1-855-294-2127 or TTY/TDD at 1-855-329-5204 or take the ["Could I Qualify?"](#) Quiz online to verify member eligibility.



Apply or Renew for Medicaid Coverage

Applications and renewals can be submitted:

-  Online at [WY Medicaid/CHIP Web Portal](#)
-  By phone at 1-855-294-2127 or TTY/TDD 1-855-329-5204
-  By fax to 1-855-329-5205
-  Mail or drop off during business hours to:
3001 East Pershing Blvd., Suite 125 Cheyenne, WY 82001

Coverage Duration:

Most adult coverage must be renewed every year, unless there is a change in circumstances, which must be reported within 10 business days.

Finding a Provider:

Members are provided access to a variety of healthcare providers under their Medicaid benefits for several different specialties. To find a provider, visit: [Find a Doctor, Hospital or Clinic](#)

For more information on Wyoming Medicaid and Kid Care CHIP, visit [Contact Us | Wyoming Medicaid](#) or call the Customer Service Center: 1-855-294-2127



Find a Medicaid Provider

For every visit, verify the provider is in the Wyoming Medicaid network by visiting [Find a Doctor, Hospital or Clinic](#) and confirming when scheduling an appointment with a Medicaid provider.



1. Application Process

Applying for Medicaid is straightforward and doesn't take much time. Follow the steps below to determine member eligibility and coverage.

1.1 Eligibility Requirements:

To be eligible, a member must meet program-specific income criteria and satisfy one of the following:

- Receiving Supplemental Security Income (SSI) through Social Security
- Working members who are disabled and no longer receiving Supplemental Security Income (SSI) due to enrollment in the 1619 program
- In need of nursing home care
- Qualifying for nursing home care but preferring care in their home
- Hospitalized for at least 30 days
- In need of hospice care
- Developmentally disabled
- Living with an acquired brain injury
- In need of care in an Assisted Living Facility
- Diagnosed with breast or cervical cancer
- Living with verified tuberculosis infection
- Disabled and working
- In need of assistance to pay Medicare premiums
- A non-citizen in need of emergency services
- Pregnant women
- Low-income parent or caretaker relative



Verify Medicaid Eligibility

Please contact the Customer Service Center at 1-855-294-2127 or TTY/TDD 1-855-329-5204 or take the ["Could I Qualify?"](#) Quiz online to verify Medicaid eligibility.

1.1.1 Look-back Period for Coverage Eligibility

There is a five-year look-back period for certain long-term care Medicaid eligibility programs. The look-back period is relevant when an individual applies and would have otherwise been financially eligible but for the individual or the individual's spouse giving away, selling, or liquidating assets (income and/or resources) for less than fair market value (FMV). FMV is the selling price on the open market as set by current standards. A market analysis may determine FMV, a broker's price opinion, or appraisal by a realtor, a broker, or other knowledgeable sources who are familiar with the property values in a given community. Disposal of income and/or resources for less than the fair market value during or after the look-back period will result in a penalty period where the individual is not eligible for Medicaid long-term care services.



1.2 Special Eligibility

Certain Medicaid members may be eligible for presumptive eligibility or retroactive coverage. Additional information on special eligibility and coverage types is discussed below.

1.2.1 Presumptive Eligibility

Presumptive Eligibility (PE) applies to Medicaid. PE allows a member access to temporary Medicaid benefits while their eligibility for full Medicaid benefits is under review. If a member is determined to be eligible for PE, they may receive full Medicaid benefits through a Medicaid provider until a determination is made on the full Medicaid application or the last day of the next month if a full Medicaid application is not received.

To find a qualified hospital or provider, visit: [Presumptive Eligibility](#).

1.2.2 Retroactive Coverage

There may be circumstances when medical treatment occurs before Medicaid coverage begins. Retroactive Medicaid coverage may be available up to three months before the month the submitted application is received if medical bills are owed and all eligibility guidelines have been met during each of those months. Exceptions may apply.



1.3 Applying for Medicaid

There are multiple ways to apply for Medicaid. See below for different ways to complete a Medicaid application:

Paper applications are available at any of the following locations:

- [Department of Family Services \(DFS\)](#) offices
- [Public Health](#) offices
- [Women, Infant, and Children \(WIC\)](#) offices
- [Wyoming Department of Health \(WDH\)](#) website

Paper applications can be mailed or dropped off during business hours at the following location:

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

Applications can also be submitted via:

-  Phone: 1-855-294-2127 or TTY/TDD 1-855-329-5204
-  Email: wesapplications@wyo.gov
-  Online: [WY Medicaid/CHIP Web Portal](#)
-  Fax: 1-855-329-5205

1.4 Application Processing

The Customer Service Center will take information provided on the member application and an eligibility determination will be made by the Wyoming Eligibility System. Applications can take up to 45 days to process. If a member needs to apply for the Blind or Disabled programs, an interview may be needed.

1.4.1 Application Determination Notification

A notification will be received in the mail about member eligibility status, coverage start date, and eligible family members. Notices are also sent for denials, discontinuations, or if more information is needed to determine member eligibility.

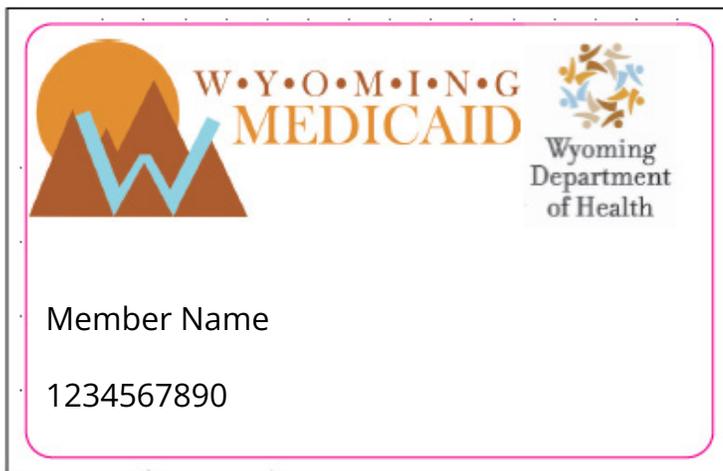
If an applicant feels that member eligibility was wrongly denied, changed, or terminated, an administrative hearing can be requested. See Section 5.1.1 for more information on administrative hearings.



2. Getting started with Medicaid

2.1 Using a Benefit Card

A benefit card will be mailed to the member within two weeks of eligibility approval. A benefit card will be issued for each eligible member who has not already been issued a benefit card in the past. If eligibility has been established previously, benefit cards will remain valid upon renewal, and a new card will not be sent.



When using a Medicaid provider, clinic, hospital, or pharmacy, the benefit card will need to be shown upon check-in for an appointment or to fill a prescription. Medical bills will not be paid by Wyoming Medicaid unless the provider accepts and is actively enrolled in Wyoming Medicaid.

Use the following link to verify or find a provider that is covered by the Wyoming Medicaid network:

[Find a Doctor, Hospital or Clinic.](#)

2.2 Replacing Benefit Cards

If a replacement benefit card is needed:

- Use the [myHealth Portal](#) or contact Member Services via the Customer Service Center to get replacement card(s). Call the Customer Service Center at 1-855-294-2127 or TTY/TDD at 1-855-329-5204 for assistance.

Verify member address is up to date in the myHealth Portal. If a member has moved, their address should be updated with the Customer Service Center before requesting a new benefit card. Allow one to two days after updating an address to request a new benefit card.

Replacement cards can take up to seven days to be received in the mail. The benefit card will also be available online to print on the [Member Home](#).



TIP: Always keep the benefit card on hand in case of an emergency.



2.3 Member Portals

After being approved for Medicaid, visit the two member portals to assist in utilizing and staying informed on member benefits.

2.3.1 WY Medicaid Web Portal

The [WY Medicaid/CHIP Web Portal](#) can be accessed online. Members should create an account to:

- Apply or renew for Medicaid or Kid Care CHIP Benefits
- Report changes in household circumstances
- Check the case status
- Receive online communications
- Access other account management tools

2.3.2 myHealth Portal

The myHealth Portal can be accessed at [Member Home](#) for general Medicaid information including:

- Wyoming Medicaid physicians, dentists, hospitals, or clinics in the member's area
- Wyoming Medicaid pharmacies
- Wyoming Medicaid contact information
- Wyoming Medicaid Handbook (English and Spanish)
- Newsletters and other member materials
- Frequently Asked Questions (FAQs) page
- Transportation Assistance Manual

Create an account on the myHealth Portal to:

- Check Medicaid eligibility
- Ask Medicaid questions regarding benefits, including covered and non-covered services, and other topics
- View copayment information
- Track medical visits
- Request or print a replacement Medicaid Benefit Card
- Make transportation requests for medical and dental appointments, if covered by member benefit plan

To register, a Member ID number or Social Security Number, date of birth, and first and last name will be needed. Step-by-step instructions are provided on the website under [Member Training and Tutorials](#).



2.4 Member Responsibilities

2.4.1 Appointments

When making an appointment, the medical or pharmacy providers must be notified that the member is covered by Medicaid. A member must verify that the provider or pharmacy accepts Wyoming Medicaid. Providers are not required to accept Medicaid and can limit their clientele.

Bring the Medicaid benefit card and any other health insurance information to the appointment. Bring information about the member's current and past medical conditions, including:

- Shot records
- Pill bottles for any current medications being taken
- Past and future surgeries
- The names of healthcare providers and clinics that have been recently visited
- Any needed provider questions

Please remember to attend all scheduled appointments. For the first visit, show up 30 minutes early so there is time to fill out any necessary paperwork. For any additional appointments with that provider, it's helpful to be prompt and show up 15 minutes early.

2.4.1.1 Missed Appointments

Always call ahead of time to cancel any scheduled appointments. If an appointment must be canceled or missed, follow the provider's cancellation policy to avoid being billed for the missed appointment. Many providers need 24-hours' notice for cancellations. Members may be held responsible for charges associated with a missed appointment, and billing notices reflecting missed appointment fees should not be ignored. Wyoming Medicaid will not reimburse providers for missed or canceled appointments.

2.4.2 Payments

Co-payment amounts vary based on the program a member is enrolled in. Payments for medical care will not be made directly to the member. Payments are only made to healthcare providers such as physicians, hospitals, and pharmacies who are enrolled in the Wyoming Medicaid program. If a member has paid a provider for a service and the provider later agrees to bill Medicaid, the provider must first refund any payments to the member.

If a provider is enrolled in the Medicaid program, there is no guarantee that they will bill Medicaid for services provided. Always ask if Medicaid will be billed before receiving services. If the provider states that Medicaid will not be billed and the member decides to receive the service anyway, the member is responsible for paying any bills associated with the appointment.



If a member is billed:

If a bill is received for services that a member believes should have been covered, the following actions should be considered:

- Verify the provider accepts Medicaid and that the benefit card was provided at the visit.
- If eligibility is determined after the visit, speak with the provider about billing to Medicaid.
- Keep a record of conversations with the provider, including the date of the visit, the date of the phone call, and who was spoken with.

If a member still receives a bill or is turned over to collections, contact Member Services via the Customer Service Center at 1-855-294-2127, select the option for billing, and provide the steps taken. A member may be asked to fax or mail the bill for further assistance. Do not ignore medical bills; members should contact the provider immediately and make sure they have the member benefit ID number.

2.4.3 Update Personal Information

As an enrolled member, it is important to keep personal information up to date. Report all changes within 10 business days through the Customer Service Center, Long Term Care (LTC) eligibility (more on this later in this document), or the myHealth Portal. Updates may include:

- Moving out of state
- Changes in mailing address, phone number, or email address
- Updates to other insurance coverage
- Changes in income, resources (such as inheritance or settlements), or the number of people in the home if an adult is receiving benefits
- Anticipated sale of property
- Gifting or transferring income or resources
- Member’s death

2.5 Coordination of Benefits

Coordination of Benefits is when a member has more than one insurance company paying for a medical claim for healthcare services. When receiving healthcare services, present the member benefit 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 the member has 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.



All private insurance changes must be reported to Medicaid by contacting the Third-Party Liability (TPL) Department at 1-855-294-2127. Select: Change a primary insurance policy, Wyoming Health Insurance Premium Payment (WHIPP), Employed Individuals with Disabilities (EID) payments, or subrogation.

If a payment is received for medical bills from a private medical insurance, Worker's Compensation, or casualty insurance while covered by Medicaid, the member must:

- Use the funds to pay the provider
- Contact Customer Service Center at 1-855-294-2127 and select Option 1.

2.5.1 Coordination of Benefits in the Case of a Personal Injury Accident

If a member or an individual legally responsible for a member is involved in a personal injury accident, such as a motor vehicle accident, report the accident by contacting the Customer Service Center at (855) 294-2127, Option 1. Be prepared to provide the following information:

- Date of accident
- Injuries sustained from the accident
- Whether an attorney has been hired and their contact information
- Casualty insurance information such as:
 - Name of the carrier
 - Type of coverage
 - Medical payments liability
 - Underinsured motorist
 - Underinsured motorist coverage another type of insurance
 - Policy number
 - Claim number
 - Contact information for the adjuster

A Member's attorney's office will be contacted for a letter of representation. Research will be conducted to determine if Wyoming Medicaid has paid any Medicaid benefits and services as a result of the accident. A subrogation notice will be sent to the attorney's office and/or the casualty carrier's office with a blank HIPAA (Health Insurance Portability and Accountability Act) authorization to release medical information that must be signed and returned with a copy of appropriate identification. Follow-up will continue until the casualty case is settled or judgment is entered, and Medicaid is paid.

If a member receives a settlement from a personal injury accident, and Medicaid has not been notified of the personal injury claim, call (855) 294-2127, Option 1.



3. Member Benefits

Be sure to read this section carefully as there are limitations and restrictions for services. Keep in mind, also, that benefits may change. Members may be eligible for some or all of these services.

Please be aware, not all services are covered by every Medicaid eligibility program. Some programs cover only specific or limited services. Contact Customer Service Center at 1-855-294-2127 for information regarding specific benefits. Also, a member can log into the [myHealth Portal](#) to view benefits, co-pays, and check monthly eligibility and thresholds.

3.1 Medical Benefits Overview

Table 1. Medical Benefit Details

Services	Details	Limitations & Exceptions
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 requires special care during the trip and if other means of travel would put the member in danger.	
Ambulatory Surgical Center Services	Outpatient surgeries performed in a free-standing facility.	
Chiropractic Services	A system of noninvasive therapy which holds that certain musculoskeletal disorders result from nervous system dysfunction arising from misalignment of the spine and joints and that focuses treatment especially on the manual adjustment or manipulation of the spinal vertebrae.	For adults when Medicare is primary payer.



For members aged 18, 19, or 20, please refer to the children's handbook for full benefits.



Services	Details	Limitations & Exceptions
Clubhouse Services	Clubhouse Services is a program that has its participants, with staff assistance, engaged in operating all aspects of the clubhouse, including food service, clerical, reception, janitorial, and other member services such as employment training, housing assistance, and educational support.	For members 18 years and older.
Dental Benefits	<p>Dental services for qualifying members 18 years and older include:</p> <ul style="list-style-type: none"> • Basic cleanings • Dental x-rays • Exams • Extractions • Repair/realignment of existing dentures 	
Developmental Disability Comprehensive and Support Waiver Services	Supportive services provided to eligible persons 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 dietitian upon referral of a qualified practitioner.	



Services	Details	Limitations & Exceptions
Durable Medical Equipment	<p>Medicaid may cover a member’s specific medical equipment if it is medically necessary or can restore a member’s level of functionality. Common medical equipment that may be covered by Medicaid when requested by a provider:</p> <ul style="list-style-type: none"> • Mobility equipment • Personal grooming and hygiene equipment • Personal health monitors and aids • Prosthetics and orthotic supplies 	
Emergency Services	<p>If a member receives emergency care out of town or state, their Medicaid coverage may pay for services received if the provider is an enrolled Wyoming Medicaid provider and agrees to bill Wyoming Medicaid.</p>	
Family Planning Services	<p>A qualified medical practitioner or a Family Planning Clinic furnishes family planning services to individuals of childbearing age. Pregnancy testing and contraceptive supplies and devices are covered.</p>	



Services	Details	Limitations & Exceptions
Hearing Services	Services of an audiologist and hearing aids.	Once every five (5) years with exceptions.
Home Health Services	Skilled medical services provided by a home health agency to members under a qualified medical practitioner's plan of care.	
Hospice Services	Services delivered in a member's home, hospice facility, or a nursing facility under a physician'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.	
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 independently.	
Interpretation Services	Medically necessary verbal or American Sign Language (ASL) interpretation services that adhere to national standards developed by the National Council on Interpreting in Healthcare (NCIHC).	



		Limitations & Exceptions
Laboratory and X-ray Services	Includes radiology, ultrasound, radiation therapy, and nuclear medicine services, if ordered by a qualified medical practitioner, including annual routine pap tests and screening mammography.	
Mental Health and Substance Use Services	<p>Many Mental Health and Substance Use Services are covered by Wyoming Medicaid when provided by a Medicaid enrolled provider. These provider types include centers or individuals:</p> <p>Centers</p> <ul style="list-style-type: none"> • Community mental health center • Substance abuse treatment center <p>Individuals</p> <ul style="list-style-type: none"> • Advanced psychiatric or mental health nurse practitioner • Physician • Psychiatrist • Licensed psychologist • Licensed mental health professional • Supervised mental health or substance use clinical staff 	Up to 30 behavioral health visits



Services	Details	Limitations & Exceptions
Organ Transplant Services	Medically necessary organ transplants.	For members aged 21 and older, limited to bone marrow, kidney, and liver transplants.
Occupational, Physical, and Speech Therapy Services	Rehabilitative therapy under written orders of a qualified medical practitioner, when provided through a hospital, qualified medical practitioner's office or by an independent occupational, physical, or speech therapist.	<ul style="list-style-type: none"> • 20 occupational therapy sessions • 20 physical therapy sessions • 30 speech therapy sessions <p>Additional sessions may be authorized with documentation of medical necessity.</p>
Psychiatric Hospital Services	Acute psychiatric stabilization.	



Services	Details	Limitations & Exceptions
Psychiatric Residential Treatment Facility (PRTF)	PRTF services provided are 24-hour, supervised, and psychiatric inpatient level of care.	Applies to individuals aged 18 to 21.
Rehabilitation Services	Services to restore movement, speech, or other functions after an illness or injury, when medically necessary and ordered by a qualified medical practitioner.	
Surgical Services	Surgical procedures which are medically necessary.	
Vision Services	<p>Eye exams to diagnose an eye disease or injury, treatment of age-related macular degeneration, and office visits for eye disease or injury.</p> <p>Glasses and contact lenses are not covered.</p>	Comprehensive services, including eyeglasses for members aged 18 to 21, with limits, when provided by an ophthalmologist, optometrist, or optician.



For more information about Medicaid covered services, please speak to your Medicaid provider.



3.2 Out-of-State Services

3.2.1 Non-Emergency Services

If services are available in Wyoming within a reasonable distance from the member's home, the member should use a Wyoming provider for non-emergency services. Out-of-state provider services may be covered if the provider is enrolled in Wyoming Medicaid.

3.2.2 Emergency Services

If a member is traveling within the United States and has a life-threatening health incident, emergency care services may be covered if the provider is enrolled in the Wyoming Medicaid network and accepts the Wyoming Medicaid member. Services provided outside of the United States are not covered.

3.3 Prescription Drug Coverage

Most medications are covered by Medicaid. A prescription is required for all medications. Co-payments may apply for members aged 21 and older.

For additional help, contact your pharmacy provider.

3.4 Telehealth

Telehealth, also known as telemedicine, is covered by Wyoming Medicaid and allows healthcare providers to care for patients without an in-person office visit. Verify that the provider is enrolled in Wyoming Medicaid and that this option is available. The visit is conducted online with internet access on a computer, tablet, or smartphone.

If the member does not have internet access or a mobile device, consider available Public Access Telehealth Spaces (PATHS) booths. These booths offer Wyoming citizens a private space with reliable internet and the necessary technology to connect with provider appointments from the Natrona, Park, and Goshen County public libraries. The PATHS program might be coming soon to a library near you.

For more information on PATHS, visit [Public Access Telehealth Spaces](#).



3.5 Finding a Provider

It is important that members choose providers who are currently enrolled and accepting Wyoming Medicaid for services to be covered. If the provider is not enrolled or willing to become enrolled, the member is responsible for paying for all services provided. Use the following link to verify or find a provider that is covered by the Wyoming Medicaid network: [Find a Doctor, Hospital or Clinic](#).

3.6 Transportation Coverage

Travel Assistance benefit funds can assist Medicaid members to get to and from medically necessary appointments if the member meets certain requirements. Travel Assistance benefits are not intended to cover the full expense of the trip. Members may request assistance either by mileage or by method of travel. Travel assistance supports several kinds of transportation methods, including:

- Private automobile (appointments in another town or out of state)
- Taxi
- Shuttle services
- Lodging (overnight stays)
- Public transportation
- Bus (Greyhound)
- Airline

For detailed information on travel assistance or to submit a travel request, visit Wyoming [Medicaid Travel Assistance Manual](#) or call the Customer Service Center at 1-855-294-2127 and select the option for transportation, Monday - Friday between 7am - 6pm Mountain Time.



3.7 Services not Covered by Medicaid

If a member is unsure about current benefits, discuss them with a healthcare provider before receiving services.

The following services are **NOT** covered:

If Wyoming Medicaid does not cover a service, the member will be responsible for payment.

- Abortion, except as specified by Federal Law
- Acupuncture
- Autopsies
- Alcohol and chemical rehabilitation furnished to an inpatient, except for purposes of detoxification or stabilization of acute conditions
- Biofeedback therapies and equipment
- Canceled or missed appointments
- Chiropractic services, if not covered by Medicare
- Chronic pain rehabilitation
- Claims for which payment was fully made by another insurer
- Cosmetic procedures
- Childcare
- Driving while under the influence (DUI) classes
- Education
- Educational supplies and equipment
- Examinations or reports required for legal or other purposes not specifically related to medical care
- Experimental procedures or drugs
- Gender transition or reassignment procedures
- Groups such as Alcoholics Anonymous, Narcotics Anonymous, and other self-help groups
- Infertility services including reverse sterilization, counseling, and artificial insemination
- Personal comfort items
- Private duty nursing services
- Puberty blockers or hormone therapy
- 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 with the exception of inpatient hospital services
- Services provided for the convenience of the member or provider
- 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 in Medicaid
- Services provided to a member during the first seventy-two (72) hours of emergency detention
- Services provided to a member aged 22 - 64 in an Institution for Mental Disease, including Medicare secondary claims
- Sterilization, unless federal requirements are met
- Unless pre-approved, services which exceed the service limitations
- Waiver services are furnished while the member is an inpatient of a hospital (unless approved under federal guidance), nursing facility, or other institution



4. Renewing Benefits

4.1 Renewal Process

Benefit coverage must be renewed every year. Sixty days prior to coverage end date, a renewal will be sent in the mail before a member's coverage expires. Renewals must be completed by the indicated due date. Renewals can be completed in the mail, over the phone, through email, by fax, or by completing a renewal online at [WY Medicaid/CHIP Web Portal](#).

When submitting a renewal, review the information on the renewal, and update any information that has changed. If coverage is renewed, the member will receive a mailed letter showing the renewal approval.

If coverage is denied, you'll receive a notification letting you know what your final day of coverage is. If you have questions or feel there was a mistake, please contact the Customer Service Center at 1-855-294-2127. You can also request an administrative hearing, see Section 5.1.1 for details.



Find a Medicaid and Kid Care CHIP Provider

For every visit, verify the provider is in the Wyoming Medicaid network by visiting [Find a Doctor, Hospital or Clinic²¹](#) and confirming when scheduling an appointment with a Medicaid provider.



5. Medicaid Rights

5.1 Member Rights and Policies

We believe it is important that members are comfortable with healthcare providers and the overall care they receive.

Members have the right to:

- Receive considerate, respectful, and confidential care from clinics and healthcare providers.
- Receive services without regard to race, religion, political affiliation, gender, or national origin.
- Be told if something is wrong and what tests are being performed, in words the member can understand.
- Ask healthcare provider questions.
- Voice opinions about received care and share in all treatment decisions.
- Receive an explanation about medical charges related to treatments.
- Read medical records.
- Refuse any medical procedure.
- Request an interpreter if needed.
- Use any Medicaid-enrolled provider for approved services.

5.1.1 Administrative Hearing

If a member feels benefits were denied, changed, or terminated in error, an administrative hearing may be requested. An administrative hearing request can be made by following the steps on the back of the notification received of notice of the denial, change, or termination of eligibility. Any requests made outside of 30 days will be denied. Submit the request in the mail, by email, fax, or by phone.

If the administrative hearing is approved, a member may be represented by a lawyer, relative, friend, or themselves. Any legal charges accrued for the administrative hearing will not be paid by Medicaid and will be the member's responsibility. For more information visit [Office of Administrative Hearings](#).



5.2 Mistreatment of Benefits

Medicaid benefits provide vital care and support to many families and children. To keep helping as many children and families as possible, mistreatment or misuse of these benefits is taken seriously.

Wyoming Medicaid identifies three types of mistreatment of benefits:

1. **Fraud** is defined in Medicaid rules as: “An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.”
2. **Waste** encompasses the over-utilization or inappropriate utilization of services and misuse of resources, and typically is not a criminal or intentional act.
3. **Abuse** is related to poor fiscal, business, or medical practices that increase costs, such as reimbursement for services that are not medically necessary, coding errors, and other mistakes.

Providers who improperly bill for services and beneficiaries who cause unnecessary costs risk losing continued eligibility to participate in the Medicaid program and may face criminal and civil monetary penalties.

5.3 Estate Recovery

Estate Recovery is a federally required program where states are mandated to recover paid Medicaid benefits and services from the estates of members aged 55 or older or from the estates of members who were permanently institutionalized in a nursing facility, intermediate care facility (for people with intellectual disability), or other medical facility. Medicaid will place a lien against any real property the Medicaid member had an interest in or should have had an interest in at the time of their death, and/or Medicaid will file a claim in the deceased member’s probate estate.

Estate recovery does not apply to members who were only eligible for a Medicare Savings Program, such as Qualified Medicare Beneficiary or Specified Low-Income Medicare Beneficiary.

For information or questions about estate recovery, please call the Third-Party Liability (TPL) Department at 1-855-294-2127, Option 1.



**To report Fraud, Abuse,
or Waste in the Medicaid
Program call the Fraud
Hotline at 1-855-846-2563.**



6. Important Member Information

6.1 When to use Emergency Care, Urgent Care, or Primary Healthcare

Table 2. When to use Emergency Care, Urgent Care, or Primary Healthcare

Emergency Room	Urgent Care	Healthcare Provider
<p>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 health threat. If a member is experiencing an emergency, call 911 or seek emergency care at the nearest emergency room. Some examples of emergencies are:</p> <ul style="list-style-type: none"> • Trouble breathing • Chest pain • Severe cuts or burns • Loss of consciousness or blackout • Bleeding that does not stop • Vomiting blood • Broken bones 	<p>Urgent care is helpful if an injury or illness isn't as severe, but a same-day appointment is needed. Many urgent care and walk-in clinics are available during times when healthcare care clinics may be closed, including early mornings, evenings, weekends and holidays.</p> <p>Some symptoms that may prompt a same day visit to urgent care include:</p> <ul style="list-style-type: none"> • Sprains or strains • Minor burns without blisters • Small cuts that may need stitches • Fever without a rash • Flu symptoms, sore throat, or ear pain • Vomiting and diarrhea • Painful urination • Minor allergic reactions 	<p>Healthcare providers are for general and overall health. Visits to healthcare providers will require an appointment in advance.</p> <p>Healthcare providers can provide:</p> <ul style="list-style-type: none"> • Routine checkups • Vaccinations • Diagnosis and treatment of long-term medical conditions • Referral to a specialist, if needed



Unsure when to seek professional medical care?

Call the 24/7 nurse line at 1-888-545-1710, Option 2. This is a benefit for Wyoming Medicaid members only. Please have the member's Medicaid ID number ready when calling.



6.2 Medicaid and Kid Care CHIP Contact

Table 3. Medicaid and Kid Care CHIP Contact

Contact Us For	Agency Name	Contact Information
<ul style="list-style-type: none"> • Medicaid applications • KID Care applications • Eligibility renewal • Covered services • Travel request • Verification of services • Received a bill from a medical provider • Member eligibility questions regarding these programs: <ul style="list-style-type: none"> ◦ Family and Children ◦ Tuberculosis Assistance ◦ Medicare Savings ◦ Employed Individuals with Disabilities (EID) 	Customer Service Center	<p> Phone: 1-855-294-2127</p> <p>TTY/TDD: 1-855-329-5205</p> <p>Hours: 7am – 6pm MST (Monday – Friday)</p> <p> Fax: 1-855-329-5205</p> <p> Website: WY Medicaid/CHIP Web Portal</p>
<ul style="list-style-type: none"> • Travel requests: <ul style="list-style-type: none"> ◦ Make a new request ◦ Follow up on a request ◦ W-9 questions ◦ Travel payment questions • Received a bill from a provider • Verification of services 	Member Services	<p> Phone: 1-855-294-2127</p> <p>Select: Travel assistance or received a bill</p> <p>Hours: 7am - 6pm MST (Monday - Friday)</p> <p> Fax: 1-307-460-7408</p> <p> Website: Home Wyoming Medicaid Member Portal (self-serve):</p> <ul style="list-style-type: none"> • Check eligibility • Enter travel request • And more



Contact Us For	Agency Name	Contact Information
<ul style="list-style-type: none"> • Children’s Special Health (CSH) program eligibility • Covered services and limitations 	Public Health Nursing (PHN)	 Phone: 1-800-428-5795 or 1-307-777-6921
<ul style="list-style-type: none"> • Initial Long-Term Care (LTC) Plan application • Application renewals • Financial determination 	Long Term Care (LTC) Eligibility	 Phone: 1-855-203-2936
<ul style="list-style-type: none"> • Report a new insurance policy • Update an insurance policy • Wyoming Health Insurance Premium Payment Program (WHIPP) • Employed Individuals with Disabilities (EID) payments/premium balances • Estate and trust • Subrogation 	Third Party Liability (TPL) Department	 Phone: 1-855-294-2127 or 1-888-996-6223 Select: Change a primary insurance policy, WHIPP, EID payments, subrogation Hours: 7am – 6pm MST (Monday – Friday)
<ul style="list-style-type: none"> • Diabetes incentive program • Educational Information about WYhealth Programs • Receive support to improve your health 	WYhealth (Care Management)	 Phone: 1-888-545-1710 (OPTION 4) Nurse Line: (OPTION 2)  Website: Wyoming Medicaid Health Management

Text Communications to Enrolled Members



Medicaid sends text messages to the member’s mobile device with a link to a personalized news feed to communicate important information regarding member benefits and health. Text messages are sent from the number 53039 and are an official communication from the Wyoming Department of Health.



6.3 Additional Support

6.3.1 Medicaid Waivers

Wyoming Medicaid offers three waiver programs with rules and practices that differ from traditional Medicaid:

- **Community Choices Waiver:** serves individuals aged 65 and older, or individuals aged 19–64 who have a verified, qualifying disability.
- **Supports Waiver:** provides supportive services to eligible individuals of all ages who have an intellectual or developmental disability or an acquired brain injury.
- **Comprehensive Waiver:** provides comprehensive services to eligible individuals of all ages who have an intellectual or developmental disability, or an acquired brain injury. Individuals must meet emergency and eligibility criteria to receive services.

To learn more about these waivers, visit [Home and Community Based Services \(HCBS\)](#).

6.3.2 Quit Tobacco

The Quit Tobacco program is free and offers customized plans, quit coach support, and free nicotine and gum patches. Enroll in Quit Tobacco online at [Wyoming Quit Tobacco](#) or 1-800-QUIT-NOW.



6.3.3 Wyoming 211

Wyoming 211 provides every person across the state of Wyoming with a place to turn when they need answers to life's challenges, big or small. Wyoming 211 is a free, anonymous, helpline offering listening support, information, and referrals to nearly 2,800 programs and services. The helpline is available online 24/7 at [Wyoming 211](#) or by phone Monday-Thursday from 8am-6pm by dialing 211 or 1-888-425-7138.

6.3.4 WYhealth

WYhealth is a FREE health management program available through the Wyoming Medicaid benefit package. The program promotes wellness across the Medicaid population and focuses on members with chronic health conditions. This program provides additional support for members to set and achieve health goals, better understand medical conditions, and will help address other needs such as food, housing, and more by identifying available resources in the member's area.

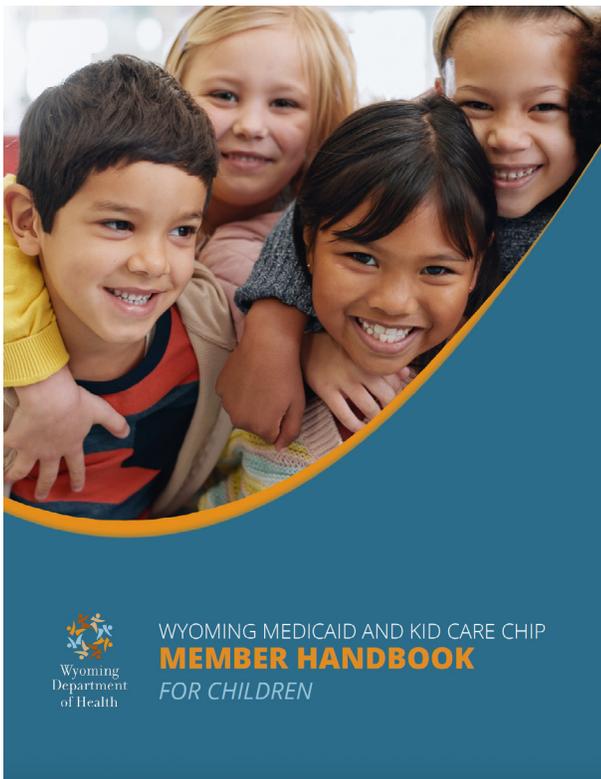
Each member who would like to participate in WYhealth is matched with a Registered Nurse Care Manager. Initially, the Nurse Care Manager will conduct a clinical health assessment to understand the member's health and any specific needs they have. The Nurse Care Manager will call monthly to discuss the member's health, any chronic conditions they have, and medications they're taking, to collaborate with the member to set and achieve health goals, and to answer any health questions. All health goals and progress will be documented in a personalized plan of care. For more information, visit [Wyoming Medicaid Health Management](#).

To enroll in WYhealth, visit: [WYhealth Program Referrals](#), or use your smartphone camera to scan the QR code.

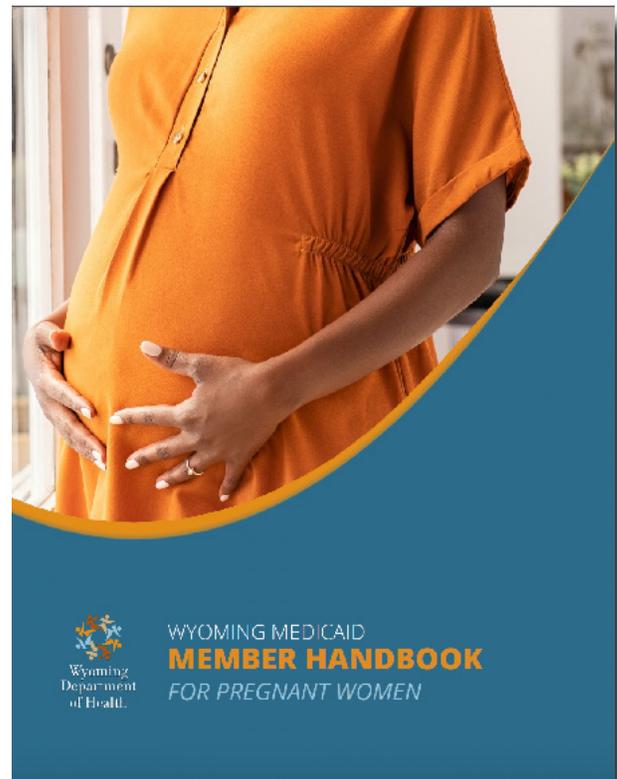


6.4 Links to other Medicaid Handbooks

This handbook includes information specific to Adults, which differs from other Medicaid populations. For information on Children and Pregnant Mother benefits, visit the links below:



[Wyoming Medicaid and Kid Care Chip Member Handbook for Children](#)



[Wyoming Medicaid Member Handbook for Pregnant Women](#)



Website Links

1619 Program <https://www.ssa.gov/disabilityresearch/wi/1619b.htm>

Department of Family Services: <https://dfs.wyo.gov/>

Find a Doctor, Hospital or Clinic | Serving Wyoming Medicaid Providers and Members: <https://www.wyomingmedicaid.com/portal/find-doctor-hospital-or-clinic>

Home | Serving Wyoming Medicaid Providers and Members: <https://www.wyomingmedicaid.com/>

Home and Community Based Services (HCBS) Section: <https://health.wyo.gov/healthcarefin/hcbs/>

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

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

Office of Administrative Hearings (wyo.gov): <https://oah.wyo.gov/>

Presumptive Eligibility - Wyoming Department of Health: <https://health.wyo.gov/healthcarefin/medicaid/pelinks/>

Public Access Telehealth Spaces – Wyoming Telehealth Network: <https://wyomingtelehealth.org/public-access-telehealth-spaces/>

Public Health: <https://health.wyo.gov/publichealth/nursing/phn-co-offices/>

Serving Wyoming Medicaid Providers and Members: <https://wyomingmedicaid.com/portal/Contact-Us>

Welcome to Medicare: <https://www.medicare.gov/>

Women, Infants, Children (WIC): <https://health.wyo.gov/publichealth/wic/>

Wyhealth Program Referrals: https://docs.google.com/forms/d/e/1FAIpQLSftFY_jN8rdf-PZScFj-N4AzMiNvpsNq6o8MGthfW9E-atqNBQ/viewform

Wyoming 211: <https://wyoming211.org/>



Website Links

Wyoming Department of Health (WDH): <https://health.wyo.gov/healthcarefin/apply/>

Wyoming Medicaid Health Management (WYhealth) - Wyoming Department of Health: <https://health.wyo.gov/healthcarefin/medicaid/wyoming-medicaid-health-management/>

Wyoming Medicaid Travel Assistance Manual | Serving Wyoming Medicaid Providers and Members: https://wyomingmedicaid.com/portal/Travel_Assistance_Manual

Wyoming Quit Tobacco: <https://www.quitwyo.org/>

WY Medicaid/CHIP Web Portal: <https://www.wesystem.wyo.gov/>

