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State Name: West Virginia

State Plan Amendment (SPA) #: 13-0020-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachment that is part of the State Plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #011620144030

MAR 18 2014

Ms. Nancy V. Atkins, RN, MSN, NP-BC
Commissioner
Bureau for Medical Services
Department of Health and Human Resources
350 Capitol Street, Room 251
Charleston, WV 25301-3706

Dear Commissioner Atkins:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of West Virginia's State Plan Amendment (SPA) 13-0020-MM7. SPA13-0020-MM7 proposes that one or more qualified hospitals determine presumptive eligibility under 42 Code of Federal Regulations §435.1100 and West Virginia provides Medicaid coverage for individuals determined presumptively eligible.

This SPA is acceptable. Therefore, we are approving SPA 13-0020-MM7 with an effective date of January 1, 2014. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages for S21.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

~~Francis McCullough~~
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: West Virginia

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

WV-13-0020

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

ACA

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Hospital-based Presumptive Eligibility

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Not required.

Signature of State Agency Official

Submitted By: Sarah Young

Last Revision Date: Mar 7, 2014

Submit Date: Jan 6, 2014



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: 75% of individuals who are determined presumptively eligible must submit a regular application prior to the end of the presumptive eligibility period.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: 50% of individuals who are determined presumptively eligible and have submitted a regular application prior to the end of the presumptive eligibility period must be determined eligible for Medicaid.

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

	Name of limitation	Description	
+	HBPE Period	No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. West Virginia will rely on patient attestation for verifications.	X
+	Pregnancy	Pregnant women may have more than one period in 12 months in the following scenarios: -The patient has two pregnancies in a 12 month period -The patient has one pregnancy and later in the same 12 month period requests a non-pregnancy PE determination -The patient had a non-pregnancy PE determination and then later in the 12 month period becomes pregnant	X



Medicaid Eligibility

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



*State of West Virginia
Bureau for Medical Services*

**HOSPITAL-BASED PRESUMPTIVE
ELIGIBILITY: AUTHORIZED
HOSPITAL EMPLOYEE TRAINING**

Authorized Hospital Employee Training
March 2014

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4. Full Medicaid Application

5. Performance Measures

6. Corrective Action

7. Test

Introduction

1.1 Rule Overview

Hospital Based Presumptive Eligibility (HBPE)

- The Affordable Care Act (ACA) added section 1902(a)(47)(B) of the Social Security Act (SSA) to give hospitals the option, as of January 1, 2014, to determine presumptive eligibility for certain Medicaid coverage groups.
- A qualified hospital may elect to make presumptive eligibility determinations for populations whose eligibility is determined using the Modified Adjusted Gross Income (MAGI) methodology.
- Determinations are made based on preliminary information, and according to policies and procedures established by the state Medicaid agency.

Introduction

1.1 Rule Overview (continued)

Hospital Based Presumptive Eligibility (HBPE)

- Patients may have no more than one Presumptive Eligibility (PE) determination within a 12-month period, starting with the effective date of the initial PE period. West Virginia will rely on patient attestation for verifications in the absence of an automated system that can verify the applicant's past use of PE.
- Pregnant women may have more than one period in 12 months in the following scenarios:
 - The patient has two pregnancies in a 12-month period.
 - The patient has one pregnancy and later in the same 12-month period requests a non-pregnancy PE determination.
 - The patient had a non-pregnancy PE determination and then later in the 12-month period becomes pregnant.

Introduction

1.2 Impact on Hospitals

If a hospital elects to participate in the HBPE program, the hospital is:

- Able to bill WV Medicaid for services provided during bill for services provided during the HBPE period (for PE patients), which will reduce the number of charity care cases hospitals must cover.
- Required to adhere to the BMS policies and procedures that govern the program.

Introduction

1.3 Hospital Employee Role Overview

As an Authorized Hospital Employee (AHE), you :

- Must participate in this training and pass the test to achieve certification.
- Must complete and submit the User Agreement with WV inROADS prior to conducting PE determinations.
- Must assist the Presumptively Eligible (PE) patient in submitting their full Medicaid application.
 - While a full Medicaid application is strongly encouraged, it cannot be required to complete a presumptive eligibility (PE) determination.
- Are encouraged to transfer any and all necessary patient intake information the hospital gathered in the registration process if it is available (such as name, address, SSN, phone number) into the patient's HBPE questionnaire.
 - AHEs should also confirm all information with the patient or an individual reasonably expected to know and ask the patient if the information is correct, modifying incorrect or incomplete questions.

2. Privacy and Security

All patient information gathered for the PE determination and full Medicaid application must be kept confidential by the AHE and any other hospital employee who has access to the information. This includes not providing information to their employer, unless he/she has written permission from the Bureau for Medical Services to access this information. AHEs must:

1. Treat all available data as confidential information.
2. Keep passwords secured and confidential, i.e., passwords cannot be shared with co-workers or other individuals.
3. Access the online computer system using his/her own ID and password.
4. Not access or request any information that is not necessary for making PE determinations or submitting the full Medicaid application.
5. Not leave WV inROADS open unless it is secured to the extent that no one else will be able to access, use, or view the data.
6. Not disclose confidential information even after the termination of employment or the business relationship, unless specifically waived in writing by the Bureau.

Process for Making a Presumptive Eligibility Determination

3.1 When to use HBPE

HBPE should be offered to individuals who are not already enrolled in Medicaid, may be eligible for Medicaid, and are West Virginia Residents, AND are a member of one or more of the following groups:

- Children under Age 19
- Pregnant Women
- Adults between ages 19 and 64
- Former West Virginia Foster Care Children under age 26
- Certain Individuals Needing Treatment for Breast or Cervical Cancer
- Incarcerated Individuals With Hospital Stays Exceeding 24 Hours

Process for Making a Presumptive Eligibility Determination

3.1 When to use HBPE

Using the WV inROADS system you will be able to:

- Submit the HBPE questionnaire on behalf of the patient.
- Review the responses to each question and make the PE determination for the patient.
- Provide a determination notice to the patient immediately after the determination is made.

If the patient is presumed eligible, WV inROADS will provide you with the option to continue on to the full Medicaid application.

Note: The State will track how many individuals who were presumed eligible went on to complete the full Medicaid SLA.

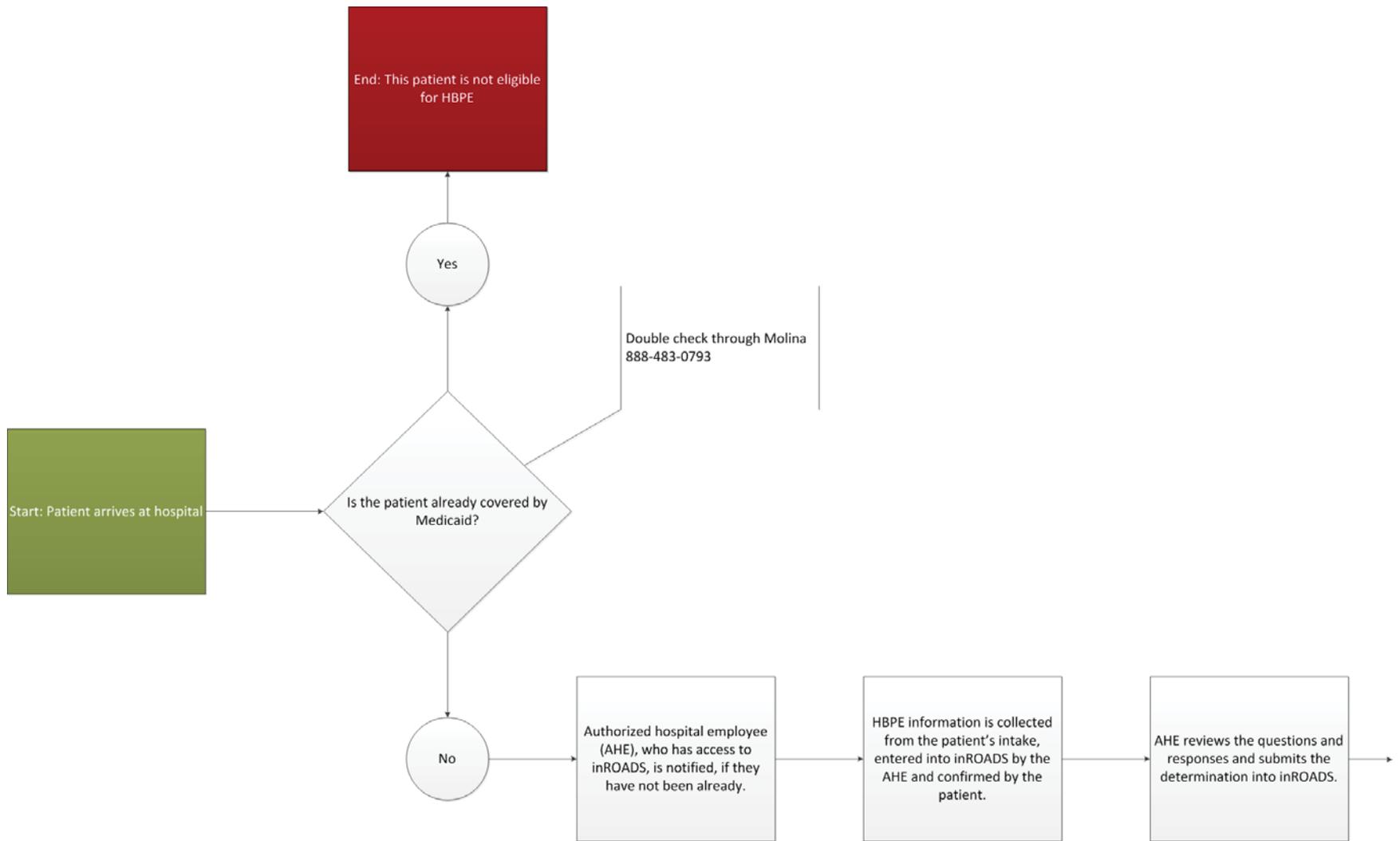
Process for Making a Presumptive Eligibility Determination

3.2 Desktop Manual

The Desktop Manual will be available for the hospital administrator and AHE to review at any time. For detailed step-by-step documentation, please download the desktop manual: <http://www.dhhr.wv.gov/bms>.

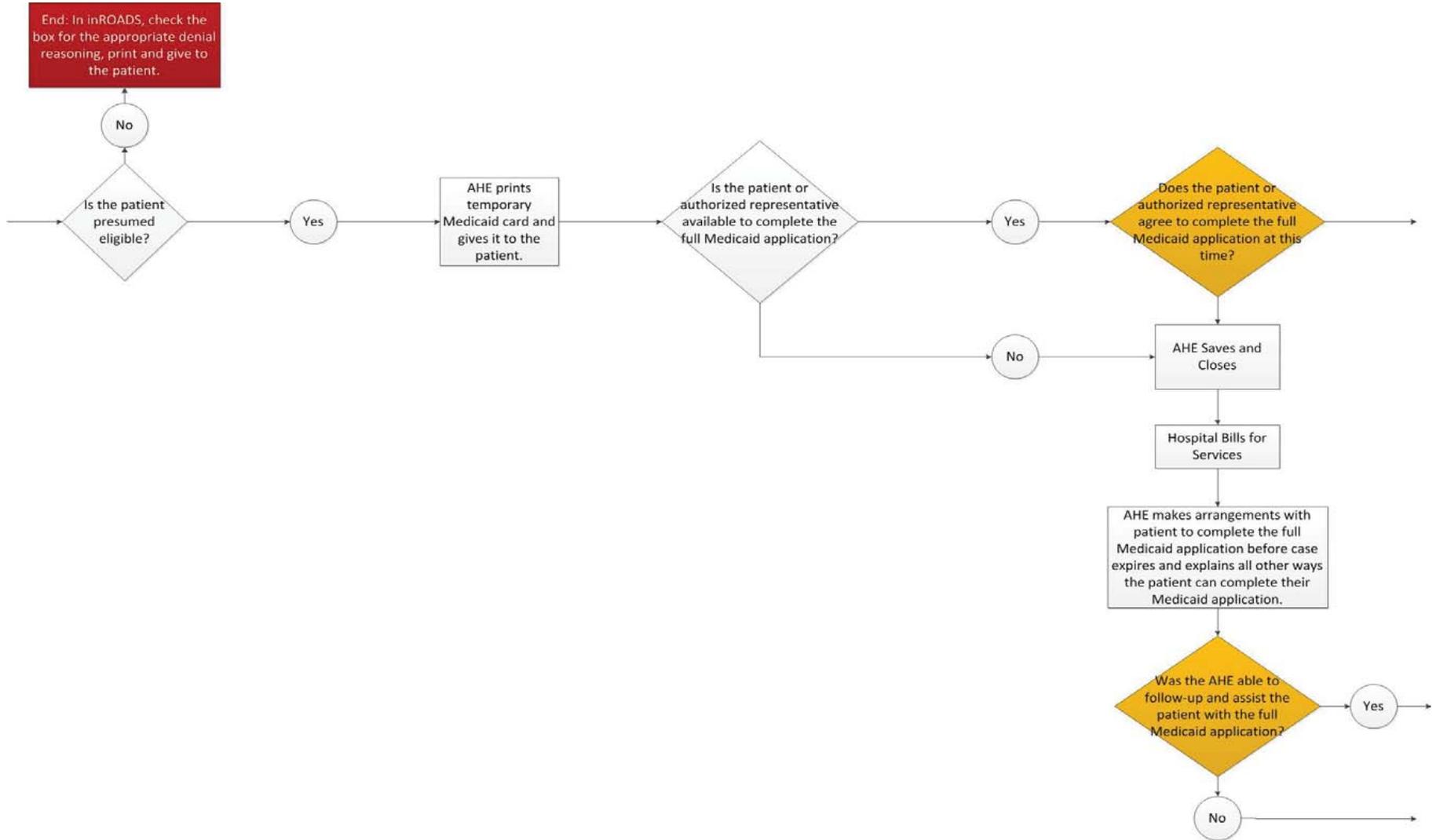
Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination (Page 1)



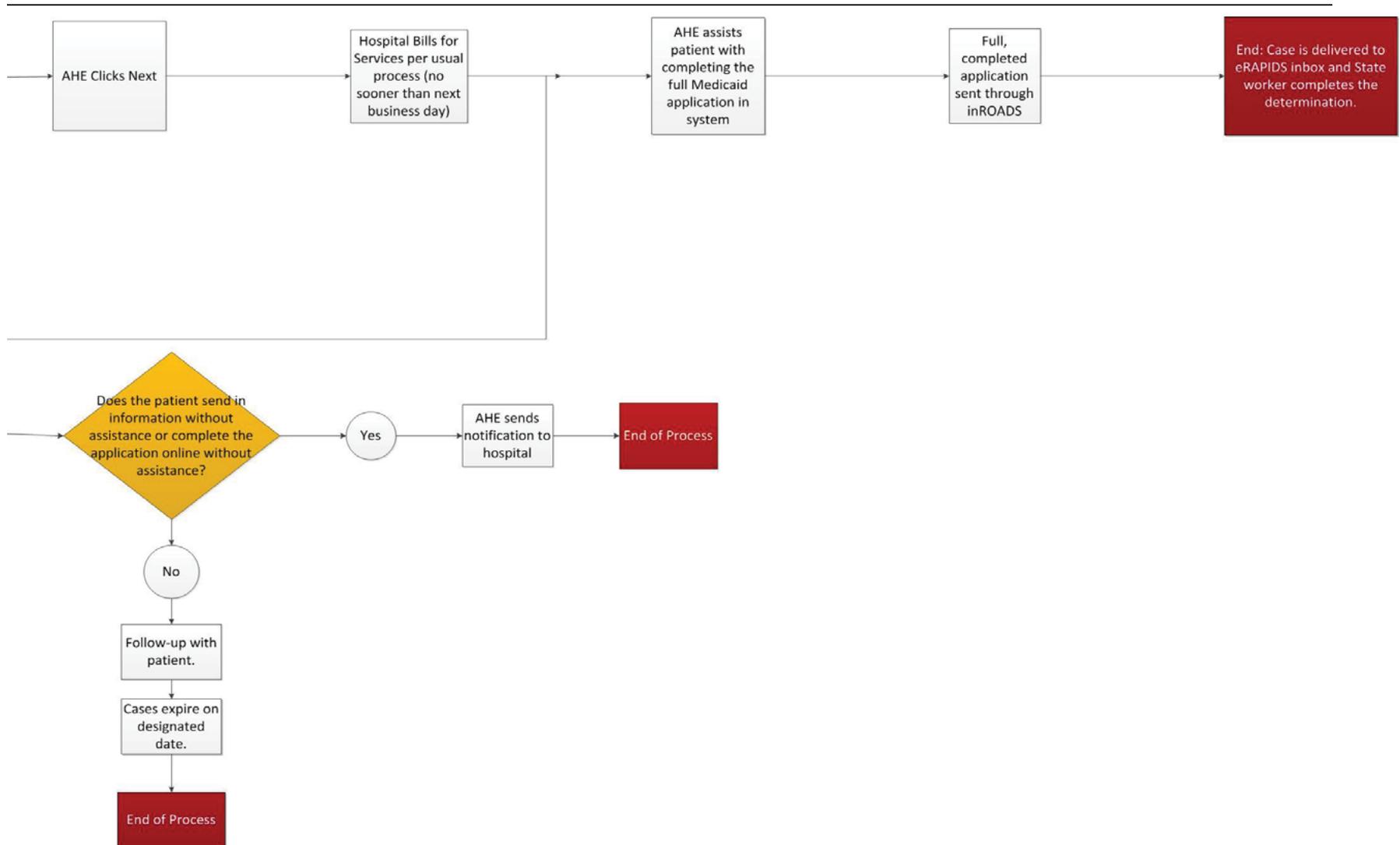
Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination (Page 2)



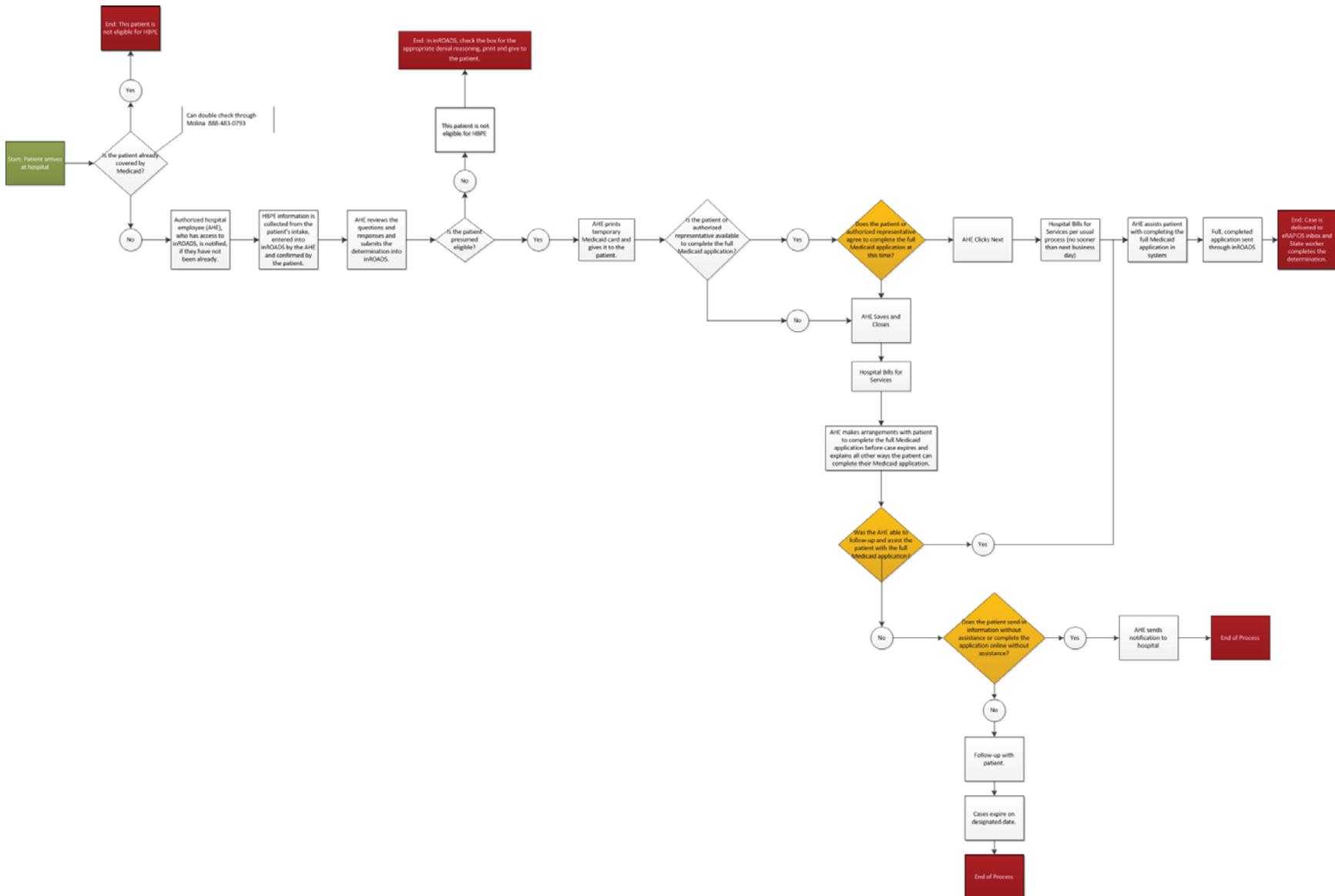
Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination (Page 3)



Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination (Complete)



Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

inROADS
An Open Road to Benefits.

West Virginia Department
of Health and Human Resources

Help ?

Due to the recent ACA changes, any in progress applications or reviews that included Healthcare Benefits have been deactivated. Log in to your account to begin a new application or review. Any in progress applications or reviews that did not contain healthcare can be accessed from your account and continued.

Welcome to inROADS!

inROADS evaluates you for possible eligibility and allows you to apply / review for benefits offered by the state of West Virginia. inROADS also provides the ability for you to check your benefits information online.

To avoid errors when using inROADS, please do not use the Forward, Back or Stop buttons on your browser. Instead, click on the inROADS pictures and links to move from page to page.

[Click here for a list of commonly asked questions about the new inROADS.](#)

Am I Eligible? Click on the picture to evaluate for possible eligibility. The self-service screening process can tell you if one or more members of the household are potentially eligible for benefits.

Partners/Providers Click on the picture to log on as a Community Partner or HBPE Worker.

My inROADS Account

You will need to create a My inROADS Account to:

- Apply for Benefits Online
- Review Benefits Online
- Check Your Benefits
- Manage Your Benefits

Login to your My inROADS Account

User ID

Password

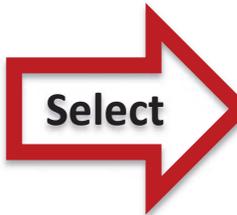
WV DHHR Worker :
 No Yes **LOGIN**

Forgot your password? Is your account locked? Please enter your User ID and [click here](#)

Forgot your User ID? [Click here](#)

[Click here to create a My inROADS Account](#)

If you need help using inROADS, there are Community Partners who can assist you with this process. [Click here to see a list of Community Partners in your area.](#)



Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

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West Virginia Department
of Health and Human Resources

Print Help

Please Log In

User ID:

Password:

Benjamin H User : No Yes

LOGIN

[Forgot your password? Is your account locked?](#)
If you have never logged into your account before and you have forgotten your password, you will need to contact your local administrator.

[Data Release Agreement \(Signed by Agency Administrator\)](#)
[Admin User Agreement \(Signed by Agency Administrator\)](#)

Exit

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

User: LIZLEMON Location: HBPE Hospital 1

Welcome to the Hospital Based Presumptive Eligibility Portal

This is the first time you are logging into your Hospital Based Presumptive Eligibility portal account. Before you get started, you will need to read and agree to the Hospital Based Presumptive Eligibility User Agreement below. You will also need to provide a secret question and answer so that you can recover your account if you ever forget your password or lock your account.

Hospital Based Presumptive Eligibility User Agreement

The value and sensitivity of client information is protected by law and the West Virginia Department of Health and Human Resources ("Department"). The intent of these laws and policies is to protect the client against the unauthorized disclosure of confidential information, and to ensure that the information is used solely for the purpose for which it was gathered.

For the purposes of this agreement confidential information includes, but is not limited to records, information and communications of the Department and the Organization that identify clients being assisted with the inROADS Application, Review Benefits or Screen for Benefits.

As a condition to receiving a system log in ID and password and being allowed access to the inROADS system, and for being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions.

1. My ID and password is equivalent to my LEGAL SIGNATURE and I will not disclose these codes to anyone, write the codes down, or allow anyone to access the system using my ID or password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my ID and password even if such action was made by another due to my intentional or negligent act or omission.
3. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another user's password.
5. If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password and notify my site administrator.
6. I will not access or request any information that is not necessary for the performance of my job.
7. I will not access, use or disclose any CONFIDENTIAL information unless required to do so in the official capacity of my employment or contract.
8. I understand that I have no right or ownership interest in any information available to me on the Department's system.
9. I will not leave a computer application unless it is secured to the extent that no one else will be able to access, use, or view the data.
10. I will not access any on-line computer system using an ID and password other than my own.
11. I will not disclose the minimum necessary CONFIDENTIAL information to only parties with a legitimate need in the performance of the Department's mission.
12. I will comply with all policies and procedures and other rules of the Department relating to CONFIDENTIALITY of information and passwords.
13. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
14. I agree that disclosure of CONFIDENTIAL information is prohibited immediately, even after the termination of employment or business relationship, unless specifically waived in writing by the Department.

Electronic Signature

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Required I have read and understand this entire nondisclosure Agreement and agree to abide by it. I understand that if I violate any of the above-mentioned terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to the Department. I understand that criminal prosecution will be initiated if I knowingly and intentionally disclose the information to any unauthorized individuals or use the data for fraudulent purposes.

First Name **Required** Middle Initial Last Name **Required**

Secret Question

We're also asking a "secret question" that you can use if you ever need to recover your password. Click on the box to choose a question that only you know the answer to. This'll fill in your answer. It's a good idea to write down the question you select and the answer you give, since you will need to enter the information in exactly the same way if you lose your password.

Secret Question **Required**

Answer to Secret Question **Required**

Change Your Password

Since this is the first time you are logging into your account, you will need to change your password. Enter your old password first, then enter your new password twice. Keep in mind your password must be 8 to 15 characters long. To create a secure password, you must use letters and at least one number.

Old Password **Required**

New Password **Required**

Please re-enter your Password **Required**

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

The screenshot displays the inROADS Community Partner Portal interface. At the top, it shows the user's name (LIZ LEMON) and location (HBPE Hospital 1). The main section is titled "Presumptive Eligibility Portal" and includes a search form with fields for Application Number, PE Determination, Applicant Last Name, Applicant First Name, Date of Birth, Applicant SSN, Start Date, End Date, and Status. A red box highlights the "My Shortcuts" section, which contains a link to "Start a Presumptive Eligibility Application". Below the search form are several tables showing application status, including "Applications You Recently Saved", "Applications Your Hospital Recently Saved", "Applications You Recently Submitted", and "Applications Your Hospital Recently Submitted". A warning message at the bottom states: "WARNING: THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy."

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

The screenshot shows the 'inROADS' web application interface. At the top, there is a header with the 'inROADS' logo and the text 'An Open Road to Benefits.' on the left, and the 'West Virginia Department of Health and Human Resources' logo on the right. Below the header, there is a progress indicator showing '14% Complete' and buttons for 'Print' and 'Help'. The main content area displays a message 'Hello, uat. You are logged in.' with a 'Logout' link. A 'Presumptive Eligibility' button is visible on the left. The form is divided into two sections: 'Personal Information' and 'Citizenship Information'. The 'Personal Information' section includes a question 'Has this person been approved for presumptive eligibility in the last 12 months?' with 'Yes' and 'No' radio buttons. Below this are input fields for 'First Name' (containing 'Larry'), 'Middle Initial', 'Last Name' (containing 'Lemon'), and 'Suffix'. There are also radio buttons for 'Gender' (Male and Female), a 'Date of Birth' field (containing '03/05/1978'), and a 'Social Security Number' field. A 'Language' dropdown menu is set to 'English'. The 'Citizenship Information' section includes a question 'Is this person a US citizen or national?' with 'Yes' and 'No' radio buttons. At the bottom of the form, there are buttons for 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

Note the required fields that you must collect from the patient

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

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An Open Road to Benefits.

West Virginia Department of Health and Human Resources

10% Complete

Hello, ust. You are logged in. [Logout](#)

Presumptive Eligibility

Residence Information

Does this person intend to reside in West Virginia? (Required) Yes No

In what county does this person live in? (Required) Kanawha

Address

Street#: Street Direction: PO Box or Street Name:

Street Type: Apt#: City Direction:

City: State: Zip:

Is this person's mailing address different from home address? (Required) Yes No

Contact Information

Primary Phone: - -

Alternative Phone: - -

Work Phone: - - Ext:

Email Address:

[Previous](#) [Save & Exit](#) [Next](#)

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

The screenshot displays the 'inROADS' web application interface. At the top left, the logo reads 'inROADS An Open Road to Benefits.' At the top right, it says 'West Virginia Department of Health and Human Resources' with the state seal. A progress bar shows '10% Complete'. Navigation buttons for 'Print' and 'Help' are visible. The user is logged in, and a 'Logout' link is present. A sidebar on the left contains a 'Presumptive Eligibility' button. The main form area contains five sections, each with a question and radio button options:

- Pregnancy Information:** Is this person pregnant? (Required) Yes No
- Foster Care:** Was this person in West Virginia foster care at age 18 or older? (Required) Yes No
- Breast and Cervical Cancer Patients:** Is this person currently being treated for breast or cervical cancer? (Required) Yes No
- Parents / Caretakers Over 65:** Is this person a parent/caretaker of an individual 19 years of age or younger? (Required) Yes No
- Income Information:** How many individuals are included in this person's tax household for this federal tax year? (Required) [input field]. What is the household's estimated income? (Required) \$ [input field] per month per year

At the bottom, there are three buttons: 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red rectangular box.

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓
Citizenship	✓
Resident of West Virginia	✓
Income Level	✓
Pregnancy	N/A
West Virginia Foster Care	N/A
Breast and Cervical Cancer Patient	N/A
Parent/Caretaker over 65	N/A

Notes

This field is for any notes/reminders the authorized hospital worker may need for future reference (incarcerated individuals, individuals who have passed away prior to the completion of the full application, etc.). This is internal information only and will not be shared with any outside entities.

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.
 No, this person is not eligible for Presumptive Eligibility.

This person was admitted to the hospital (Required)

Yesterday
< click here to choose >
 Today
 Yesterday

← Previous

↗ Exit

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓
Citizenship	✓
Resident of West Virginia	✓
Income Level	✓
Pregnancy	N/A
West Virginia Foster Care	N/A
Breast and Cervical Cancer Patient	N/A
Parent/Caretaker over 65	N/A

Notes

This field is for any notes/reminders the authorized hospital worker may need for future reference (incarcerated individuals, individuals who have passed away prior to the completion of the full application, etc.). This is internal information only and will not be shared with any outside entities.

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.
 No, this person is not eligible for Presumptive Eligibility.

This person was admitted to the hospital (Required)

Yesterday
< click here to choose >
Today
Yesterday

Submit Determination

← Previous

↶ Exit

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

15% Complete

Hello, uat. You are logged in.

Presumptive Eligibility

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓ OR ✗
Citizenship	✓ OR ✗
Resident of West Virginia	✓ OR ✗
Income Level	✓ OR ✗ OR N/A
Pregnancy	✓ OR ✗ OR N/A
West Virginia Foster Care	✓ OR ✗ OR N/A
Breast and Cervical Cancer Patient	✓ OR ✗ OR N/A
Parent / Caretaker Over 65	✓ OR ✗ OR N/A

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.

No, this person is not eligible for Presumptive Eligibility.

Submit Determination

Print Information

Please click the button below to print Presumptive Eligibility information.

Print PDF

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below.

Save & Exit

**Print temporary
medical card**

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

UNAUTHORIZED USE IS A FRAUDULENT PRACTICE

Temporary Medical Card



Client Name: SMITH, PEGGY

Address: 1012 Kanawha Blvd
Charleston, WV 25312

Date of Birth: 10/07/2009

Temporary ID #: 00123456789

From: 10/01/2013

Up To: 11/30/2013

Issued By: CAMC Memorial Hospital

 **West Virginia**
Department of Health
& Human Resources

WARNING - THE USE OF THE TEMPORARY MEDICAL CARD HEREIN ENCLOSED BY ANY PERSON OTHER THAN THE INDIVIDUALS DESIGNATED ON THE CARD WILL CONSTITUTE AN OFFENSE, WHICH WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

PE can end due to the case time period ending or the patient applying to Medicaid.

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

Proceed to full application

15% Complete

Hello, uat. You are logged in. Logout

Presumptive Eligibility

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓ OR ✗
Citizenship	✓ OR ✗
Resident of West Virginia	✓ OR ✗
Income Level	✓ OR ✗ OR N/A
Pregnancy	✓ OR ✗ OR N/A
West Virginia Foster Care	✓ OR ✗ OR N/A
Breast and Cervical Cancer Patient	✓ OR ✗ OR N/A
Parent / Caretaker Over 65	✓ OR ✗ OR N/A

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.

No, this person is not eligible for Presumptive Eligibility.

Submit Determination

Print Information

Please click the button below to print this person's Presumptive Eligibility information.

Print PDF

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below.

The Presumptive Eligibility process is complete.
Click 'Full Application' to continue to the full inROADS application.

Full Application Save & Exit

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

15% Complete

Hello, uat. You are logged in.

Presumptive Eligibility

Warning: An individual with this SSN has been approved for Presumptive Eligibility in the last 12 months. Please evaluate accordingly.

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓ OR ✗
Citizenship	✓ OR ✗
Resident of West Virginia	✓ OR ✗
Income Level	✓ OR ✗ OR N/A
Pregnancy	✓ OR ✗ OR N/A
West Virginia Foster Care	✓ OR ✗ OR N/A
Breast and Cervical Cancer Patient	✓ OR ✗ OR N/A
Parent / Caretaker Over 65	✓ OR ✗ OR N/A

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.

No, this person is not eligible for Presumptive Eligibility.

Submit Determination

Previous **Exit**

Error: This person has previously passed PE

Process for Making a Presumptive Eligibility Determination

3.4 Steps for Making a Determination

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

15% Complete

Hello, uat. You are logged in. [Print](#) [Help](#) [Logout](#)

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in the last 12 months	✓ OR ✗
Citizenship	✓ OR ✗
Resident of West Virginia	✓ OR ✗
Income Level	✓ OR ✗ OR N/A
Pregnancy	✓ OR ✗ OR N/A
West Virginia Foster Care	✓ OR ✗ OR N/A
Breast and Cervical Cancer Patient	✓ OR ✗ OR N/A
Parent / Caretaker Over 65	✓ OR ✗ OR N/A

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.

No, this person is not eligible for Presumptive Eligibility.

Please select a reason:

This individual has had a PE period previously in the past 12 months

This individual is not a United States citizen

This individual is not a West Virginia resident

This individual's income exceeds the applicable income standard

This individual is not a member of one of the following groups:
 Children Under Age 19
 Pregnant Women
 Individuals under 133% FPL Ages 19-64
 Former West Virginia Foster Care Children Under 26
 Certain Individuals Needing Treatment for Breast or Cervical Cancer

Other Administrative Reason:

[Submit Determination](#)

Print Information

Please click the button below to print this person's Presumptive Eligibility information.

[Print PDF](#)

Keep in mind that you'll need to have a program capable of printing this information. If you don't have this program on your computer, you may install it for free by clicking on the button below.

[Previous](#) [Exit](#)

**Print for
ineligibility
determination
notifications**

Process for Making a Presumptive Eligibility Determination

3.4 Example Scenarios

Example Scenario I: The patient is incapacitated and there is no authorized representative present.

Solution: If a patient is incapacitated but is accompanied by someone who has reasonable knowledge of the patient's status, that person can answer the questions needed to make a HBPE determination and the patient can still receive a HBPE determination. However, to complete the full Medicaid application, either the patient or an authorized representative must be available to answer the more detailed questions on the full application. If neither the patient nor an authorized representative is available, the AHE must save the case and schedule a follow-up with the patient (if possible) to complete the full Medicaid application.

Process for Making a Presumptive Eligibility Determination

3.4 Example Scenarios

Example Scenario II: The patient or authorized representative is unable to complete the full Medicaid application in real time and does not respond to AHE's follow up.

Solution: If the patient has been determined eligible for HBPE but is unable or unwilling to complete the full Medicaid application in real time, it is the AHE's responsibility to set up a time to follow up with that patient. Should the AHE be unsuccessful in connecting with the patient at the designated follow-up time but discovers the patient was able to complete the full Medicaid application on their own, the AHE will need to notify the hospital and the process is ended. However, if the patient has not completed the full Medicaid application on their own, the AHE must again follow up with the patient in an attempt to assist them in filling out the application, noting that the case will expire on the designated date.

3.4 Example Scenarios

Example Scenario III: The patient completes their PE determination at Hospital A but is transferred to Hospital B for further treatment. Who is responsible for completing the full Medicaid application?

Solution: In this case, Hospital A should include the patient's temporary card in the paperwork transfer to Hospital B. Additionally, Hospital A should communicate to Hospital B that the patient will need to complete their full application. Following up with the patient is Hospital A's responsibility. The responsibility of the PE patient does not leave the hospital when the patient leaves. Should Hospital B complete the full Medicaid application with the patient, it would be credited to Hospital A.

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

Worker Dashboard

The screenshot shows the 'inROADS' Community Partner Portal. At the top, it displays the user 'LIZ LEMON' at 'HBPE Hospital 1'. The main section is titled 'Presumptive Eligibility Portal' and contains a search form with fields for Application Number, PE Determination, Applicant Last Name, Applicant First Name, Date of Birth, Applicant SSN, Start Date, and End Date. Below the form are 'Search' and 'Reset' buttons. To the right of the search form are three summary boxes: 'You Have 0 Full applications that need to be submitted in the next 5 days or they will expire.', 'Your Hospital Has 0 Full applications that need to be submitted in the next 5 days or they will expire.', and 'Learn More About' with a list of programs including WVCHIP, Medicaid for Children and Pregnant Women, etc. Below these are three tables of application data.

Application Number	PE Determination	Temporary MID Card	Applicant	Submit By
20322	Approved		lastname, firstname	November 30, 2013
12283	N/A		lastname, firstname	N/A

Application Number	PE Determination	Temporary MID Card	Applicant	Last Edited By	Submit By
20322	Approved		lastname, firstname	CPUSERPT	November 30, 2013
12284	N/A		lastname, firstname	CPUSERPT	N/A

Application Number	PE Determination	Temporary MID Card	Applicant	Submit Date
20322	Approved		lastname, firstname	October 1, 2013 at 09:08 A.M.
20322	Approved		lastname, firstname	July 31, 2013 at 04:29 P.M.
12283	Approved		lastname, firstname	July 31, 2013 at 04:29 P.M.

Application Number	PE Determination	Temporary MID Card	Applicant	Submitted By	Submit Date
19058	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:30 P.M.
19056	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:30 P.M.
19057	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:30 P.M.

WARNING: THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.

Learn More About:
helpful links

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

Application Search: Example Outcome

User: LIZ LEMON Location: HBPE Hospital 1 [Logout](#)

Application Number	PE Determination	PE PDF	Applicant	Last Edited By	Last Edited Date	Status	
20922	Approved		lastname, firstname	CPUSERPT	11/11/2013	In Progress	Remove

[Previous](#)

WARNING! THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

The screenshot displays the inROADS Community Partner Portal. At the top, it shows the user 'LIZ LEMON' at 'HBPE Hospital 1'. The main section is titled 'Presumptive Eligibility Portal' and includes a search form with fields for Application Number, PE Determination, Applicant Last Name, Applicant First Name, Date of Birth, Applicant SSN, Start Date, End Date, and Status. Below the search form are several tables:

- Applications You Recently Saved:**

Application Number	PE Determination	PE PDF	Applicant	Submit By
20322	Approved		lastname, firstname	November 30, 2013
12283	N/A		lastname, firstname	N/A
- Applications Your Hospital Recently Saved:**

Application Number	PE Determination	PE PDF	Applicant	Last Edited By	Submit By
20322	Approved		lastname, firstname	CPUSERPT	November 30, 2013
12283	N/A		lastname, firstname	CPUSERPT	N/A
- Applications You Recently Submitted:**

Application Number	PE Determination	PE PDF	Applicant	Submit Date
20322	Approved		lastname, firstname	October 1, 2013 at 09:58 A.M.
20322	Approved		lastname, firstname	July 31, 2013 at 04:39 P.M.
12283	Approved		lastname, firstname	July 31, 2013 at 04:39 P.M.
- Applications Your Hospital Recently Submitted:**

Application Number	PE Determination	PE PDF	Applicant	Submitted By	Submit Date
19558	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:39 P.M.
19556	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:39 P.M.
19552	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:39 P.M.

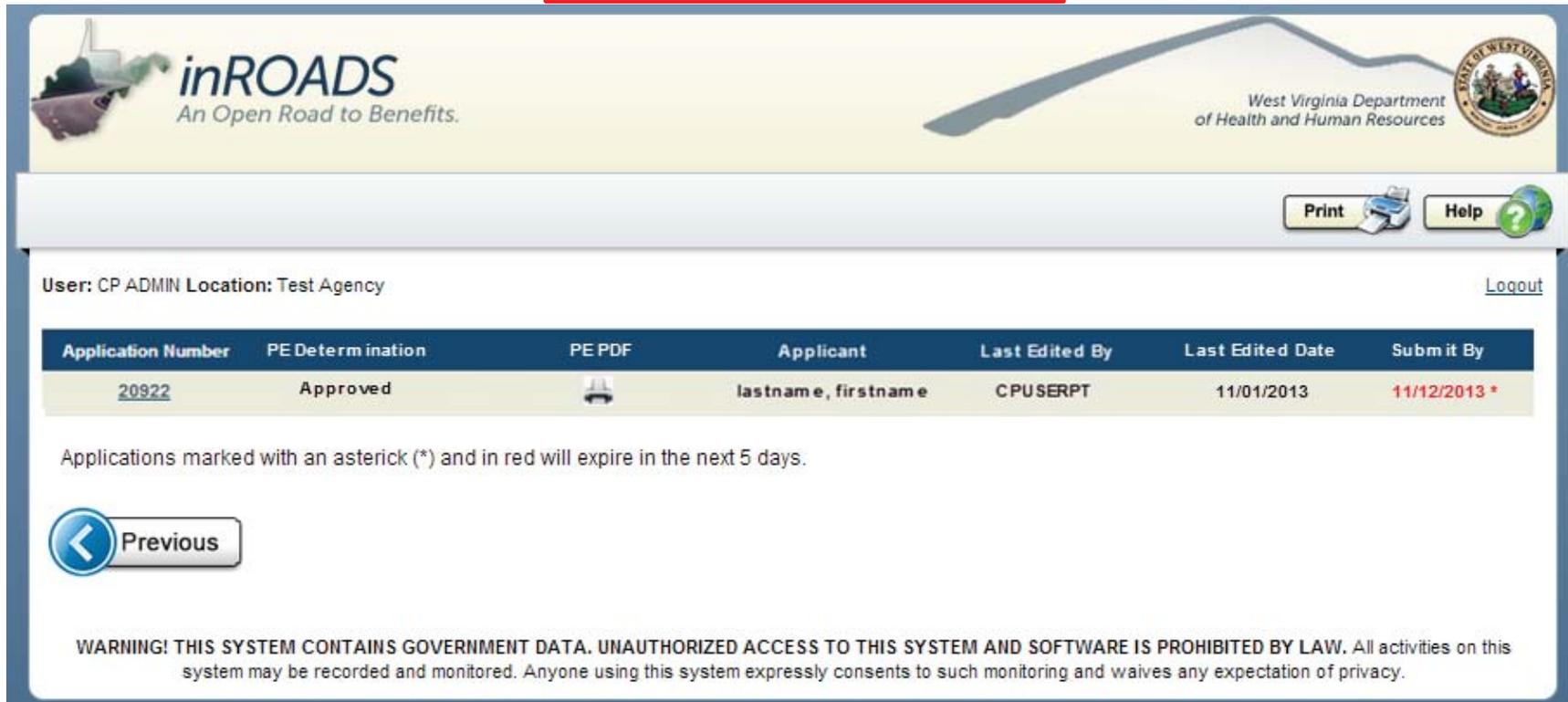
A red box highlights a notification area that reads: 'You Have 0 Full applications that need to be submitted in the next 5 days or they will expire. Click here to view your saved applications.' Below it, another notification reads: 'Your Hospital Has 0 Full applications that need to be submitted in the next 5 days or they will expire. Click here to view your hospital's saved applications.'

How many applications are saved and set to expire in the next 5 days?

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

Applications set to expire



The screenshot shows the inROADS dashboard interface. At the top left is the inROADS logo with the tagline "An Open Road to Benefits." At the top right is the West Virginia Department of Health and Human Resources logo. Below the logos is a navigation bar with "Print" and "Help" buttons. The user information "User: CP ADMIN Location: Test Agency" is displayed on the left, and a "Logout" link is on the right. A table lists application details:

Application Number	PE Determination	PE PDF	Applicant	Last Edited By	Last Edited Date	Submit By
20922	Approved		lastname, firstname	CPUSERPT	11/01/2013	11/12/2013 *

Applications marked with an asterick (*) and in red will expire in the next 5 days.

 Previous

WARNING! THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

The screenshot displays the inROADS Community Partner Portal. At the top, it shows the user 'LIZ LEMON' at 'HBPE Hospital 1'. The main section is titled 'Presumptive Eligibility Portal' and includes a search form with fields for Application Number, PE Determination, Applicant Last Name, Applicant First Name, Date of Birth, Applicant SSN, Start Date, End Date, and Status. There are 'Search' and 'Reset' buttons. To the right, there are links for 'My Shortcuts', 'Manage My Account', and 'Hospital Admin Options'. Below the search form are several tables:

- Applications You Recently Saved:**

Application Number	PE Determination	PE PDF	Applicant	Submit By
20322	Approved		lastname, firstname	November 30, 2013
12293	N/A		lastname, firstname	N/A
- Applications Your Hospital Recently Saved:**

Application Number	PE Determination	PE PDF	Applicant	Last Edited By	Submit By
20322	Approved		lastname, firstname	CPUSERPT	November 30, 2013
12293	N/A		lastname, firstname	CPUSERPT	N/A
- Applications You Recently Submitted:**

Application Number	PE Determination	PE PDF	Applicant	Submit Date
20322	Approved		lastname, firstname	October 1, 2013 at 09:58 A.M.
20322	Approved		lastname, firstname	July 31, 2013 at 04:39 P.M.
12293	Approved		lastname, firstname	July 31, 2013 at 04:39 P.M.
- Applications Your Hospital Recently Submitted:**

Application Number	PE Determination	PE PDF	Applicant	Submitted By	Submit Date
15058	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:39 P.M.
15056	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:39 P.M.
15057	Approved		lastname, firstname	CPUSERPT	July 31, 2013 at 04:39 P.M.

On the right side, there are two notification boxes: 'You Have 0 Full applications that need to be submitted in the next 5 days or they will expire.' and 'Your Hospital Has 0 Full applications that need to be submitted in the next 5 days or they will expire.' Below these is a 'Learn More About' section with links to various programs like WIC, Medicaid, etc. At the bottom, there is a warning: 'WARNING: THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW.'

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

The screenshot displays the inROADS Community Partner Portal. At the top, it shows the user is 'LIZ LEMON' at 'HBPE Hospital 1'. The main content area is divided into several sections:

- Presumptive Eligibility Portal:** A search form with fields for Application Number, PE Determination (dropdown), Applicant Last Name, Applicant First Name, Date of Birth, Applicant SSN, Start Date, End Date, and Status. Search and Reset buttons are at the bottom.
- Applications You Recently Saved:** A table with columns: Application Number, PE Determination, PE PDF, Applicant, and Submit By. It lists two applications with IDs 20922 and 12283.
- Applications Your Hospital Recently Saved:** A table with columns: Application Number, PE Determination, PE PDF, Applicant, Last Edited By, and Submit By. It lists two applications with IDs 20922 and 12283.
- Applications You Recently Submitted:** A table with columns: Application Number, PE Determination, PE PDF, Applicant, and Submit Date. It lists three applications with IDs 20922, 20922, and 12283.
- Applications Your Hospital Recently Submitted:** A table with columns: Application Number, PE Determination, PE PDF, Applicant, Submitted By, and Submit Date. It lists three applications with IDs 19058, 19056, and 19052.
- My Shortcuts:** Includes 'Start a Presumptive Eligibility Application' and 'Manage My Account' (Change Password).
- Hospital Admin Options:** A menu item highlighted with a red box, containing 'Hospital User Admin'.
- Notifications:** Two boxes showing 'You Have 0' and 'Your Hospital Has 0' full applications needing submission.
- Learn More About:** A list of programs including WVCHIP, Medicaid for Children and Pregnant Women, Food and Nutritional Service (FNS), SNAP, WIC, Supplemental Nutrition Assistance Program, Medicare Premium Assistance Program, School Clothing Allowance, Low Income Energy Assistance Program, Adult/Family Medicaid, and Community Partner User Guide.

A warning at the bottom states: 'WARNING: THIS SYSTEM CONTAINS GOVERNMENT DATA. UNAUTHORIZED ACCESS TO THIS SYSTEM AND SOFTWARE IS PROHIBITED BY LAW. All activities on this system may be recorded and monitored. Anyone using this system expressly consents to such monitoring and waives any expectation of privacy.'

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

**For system administrators:
Create New User**

inROADS
An Open Road to Benefits.

West Virginia Department
of Health and Human Resources

User: DON LEMON [Logout](#)

Hospital User Administration

Click on the "Add" button to create a new user, or search for an existing user below. Please note, you will only be able to search for or add users to your own hospital.

Add

User Search Criteria

First Name: Last Name: User ID:

Active:

Search **Reset**

Previous

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

**For system administrators:
Create New User**

inROADS
An Open Road to Benefits

West Virginia Department
of Health and Human Resources

Print Help

User: DON LEMON Logout

User Information

First Name: (Required) Middle Initial:
Last Name: (Required) Phone Number: (Required)
Address Line 1: Address Line 2:
City: State: < click here to choose >
Zip Code: Email Address: (Required)

Portal Access: (Required) Community Partner Presumptive Eligibility

Account Information

Please enter the account details in the fields below. Please note that you will need to provide the User ID and password to the user. The first time the new user logs in to the system, they will be required to agree to the User Agreement, create secret questions and answers for account recovery, and create a new password. Accounts will automatically be deactivated after 45 days of inactivity.

User ID: (Required) This must be 5 to 20 letters and/or numbers
Password: (Required) This must be 7 to 20 characters long. To create a secure password, you must use letters and at least one number.
Retype Password: (Required) This must be 7 to 20 characters long. To create a secure password, you must use letters and at least one number.

Previous Create

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

**For system administrators:
Create New User**

inROADS
An Open Road to Benefits

West Virginia Department
of Health and Human Resources

Print Help

User: DON LEMON [Logout](#)

Before you go to the next page:
Message: User was created successfully.

Agency User Administration

Click on the "Add" button to create a new user, or search for an existing user below. Please note, you will only be able to search for or add users to your own agency. [Add](#)

User Search Criteria

First Name: Last Name: User ID:

Active:

[Search](#) [Reset](#)

User Search Results

User ID	First Name	Last Name	Active	Last Login Date	Update
dudlemon	Dudley	Lemon	Yes		Edit

[Previous](#)

Process for Making a Presumptive Eligibility Determination

3.5 AHE Dashboard and System Administrator Functionality

The screenshot shows the inROADS web application interface. At the top, there is a header with the inROADS logo and the West Virginia Department of Health and Human Resources logo. Below the header, there is a progress bar indicating "15% Complete" and buttons for "Print" and "Help".

The main content area is divided into several sections:

- A greeting: "Hello, uat. You are logged in." with a "Logout" link.
- A "Presumptive Eligibility" button.
- A warning message: "Warning: Unable to submit Presumptive Eligibility determination at this time. Please try again later. Note: The system is down for regularly scheduled maintenance from 5:30-6:30 am Monday-Saturday and 5:30-10 am on Sunday."
- A "Presumptive Eligibility Criteria Summary" section containing a table.
- A "Hospital Determined Presumptive Eligibility Status" section with radio buttons for "Yes" and "No" and a "Submit Determination" button.
- Navigation buttons: "Previous" and "Exit".

Eligibility Criteria	Results
NOT approved for PE in the last 12 months	✓ OR ✗
Citizenship	✓ OR ✗
Resident of West Virginia	✓ OR ✗
Income Level	✓ OR ✗ OR N/A
Pregnancy	✓ OR ✗ OR N/A
West Virginia Foster Care	✓ OR ✗ OR N/A
Breast and Cervical Cancer Patient	✓ OR ✗ OR N/A

Break



Next: Full Medicaid Application
Process

4. Full Medicaid Application

- AHEs are not required to assist patients in completing any other applications except for the Medicaid Stream-Lined Application.
- If patients ask AHEs about applying to other programs, the AHEs may point the patients to their local DHHR office or WV inROADS (<https://www.wvinroads.org>).

4. Full Medicaid Application

Program Selection

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

Hello, uat. You are logged in. [Logout](#)

Which Benefits Would You Like to Apply For?

The first step is to tell us which benefits you would like to get. Please check the box for each benefit you would like to apply for. Then click the "Next" button at the bottom of the page.

- Supplemental Nutrition Assistance Program (SNAP)** - formerly Food Stamps
An interview with an adult household member or the household's authorized representative is required to complete a SNAP application.
- Healthcare Benefits (Medicaid, CHIP) or a Qualified Health Plan (QHP)**
- Do you want help paying for medical bills from the last three months? (Required)
- Medicare Premium Assistance Programs (Red, White, Blue card)**- Qualified Medicare Beneficiaries (QMB) pay the Medicare Premium and co-pays and deductibles. Specified Low Income Medicare Beneficiaries (SLIMB)/Qualified Individuals (QI-1) pay the Medicare premium only. Qualified Individuals (QI-1) cannot be a recipient of any other Medicaid coverage. In order to be eligible for this type of coverage, an individual must be a recipient of Medicare.
- School Clothing Allowance (SCA)**- Your SCA application must be submitted by July 31, 2013.
- Low Income Energy Assistance Program (LIEAP)**- Your LIEAP application must be submitted by January 15, 2014.

4. Full Medicaid Application

Privacy Practice

inROADS
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West Virginia Department of Health and Human Resources

29% Complete

Print Help

NOTICE OF PRIVACY PRACTICES

West Virginia Department of Health And Human Resources
Bureau For Medical Services
300 Capital Street, Room 211
Charleston, West Virginia 25301-3709
(204) 568-1700

Effective date of this notice: 04 / 14 / 2003

If you have questions about this notice, please contact Client Services at 1-800-642-8589 or the Privacy Officer at the above address or phone.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PRIVACY AND YOU

Your health information is personal and private. The Medicaid Program must keep your health information private. Your doctors, dentists, clinics, labs and hospitals send information to us when they ask us to approve and pay for your health care. We must give you this Notice of the law of how we keep your health information private.

CHANGES TO NOTICE OF PRIVACY PRACTICES

All Medicaid employees, staff, students, volunteers and other personnel whose work is under direct control of Medicaid must obey the rules in this notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice right away to all people covered by Medicaid. We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.

HOW WE MAY USE AND SHARE YOUR INFORMATION

The Medicaid program must obey laws on how we use and share your information, such as your name, address, personal facts, the medical care you had and your medical records. Any information shared must be for a reason related to the administration of the Medicaid program. Such reasons include:

- To approve eligibility for medical and dental benefits
- To establish ways to pay for health care
- To approve, provide, and pay for Medicaid health care
- To investigate or prosecute Medicaid cases (like fraud)

WHY WE MAY USE OR SHARE YOUR HEALTH INFORMATION:

- 1. For treatment:** Medicaid may need to approve care before you see a doctor, dentist, clinic or other health care provider. We will share information with necessary providers to make sure you get the care you need. For instance, we may use your health records to identify if you need special information about a health problem like diabetes.
- 2. For Payment:** When Medicaid pays your health care bills, we share information with your health care provider and others who bill us for your health care. We may send some bills to other health plans or groups who pay bills. For instance, if you are taken to an emergency room they may call to see if you are covered.
- 3. For health care operations:** We may use your health records to check the quality of the health care you get. We may also use them in audits, fraud and abuse programs, planning, and managing the Medicaid program. For instance, your prescriptions are reviewed to be sure the medicines can be used together without harm to you.
- 4. For health notices:** We may use your health records to provide you with additional information. This may include sending appointment reminders to your address, giving you information about treatment options, alternative settings for care, or other health-related services.
- 5. For legal reasons:** We may give your information to a court, investigator, or lawyer in cases about Medicaid. This may be about fraud or abuse, to get back money from others that should pay your Medicaid bills, or other issues related to the Medicaid program. If a court orders us to give out your information, we will do so.
- 6. To report abuse:** We may disclose your health information when the information relates to a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.
- 7. Public Health Activities:** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.
- 8. Research:** We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your permission.
- 9. For appeals:** You or your health care provider may appeal Medicaid decisions made about your health care services. Your health information may be used to decide these appeals.
- 10. For Eligibility:** We may share your information with federal, state, and local agencies when you apply for Medicaid to verify eligibility, and for other purposes related to the administration of the Medicaid program.
- 11. For Special Purposes:** We may disclose your information to a member of your family, to your employer for a Workers Compensation claim, for law enforcement or national security purposes, or in case of a disaster.

4. Full Medicaid Application

Application Details

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

8% Complete

Print Help

Hello, First. You are logged in. [Logout](#)

Start

Confirmation (Required)

I understand that it is a criminal violation of federal and state law to provide false or misleading information for the purpose of receiving benefits to which I am not by law entitled.

Using inROADS (Required)

Before you get started, we'd like to know more about how you're using inROADS.

I am using inROADS to apply on my own.

I am using inROADS to apply for another person. Or, I am using inROADS to apply on my own, but I wish to name a person to act on my behalf.

Responsible Persons

If you are using inROADS to apply for another person, how are you associated to the person you are applying for? Or, if you are using inROADS to apply on your own and want someone to act on your behalf, please indicate below whether that person is an authorized representative or a power of attorney.

A friend or family member

A staff person or volunteer at an agency that helps people use inROADS

An [authorized representative](#)

A legal guardian

A power of attorney

Other

Additional Questions

Do you have a friend or relative who can be contacted by phone if needed? Yes No

If we have to contact the applicant or if an interview is required, does the household have any special needs? Yes No

[Previous](#) [Save & Exit](#) [Next](#)

4. Full Medicaid Application

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

10% Complete

Hello, First. You are logged in. [Logout](#)

Contact Information

Please tell us more about your authorized representative.

First Name: Middle Initial: Last Name:

Street Address:

Address Line 2:

City: State: Zip Code:

Phone Number : - -

Should the individual receive a copy of all notices sent to you? Yes No

[Previous](#) [Save & Exit](#) [Next](#)

4. Full Medicaid Application

The screenshot displays the 'inROADS' application interface. At the top left, the logo reads 'inROADS An Open Road to Benefits.' At the top right, it says 'West Virginia Department of Health and Human Resources' with the state seal. A progress bar shows '10% Complete'. A red box highlights the title 'Contact Information - Authorized Representative'. The main content area has a dark blue header 'Contact Information' and the instruction 'Please tell us more about yourself and your organization.' Below this are input fields for 'First Name', 'Middle Initial', and 'Last Name', followed by 'Organization Name' and 'Organization ID Number'. A left sidebar contains buttons for 'Start', 'People', 'Insurance', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', and 'Submit'. At the bottom, there are 'Previous', 'Save & Exit', and 'Next' buttons, with the 'Next' button highlighted by a red box.

4. Full Medicaid Application

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

3% Complete

Print Help

Start

People

Other Benefits

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Submit

Phone Contact

Please tell us about the friend or relative who can be contacted by phone and provide at least one number where they can be reached.

First Name :

Middle Initial :

Last Name :

Suffix :

Cell Phone Number: - -

Home Phone Number: - -

Work Phone Number: - -

Previous Save & Exit

Next

4. Full Medicaid Application

Registration Information

The screenshot shows the 'inROADS' web application interface for the West Virginia Department of Health and Human Resources. The page is titled 'Getting Started' and contains several sections for data entry:

- Getting Started:** A welcome message and a note: "If applying for children, please tell us about the parents or legal guardian."
- Information About You:** Fields for First Name, Middle Initial, Last Name, and Suffix. Radio buttons for Gender (Male/Female). Date of Birth field with an example "mm/dd/yyyy". A dropdown for Preferred spoken or written language (Spanish is selected). A question: "Is anyone in the household over the age of 10 interested in registering to vote?" with Yes/No radio buttons.
- Household Address:** A dropdown for "In what county do you live?". Fields for Street#, Street Direction, Street Name, Street Type, Apt#, City Direction, City, State (West Virginia is selected), and Zip.
- Mailing Address:** A note about sending letters. Fields for Street#, Street Direction, PO Box or Street Name, Street Type, Apt#, City Direction, City, State, and Zip.
- Contact Information:** A note about including area codes. Fields for Primary Phone, Alternative Phone, Work Phone (with Ext. field), and Email Address.

Navigation buttons at the bottom include "Previous", "Save & Exit", and "Next".

4. Full Medicaid Application



Registration Summary



14% Complete

Print
Help

- Start**
- People**
- Other Benefits**
- Liquid Assets**
- Other Assets**
- Job Income**
- Other Income**
- Housing Bills**
- Other Bills**
- Submit**

Basic Information Summary

Here is a summary of what you've told us. If you would like to change a section, you can click on "Change" to give us more information.

Review Your Answers: Basic Information Summary

Who	Address	County	Language	Contact	Change
 Joe	8583 Main Apt# 0 Atlanta, GA 888889999	Bryan	French		Change

Review Your Answers: Help From Others

Representative	Type	Change or Erase
John Smith	Authorized Representative	Change or Erase
Fred Flintstone	Authorized Cardholder	Change or Erase

Review Your Answers: Special Needs

Applicants's Special Needs	Change or Erase
Nick Jones has difficulty hearing so you will need to speak loudly to him on the phone.	Change or Erase

Save & Exit

Next

4. Full Medicaid Application

Household Member Details

The screenshot shows the 'inROADS' web application interface for the West Virginia Department of Health and Human Resources. The page is titled 'People in Your Home' and contains several sections for data entry:

- Personal Information:** Fields for First Name, Middle Initial, Last Name, Suffix, Gender (Male/Female), and Date of Birth. It also includes Social Security Number fields and a field for 'Social Security Number if you have applied for one, other than the one above?'. A dropdown menu for 'What is this person's marital status?' is set to 'I wish here to choose'. A language dropdown is set to 'English'.
- Program Selection:** A section where users check boxes for programs they want to apply for, including 'Healthcare Benefits'. It also has radio buttons for 'Have you been determined Presumptively Eligible for Medicaid in the last 90 days and have not submitted a full Medicaid application?' (Yes/No) and 'Presumptive Eligibility ID' (None/Yes/No).
- Citizenship Information:** A question 'Is this person a US citizen or national?' with Yes/No radio buttons.
- Ethnicity and Race:** A section with a dropdown for 'Is this person Hispanic or Latino?'. Below are two columns of checkboxes for various racial and ethnic groups: White, Black or African American, Asian Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, and Other.
- Residence Information:** A question 'Does this person intend to reside in West Virginia?' with Yes/No radio buttons. Below is a dropdown for 'Where does this person live?' with 'House/Apartment/Trailer' selected.
- Add Another Individual?:** A question 'Would you like to add another individual?' with Yes/No radio buttons.

At the bottom of the form, there are three buttons: 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application

inROADS
An Open Road to Benefits.

Pregnancy

West Virginia Department of Health and Human Resources

18% Complete

Print Help

- Start
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Submit

Pregnancy Information

Next, we need to know if anyone in your home is pregnant.

Pregnancy (Required)

Please check the box for any female in your home who is pregnant.

No one


Susie

Previous Save & Exit Next

4. Full Medicaid Application

inROADS
An Open Road to Benefits.

Household Relationships

West Virginia Department of Health and Human Resources

19% Complete

Print Help

- Start
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Submit

How You Are Related

Please tell us how the people in your home are related to each other.

Nick's Relationship to Susie

Nick

Is Nick Caring for Susie? (Required) Yes No

Nick's Relationship to Baby

Nick

Is Nick Caring for Baby? (Required) Yes No

Susie's Pregnancy Information

What is Susie's due date? Ex: mm/dd/yyyy

How many babies is Susie expecting from this pregnancy?

When was the diagnosis date? Ex: mm/dd/yyyy

Previous Save & Exit Next

4. Full Medicaid Application

The screenshot displays the 'inROADS' application interface. At the top left is the 'inROADS' logo with the tagline 'An Open Road to Benefits.' At the top right is the 'West Virginia Department of Health and Human Resources' logo. A progress bar indicates '25% Complete'. A navigation menu on the left includes buttons for 'Start', 'People', 'Other Benefits', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', and 'Submit'. The main content area is titled 'Household Members Questions (applicant)' and contains three sections: 'Other Questions About People In Your Home' with a sub-header 'Blind or Disabled (Required)' and a question 'Please check the box for anyone who is disabled, blind, or unable to work because of illness or injury.' Below this are three options: 'No one', 'Nick', 'Susie', and 'Baby', each with an unchecked checkbox. The second section is 'Foster Care (Required)' with the question 'Was anyone in foster care at age 18 or older?' and one option: 'Jack' with an unchecked checkbox. At the bottom, there are 'Previous', 'Save & Exit', and 'Next' buttons. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application

The screenshot displays the 'inROADS' application interface. At the top left is the 'inROADS' logo with the tagline 'An Open Road to Benefits.' At the top right is the 'West Virginia Department of Health and Human Resources' logo. A progress bar indicates '96% Complete'. A red box highlights the title 'School Enrollment (applicant)'. Below the progress bar are 'Print' and 'Help' buttons. A sidebar on the left contains navigation buttons: Start, People, Other Benefits, Liquid Assets, Other Assets, Job Income, Other Income, Housing Bills, Other Bills, and Submit. The main content area has two sections: 'School Enrollment' with the text 'Next, we have a few questions about whether Nick is in school.' and 'School Enrollment Details' with the text 'Please tell us whether Nick is in school right now.' and a dropdown menu labeled '< click here to choose >'. At the bottom of the main content area are 'Previous', 'Save & Exit', and 'Next' buttons. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application

Household Members Summary

inROADS
All Open Road to Benefits

West Virginia Department of Health and Human Resources

Help, Fax, You are logged in, Press, Web, Logout

Household Members Summary

Here is a summary of what you've told us. If you would like to change your answers or fresh a section click on "Change" or "Add". If you would like to remove something, click on "Erase".

Review Your Answers: People in your Home

Who	Gender	Date of Birth	Where You Live	Change
Jack	Male	01/01/1985	At Home	Change
Sara	Female	01/01/1985	At Home	Change Erase

Add More People

To add another person to your household, click the Add button.

Add

Review Your Answers: Pregnancy

Who	Number of Babies	Due Date	Change or Erase
Jack	1	02/01/2013	Change Erase

Review Your Answers: Relationships

Who	Relationships	Change
Jack	is the husband of Sara	Change

Review Your Answers: Disability or Blindness

Who	SBA	Other Blind	Change or Erase
Jack	No	No	Change Erase

Add a Person

To add a person who is disabled or blind, please choose their name. Then click the Add button.

Name:

Add

Review Your Answers: School Enrollment

Who	Highest Level Completed	Enrollment Status	Type	Change
Jack	BACHELORS	Full time	Headstart/Pre-School	Change
Sara	BACHELORS	Less than half time	Headstart/Pre-School	Change

Care Taker

Is anyone living with at least one child under the age of 19 and is the main person taking care of the child?

No one

Jack Sara Jack

Foster Care

Was anyone in foster care at age 18 or older?

No one

Jack

Previous Save & Exit Next

4. Full Medicaid Application

inROADS
An Open Road to Benefits.

Tax Filing Question

West Virginia Department of Health and Human Resources

18% Complete

Print Help

- Start
- People
- Tax Filing**
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Submit

Tax Filing Information

Next, we need to know if anyone plan to file a federal income tax return next year. (You can still apply for health insurance even if you don't file a federal income tax return.)

Federal Income Tax (Required)

Please check the box for anyone who plan to file a federal income tax return NEXT YEAR.

No one

Nick Susie Child Jack

Previous Save & Exit **Next**

4. Full Medicaid Application

The screenshot shows the 'Tax Filing Details' section of the inROADS application. The page is titled 'Tax Filing Details' and is part of the 'inROADS An Open Road to Benefits' system, managed by the West Virginia Department of Health and Human Resources. A progress bar indicates that 18% of the application is complete. The form is divided into several sections:

- Nick's Tax Filing Information:** A introductory section stating, 'Next, we need to know if anyone plan to file a federal income tax return next year. (You can still apply for health insurance even if you don't file a federal income tax return.)'
- Joint Filing (Required):** A question: 'Will Nick file jointly with a spouse?' with radio buttons for 'Yes' and 'No'.
- Claim Dependents (Required):** A question: 'Will Nick claim any dependents on his tax return?' with radio buttons for 'Yes' and 'No'. Below this, it asks to check a box if Nick claims him/her as a dependent. There are two options: 'Child' (checkbox) and 'Jack' (checkbox).
- Being Claimed as a Dependent (Required):** A question: 'Will Nick be claimed as a dependent on someone's tax return?' with radio buttons for 'Yes' and 'No'. Below this, it asks to check the box for the tax filer that will claim Nick as a dependent. There are two options: 'Jack' (checkbox, which is checked) and 'Susie' (checkbox).

Navigation buttons at the bottom include 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application



Tax Filing Summary



27% Complete
Print 
Help 

Hello, First. You are logged in. [Logout](#)

-  **Start**
-  **People**
-  **Insurance**
-  **Liquid Assets**
-  **Other Assets**
-  **Job Income**
-  **Other Income**
-  **Housing Bills**
-  **Other Bills**
-  **Submit**

Tax Filing Summary

Here is a summary of what you've told us. If you would like to change your answers or finish a section click on "Change" or "Add". If you would like to remove something, click on "Erase".

Review Your Answers: Tax Filing Information

Who	Joint Filing	Claimed Dependents	Being Claimed as a Dependent By	Change
 Nick	Yes	Baby Johnny		Change
 Susie	Yes	Baby Johnny		Change

Add a Person

To add a person who plans to file a federal income tax return, please choose their name. Then click on the Add button.

Name:

Add 

4. Full Medicaid Application

Insurance Questions

The screenshot displays the 'inROADS' application interface. At the top, it says 'inROADS An Open Road to Benefits.' and 'West Virginia Department of Health and Human Resources'. A progress bar indicates '29% Complete'. On the left is a navigation menu with buttons for Start, People, Other Benefits, Liquid Assets, Other Assets, Job Income, Other Income, Housing Bills, Other Bills, and Submit. The main content area is titled 'Insurance' and contains three sections: 'Current Health Insurance Policy Holders (Required)', 'Enrolled in Medicaid, CHIP, Medicare, Tricare, VA Healthcare Program or Peace Corps', and 'Lost Health Insurance (Required)'. Each section has a 'No one' checkbox and checkboxes for family members Nick, Susie, and Baby. At the bottom, there are 'Previous', 'Save & Exit', and 'Next' buttons. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application

Healthcare Coverage Details

The screenshot shows the 'inROADS' web application interface. At the top, it says 'inROADS An Open Road to Benefits.' and 'West Virginia Department of Health and Human Resources'. A progress bar indicates '31% Complete'. The main content area is titled 'Health Care Coverage Details' and contains the following sections:

- Health Care Coverage Details:** A message stating 'You've told us that Nick holds a health insurance policy that covers one or more people in your home.'
- Health Insurance Policy Information:** A section with the instruction 'Please tell us a little bit more about the health insurance policy.' It includes several questions with input fields and radio buttons:
 - Insurance Company Name: [input field]
 - What is the policy number for this policy?: [input field]
 - Amount paid: \$ [input field]
 - How often is the insurance premium paid?: [dropdown menu: < click here to choose >]
 - Is this a limited-benefit plan?: [Yes] [No]
 - Is this insurance offered by your employer?: [Yes] [No]
 - Is this COBRA coverage?: [Yes] [No]
 - Is this a retiree health plan?: [Yes] [No]
- Health Insurance Coverage (Required):** A section with the instruction 'Next, please tell us more about who is covered by Nick's health insurance policy.' It includes a checkbox for 'No one' and three checkboxes for 'Nick', 'Susie', and 'Baby', each accompanied by a small person icon.
- Add Another?:** A section with the question 'Does Nick own any other health insurance policy?' (marked as required) and radio buttons for 'Yes' and 'No'.

At the bottom of the form, there are navigation buttons: 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application



Healthcare Coverage Selections



West Virginia Department of Health and Human Resources

35% Complete

Print  Help 

 Additional Information

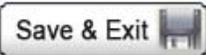
 Submit

Health Coverage

You've told us that Nick is enrolled in health coverage now. Please check the boxes to tell us what type of health coverage Nick has.

Health Coverage Nick is Enrolled In (Required)

<input type="checkbox"/> Medicaid	<input type="checkbox"/> VA health care Programs
<input type="checkbox"/> CHIP	<input type="checkbox"/> Peace Corps
<input type="checkbox"/> Medicare	<input type="checkbox"/> TRICARE (do not check if you have direct care or Line of Duty)

 Previous  Save & Exit  Next 

4. Full Medicaid Application

The screenshot displays the 'inROADS' application interface. At the top left is the 'inROADS' logo with the tagline 'An Open Road to Benefits.' At the top right is the 'West Virginia Department of Health and Human Resources' logo. A progress bar indicates '29% Complete'. Navigation buttons for 'Print' and 'Help' are visible. A sidebar on the left contains buttons for 'Start', 'People', 'Other Benefits', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', and 'Submit'. The main content area is titled 'Lost Health Insurance Details' and contains the following text and form elements:

Lost Health Insurance Details

Please tell us a little bit more about Nicks's lost health insurance coverage.

Date insurance coverage ended: Ex: mm/dd/yyyy

What is the reason for loss of health insurance?

Navigation buttons: Previous, Save & Exit, and Next (highlighted with a red box).

4. Full Medicaid Application

Insurance Summary

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

36% Complete Print Help

Hello, First. You are logged in. Logout

Insurance Summary

Here is a summary of what you've told us. If you would like to change your answers or finish a section click on "Change" or "Add". If you would like to remove something, click on "Erase".

Review Your Answers: Current Health Insurance

Policy Holder	Insurance Company	Who is Covered?	Change or Erase
Nick	Benzo Insurance Company	Nicholas, Erica, Baby	Change Erase

Add a Health Insurance Policy

To add a health insurance policy, choose the name of the person who holds the policy. Then click the Add button.

Name: Add +

Review Your Answers: Medicaid, CHIP, Medicare, Tricare, VA Healthcare, Peace

Who	Coverage Type	Change
Nick	Peace Corps	Change Erase
Susie	Medicaid	Change Erase

Add Health Care Coverage

To add a person and his/her health care coverage information, please choose their name and the type, then click the Add button.

Name: Type: Add +

Review Your Answers: Lost Health Insurance Information

You've told us that nobody has lost health insurance coverage.

Add Lost Health Insurance

To indicate other lost health insurance, choose the name of the individual who has lost health insurance in the last 90 days.

Name: Add +

Previous Save & Exit **Next**

4. Full Medicaid Application

The screenshot shows the 'inROADS' application interface. At the top, the title 'Job Income Questions' is highlighted with a red box. The page includes a progress bar at 59% completion, 'Print' and 'Help' buttons, and a sidebar with navigation options: Start, People, Liquid Assets, Other Assets, Job Income (highlighted), Other Income, Housing Bills, Other Bills, and Submit. The main content area is divided into three sections: 'Job Income Information' with a prompt to list household members; 'Current or Recent Job (Required)' with a checkbox for 'No one' and checkboxes for 'Nick' and 'Susie'; and 'Self-Employment (Required)' with a checkbox for 'No one' and checkboxes for 'Nick' and 'Susie'. At the bottom, 'Previous', 'Save & Exit', and 'Next' buttons are visible, with the 'Next' button highlighted by a red box.

4. Full Medicaid Application

Employment Details

The screenshot shows the 'inROADS' web application interface. At the top, it says 'inROADS An Open Road to Benefits.' and 'West Virginia Department of Health and Human Resources'. A progress bar indicates '51% Complete'. On the left is a navigation menu with icons for Start, People, Liquid Assets, Other Assets, Job Income, Other Income, Housing Bills, Other Bills, and Submit. The main content area is titled 'More About Nick's Job' and contains several sections: 'Employer' (with fields for Name, Address, City, State, Zip Code, and Phone), 'Job End' (with fields for end date and last paycheck date), 'Payment Information' (with fields for pay period, gross amount, and hours), and 'Add Another?' (with a Yes/No question). At the bottom, there are 'Previous', 'Save & Exit', and 'Next' buttons. The 'Next' button is highlighted with a red box and a green checkmark.

4. Full Medicaid Application

Self-Employment Type Selections

The screenshot shows the 'inROADS' web application interface. At the top, it says 'inROADS An Open Road to Benefits.' and 'West Virginia Department of Health and Human Resources'. Below the header, there are navigation buttons for 'Print' and 'Help'. The main content area is titled 'Self Employment' and contains the following text: 'You have told us that Nick is self employed. Please check the boxes to tell us which type of self-employment category does the work fall under.' Below this is a section titled 'Nick's Self Employment Type' with a list of 40 categories, each with an unchecked checkbox. The categories are: Adult Care, Barber/Beautician, Bakery, Emer Child Care/Per DRM Rate, Carpentry/Construction, Computer Service, Car Repair/Mechanic, Contract Work, DHHR Day Care Provider, Electrician, Fishing, Gambling, Hunting, Junking, Lawn Care/Gardening, Manufacturing, Odd Jobs, Paper Delivery, Photographer, Business Rental Property, Non-Business Rental Property, Selling Blood, Selling Produce/plants, Tavern, Taxidermy, Trapping, Typing, Accounting Service, Bat Business, Emer Child Care/Bed Maintained, Babysitting, Craft, Personal Care/Chore Service Provider, Catering, Cycle Shop, Direct Sales/Cosmetic, Farming, Flea Market, Housekeeping/Maid, Insurance Agent, Kennels, Logging, Musician, Painter, Partnership, Plumber, Real Estate Agent, Restaurant Business, Sawmill, Sewing Business, Truck Driver, Tattoo Parlor, Tax Preparation, and Other. At the bottom of the form, there are three buttons: 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

Hello, First. You are logged in. [Logout](#)

Self Employment

You have told us that Nick is self employed. Please check the boxes to tell us which type of self-employment category does the work fall under.

Nick's Self Employment Type

- Adult Care
- Barber/Beautician
- Bakery
- Emer Child Care/Per DRM Rate
- Carpentry/Construction
- Computer Service
- Car Repair/Mechanic
- Contract Work
- DHHR Day Care Provider
- Electrician
- Fishing
- Gambling
- Hunting
- Junking
- Lawn Care/Gardening
- Manufacturing
- Odd Jobs
- Paper Delivery
- Photographer
- Business Rental Property
- Non-Business Rental Property
- Selling Blood
- Selling Produce/plants
- Tavern
- Taxidermy
- Trapping
- Typing
- Accounting Service
- Bat Business
- Emer Child Care/Bed Maintained
- Babysitting
- Craft
- Personal Care/Chore Service Provider
- Catering
- Cycle Shop
- Direct Sales/Cosmetic
- Farming
- Flea Market
- Housekeeping/Maid
- Insurance Agent
- Kennels
- Logging
- Musician
- Painter
- Partnership
- Plumber
- Real Estate Agent
- Restaurant Business
- Sawmill
- Sewing Business
- Truck Driver
- Tattoo Parlor
- Tax Preparation
- Other

[Previous](#) [Save & Exit](#) [Next](#)

4. Full Medicaid Application

The screenshot shows the 'Self-Employment Details' section of the inROADS application. The page header includes the inROADS logo, the title 'Self-Employment Details' in a red-bordered box, and the West Virginia Department of Health and Human Resources logo. A progress bar indicates '63% Complete'. Navigation buttons for 'Print' and 'Help' are visible. The main content area is titled 'More About Nick's Self-Employment - Babysitting' and contains two sections: 'Self-Employment - Babysitting' with input fields for monthly earnings and business expenses, and 'Add Another?' with a question about other self-employment jobs. A sidebar on the left lists various application sections, and a bottom navigation bar includes 'Previous', 'Save & Exit', and 'Next' buttons, with the 'Next' button highlighted in a red box.

inROADS
An Open Road to Benefits.

Self-Employment Details

West Virginia Department of Health and Human Resources

63% Complete

Print Help

Hello, First. You are logged in. [Logout](#)

Start

People

Insurance

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Submit

More About Nick's Self-Employment - Babysitting

You've told us that Nick is self-employed. Please answer the questions below to tell us more about Nick's Babysitting.

Self-Employment - Babysitting

How much money does Nick make each month from self-employment? Please give us the amount that Nick earns before any taxes, deductions, or expenses are taken out. (Required) \$

(Required) How much are Nick's business expenses each month? \$

Add Another?

Does Nick have another self-employment job for babysitting? (Required) Yes No

[Previous](#) [Save & Exit](#) [Next](#)

4. Full Medicaid Application

Job Income Summary

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

65% Complete

Print Help

Hello, First. You are logged in. [Logout](#)

Start

People

Insurance

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Submit

Job Income Summary

Here is a summary of what you've told us. If you would like to change your answers or finish a section click on "Change" or "Add". If you would like to remove something, click on "Erase".

Review Your Answers: Current or Recent Job Summary

Who	Employer	Pay Period	How Much	Hours	Change or Erase
You've told us that no one in your home has a current or recent job.					

Add a Job

To add a job for someone in your home, please choose their name and click the Add button.

Name:

Add +

Review Your Answers: Self-Employment Summary

Who	Employer	Self-Employment Type	How Much	Hours	Expenses	Change or Erase
	Nick	Babysitting	\$100	0	\$10	Change or Erase

Add a Type of Self-Employment

To add a type of self-employment for someone in your home, please choose their name and click the Add button.

Name: Type:

Add +

[Previous](#) [Save & Exit](#) **Next**

4. Full Medicaid Application

Other Income Questions

The screenshot displays the 'inROADS' application interface. At the top, the logo 'inROADS An Open Road to Benefits.' is on the left, and the 'West Virginia Department of Health and Human Resources' logo is on the right. A progress bar shows '66% Complete'. Navigation buttons for 'Print' and 'Help' are visible. A sidebar on the left contains icons for 'Start', 'People', 'Insurance', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', and 'Submit'. The main content area is titled 'Hello, First. You are logged in.' with a 'Logout' link. It features three sections: 'Money From Other Sources' with instructions to report other income; 'Social Security (Required)' with a checkbox for 'No one' and checkboxes for 'Nick' and 'Susie'; and 'Other Income (Required)' with a checkbox for 'No one' and checkboxes for 'Nick' and 'Susie'. At the bottom, there are 'Previous', 'Save & Exit', and 'Next' buttons. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application

Other Income Type Selection

The screenshot shows the 'inROADS' application interface. At the top, it says 'inROADS An Open Road to Benefits.' and 'West Virginia Department of Health and Human Resources'. A progress bar indicates '70% Complete'. On the left is a navigation menu with buttons for Start, People, Insurance, Liquid Assets, Other Assets, Job Income, Other Income (highlighted), Housing Bills, Other Bills, and Submit. The main content area has a header 'Other Types of Income' with instructions: 'Next, check the boxes to tell us which types of other income each person gets. If you need to know more about a type of income listed below, please click on Help.' Below this is a section titled 'Nick's Income Information' containing a list of income types with checkboxes: Adoption Assistance, Black Lung, Disability Income, Educational Aid, Farm Allotment, Interest, Military Allotment, Other Income(Insurance, Job Corp Allotment etc.), Pension or Retirement, Rental Income, Spousal Support, Supplement (Non-Hud Rent/Utility), UMWA Benefits, Unemployment Benefits, Assistance from Another State, Direct Child Support, Dividends, Non-LIEAP Energy Assistance, Foster Care Payments, Lottery Winnings, Money from Another Person, Payments from an Annuity, Railroad Retirement, Royalties, Supplement (Hud Rent/Utility), Trust Fund, Veteran Benefits, and Worker's Compensation. At the bottom are buttons for 'Previous', 'Save & Exit', and 'Next' (which is highlighted with a red box).

4. Full Medicaid Application

(Required)

inROADS
An Open Road to Benefits.

Other Income Details

West Virginia Department of Health and Human Resources

68% Complete

Print Help

- Start
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income**
- Housing Bills
- Other Bills
- Submit

More About Nick's Adoption Assistance

You've told us that Nick gets money from Adoption Assistance. Please answer the questions below to tell us more about this payment. If you get this type of payment only a few times a year, please choose monthly and estimate how much this payment would be each month.

How often does Nick get payments from Adoption Assistance? (Required) < click here to choose >

How much is each payment from Adoption Assistance? (Required) \$

Add Another?

Does Nick have any other income for Adoption Assistance? (Required) Yes No

Previous Save & Exit Next

4. Full Medicaid Application



Other Income Summary



70% Complete

[Print](#) 
[Help](#) 

-  **Start**
-  **People**
-  **Liquid Assets**
-  **Other Assets**
-  **Job Income**
-  **Other Income**
-  **Housing Bills**
-  **Other Bills**
-  **Submit**

Other Income Summary

Here is a summary of what you've told us. If you would like to change your answers or finish a section click on "Change" or "Add." If you would like to remove something, click on "Erase."

Other Income

Who	Type	How Much	Frequency	Change or Erase
 Nick	General Relief or Interim Assistance	\$ 233	Monthly	Change or Erase
	Interest/Dividends Payments	\$ 23	Every Two Weeks	Change or Erase
	Interest/Dividends Payments	\$ 233	Every Two Weeks	Change or Erase
	Social Security	\$ 233	Every Two Weeks	Change or Erase
 Baby	Social Security	\$ 2333	Every Two Weeks	Change or Erase

Other Income

To add a type of other income, please choose the person and the type of income, then click the Add button.

Name:

< click here to choose >

Type:

< click here to choose >

Add 

←

Previous

Save & Exit 

→

Next

4. Full Medicaid Application

The screenshot displays the 'inROADS' application interface. At the top left is the 'inROADS' logo with the tagline 'An Open Road to Benefit'. To the right is the 'West Virginia Department of Health and Human Resources' logo. A red box highlights the title 'Other Bills Question'. Below the title is a progress bar showing '50% Complete' and buttons for 'Print' and 'Help'. On the left is a vertical navigation menu with icons and labels for 'Start', 'People', 'Insurance', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', and 'Submit'. The main content area has a dark blue header 'Your Other Bills' with the instruction 'Next, please tell us about some of your other bills.' Below this is another dark blue header 'Deduction (Required)' with the instruction 'Please check the box for anyone who pays for alimony, student loan interests or other payment that can be deducted on a federal income tax return.' There are three checkboxes: 'No one', 'Nick' (with a person icon), and 'Susie' (with a person icon). At the bottom are navigation buttons: 'Previous', 'Save & Exit', and 'Next' (which is highlighted with a red box).

4. Full Medicaid Application

inROADS
An Open Road to Benefits.

Deduction Type Selections

West Virginia Department of Health and Human Resources

18% Complete

Print Help

Start

People

Insurance

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Submit

Deductions

You've told us that Nick pays for things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

Deductions Paid (Required)

- Alimony Paid
- Business Expense
- Business Lost
- Capital Losses and Expenditures
- Deductible Part of Self-Employment Tax
- Domestic Production Activities Deduction
- Section 911 Foreign Housing Cost Amount
- Self-Employed Health Insurance Deduction
- Health Saving Account Deduction
- Moving Expenses
- Other Losses
- Penalty on Early Withdrawal of Savings
- Student Loan Interest
- Tuition and Fees Deduction

Previous Save & Exit Next

4. Full Medicaid Application

The screenshot shows the 'inROADS' web application interface. At the top left is the 'inROADS' logo with the tagline 'An Open Road to Benefits.' and the West Virginia Department of Health and Human Resources logo on the right. A progress bar indicates '68% Complete'. A red box highlights the 'Deduction Details' title. The main content area is titled 'More About Nick's Deduction Payment' and contains the following text: 'You've told us that Nick pays for student loan interest, please tell us the amount and how often Nick pays it.' Below this are two questions: 'How often does Nick make payments?' with a dropdown menu set to '< click here to choose >', and 'How much is each payment?' with a text input field. A second section titled 'Add Another?' asks 'Does Nick make any other student loan interest payment?' with radio buttons for 'Yes' and 'No'. At the bottom, there are navigation buttons: 'Previous', 'Save & Exit', and 'Next'. The 'Next' button is highlighted with a red box.

4. Full Medicaid Application



Other Bills Summary



88% Complete

[Print](#)
[Help](#)

- [Start](#)
- [People](#)
- [Liquid Assets](#)
- [Other Assets](#)
- [Job Income](#)
- [Other Income](#)
- [Housing Bills](#)
- [Other Bills](#)
- [Submit](#)

Other Bills Summary

Here is a summary of what you've told us. If you would like to change your answers or finish a section click on "Change" or "Add." If you would like to remove something, click on "Erase."

Review Your Answers: Deduction

Owner	Deduction Type	Frequency	How Much	Change or Erase
 Nick	Student Loan Interest	Monthly	\$300	Change or Erase
	Alimony	Every Two Weeks	\$900	Change or Erase

Add a Deduction

To add a deduction, please choose the person and the deduction category, then click the Add button.

Name: Type:

[Add +](#)

Application Review

Please review your application and make any edits needed before you continue. You will not be able to edit any of the previous section once you click on the "Next" button.

[← Previous](#)
[Save & Exit](#)

[Next →](#)

4. Full Medicaid Application

The screenshot displays the inROADS application interface. At the top left is the inROADS logo with the tagline "An Open Road to Benefits." and a progress bar showing "59% Complete". At the top right is the West Virginia Department of Health and Human Resources logo. The main heading "Yearly Income Question" is highlighted with a red box. Below the heading, there are two sections: "Additional Questions from the Federally Facilitated Marketplace" and "Yearly Income (Required)". The "Yearly Income" section contains a question about monthly income changes and four checkboxes for individuals named Nick, Susie, Baby, and Jack. At the bottom, there are navigation buttons: "Previous", "Save & Exit", and "Next" (which is highlighted with a red box). A vertical sidebar on the left contains buttons for "Start", "People", "Insurance", "Liquid Assets", "Other Assets", "Job Income", "Other Income", "Housing Bills", "Other Bills", "Finish", and "Submit".

4. Full Medicaid Application

The screenshot shows the 'inROADS' application interface. At the top left is the 'inROADS' logo with the tagline 'An Open Road to Benefits.' To the right is the title 'Yearly Income Details' in a red-bordered box. Further right is the West Virginia Department of Health and Human Resources logo. Below the header is a progress bar showing '68% Complete' and buttons for 'Print' and 'Help'. A vertical sidebar on the left contains navigation buttons: Start, People, Insurance, Liquid Assets, Other Assets, Job Income, Other Income, Housing Bills, Other Bills, Finish, and Submit. The main content area is titled 'More About Nick's Yearly income' and contains the text: 'You've told us that Nick's income changes from month to month, please tell us more about Nick's yearly income.' Below this are two questions with input fields: 'Base on what you know today, how much do you think Nick will make THIS year?' and 'Base on what you know today, how much do you think Nick will make NEXT year?'. At the bottom of the main area are buttons for 'Previous', 'Save & Exit', and 'Next' (which is highlighted with a red box).

4. Full Medicaid Application

Health Coverage from Employment Details

inROADS
An Open Road to Benefits

West Virginia Department of Health and Human Resources

61% Complete

Healthcare Coverage from Job

You've told us that someone listed on this application is offered health coverage from a job. Please answer the questions below to tell us more about this health insurance coverage. For help answering the questions on this page, download the [Employer Coverage Tool](#).

Employer

Use the [Employer Coverage Tool](#) help answer the questions about employer health coverage that you're eligible for.

Name of Employer: Walmart

Employee Name: Nick Smith

Address: 77 Norman Morgan Blvd

Address Line 2:

City: Logan State: < click here to choose > Zip Code:

Employer Phone: < > < > < >

Who can we contact about employee health coverage at this job?

Email Address: < >

Employer Identification Number (EIN): < >

Is this a state employee benefit plan? Yes No

Healthcare Coverage

Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months? Yes No

If you are in a waiting or probationary period, when can you enroll in coverage? < > Ex: mm/dd/yyyy

Please tell us who is eligible for coverage from this job:

Nick Susie Baby

Employer Health Plan Information

Does the employer offer a health plan that meets the minimum value standard? Yes No

For the lowest-cost plan that meets the minimum value standard offered only to the employees (don't include family plans) if the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.

How much would the employee have to pay in premiums for this plan? \$ < >

How often? < click here to choose >

Expected Change

What change will the employer make for the next plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employees that meets the minimum value standard.

How much will the employee have to pay in premium for that plan? \$ < >

How often? < click here to choose >

Date of change: < > Ex: mm/dd/yyyy

< Previous Save & Exit Next >

4. Full Medicaid Application

AI/AN Details

The screenshot shows the 'inROADS' application interface. At the top, there is a progress bar indicating '31% Complete' and buttons for 'Print' and 'Help'. A vertical navigation menu on the left contains icons and labels for 'Start', 'People', 'Insurance', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', 'Finish', and 'Submit'. The main content area is titled 'American Indian or Alaska Native' and contains three sections: 1. 'American Indian or Alaska Native' with introductory text. 2. 'American Indian or Alaska Native Information' with questions about tribal membership and eligibility, including dropdown menus for 'State' and 'Tribe Name'. 3. 'American Indian or Alaska Native Income' with instructions on reporting income and a list of sources. At the bottom, there are 'Previous', 'Save & Exit', and 'Next' buttons, with the 'Next' button highlighted by a red box.

31% Complete Print Help

American Indian or Alaska Native

You've told us that Nick is American Indian or Alaska Native.

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

American Indian or Alaska Native Information

Is Nick a member of a federally recognized tribe? Yes No

State: Tribe Name:

Has Nick ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? Yes No

Is Nick eligible to get services from the Indian Health Service, tribal health programs or urban Indian health programs, or through a referral from one of these programs? Yes No

American Indian or Alaska Native Income

Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:

- Per capital payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, lease, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

How often?

How much? \$

Previous Save & Exit Next

4. Full Medicaid Application

Additional Information Summary

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

27% Complete Print Help

Hello, First. You are logged in. Logout

- [Start](#)
- [People](#)
- [Insurance](#)
- [Liquid Assets](#)
- [Other Assets](#)
- [Job Income](#)
- [Other Income](#)
- [Housing Bills](#)
- [Other Bills](#)
- [Finish](#)
- [Submit](#)

Additional Questions from the Federally Facilitated Marketplace

Here is a summary of what you've told us. If you would like to change your answers or finish a section click on "Change" or "Add". If you would like to remove something, click on "Erase".

Review Your Answers: Yearly Income

Who	Income This Year	Income Next Year	Change or Erase
Susie	\$8000	\$12000	Change or Erase

Add a Person

To add a person and his/her yearly income information, please choose their name. Then click the Add button.

Name: **Add**

Review Your Answers: Coverage from Employment

Employer	Employee	Healthcare Coverage	Change
Walmart	Nick	Nick Susie	Change
Starbucks	Nick		Change

Review Your Answers: American Indian or Alaska Native

Who	Tribe Name	Received Service?	Change
Nick	Oglala Sioux Tribe	Yes	Change
Susie	Oglala Sioux Tribe	No	Change

Add a Person

To add another person who is American Indian or Alaska Native, please choose their name and click the Add button.

Name: **Add**

Previous
Save & Exit
Next

4. Full Medicaid Application

Application Submission

The screenshot shows the 'inROADS' web application interface. At the top, it says 'inROADS An Open Road to Benefits' and 'West Virginia Department of Health and Human Resources'. A progress bar indicates '37% Complete'. On the left is a navigation menu with buttons for Start, People, Insurance, Liquid Assets, Other Assets, Job Income, Other Income, Housing Bills, Other Bills, Finish, and Submit. The main content area is titled 'Signing Your Application' and includes sections for 'Rights and Responsibilities', 'Renewal of Coverage in Future Years', and 'Electronic Signature'. The 'Electronic Signature' section contains checkboxes for agreement, a name selection dropdown, and a date of birth field. At the bottom, there are 'Previous', 'Save & Exit', and 'Submit' buttons.

4. Full Medicaid Application

**Next Steps
Overview –
send to FFM**

inROADS
An Open Road to Benefits.

West Virginia Department of Health and Human Resources

100% Complete

Print Help

Thank You!

All individuals on the Application for Health Coverage were found ineligible for Medicaid or WV CHIP. However, you may be eligible for health care coverage in the Health Insurance Marketplace. [To continue your application](#) you must navigate to the Health Insurance Marketplace. The Health Insurance Marketplace will determine your eligibility for lower costs based on your income, compare your coverage options side-by-side, and help you enroll into insurance coverage.

You may also contact the Health Insurance Marketplace by calling 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)

Keep track of your application

Your tracking number for this application is **3000177230**.

Be sure to write this number down or print this page for your records.

If you have a question about the status of your application, contact the Customer Services Center number listed above. If you give the Customer Service Center your tracking number, it can help you get an answer more quickly. If you haven't heard back about an application you've submitted, please be sure to contact the Customer Service Center before submitting another online application.

Optional Survey

Click the Survey button to take a short survey about your online application process. It should take just a few minutes to complete the survey. Your answers will not be shared with your local agency or used to make a decision about your benefits.

Survey

Print Your Application

If you would like to print or save a copy of your application for your files, please click the Print My Application button. If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Print My Application

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:

Get Adobe Reader

Exit

Break



Next:

- Performance Measures
- Corrective Action
 - Test

5. Performance Measures

BMS will be tracking each hospital's performance as dictated by the following measurements:

1. 75% of patients who have been approved for HBPE have followed up and filled out the full Medicaid application prior to their designated case expiration date.
 2. 50% of patients found eligible for HBPE and who have completed the full Medicaid application were found eligible for full Medicaid benefits.
- Reports will be delivered quarterly to each hospital
 - These reports will provide data at the hospital level and at the individual AHE level.
 - These reports will allow the Bureau and the hospital to evaluate whether performance issues are hospital-wide or specific to an individual AHE.

6. Corrective Action

If a hospital has missed their performance standards:

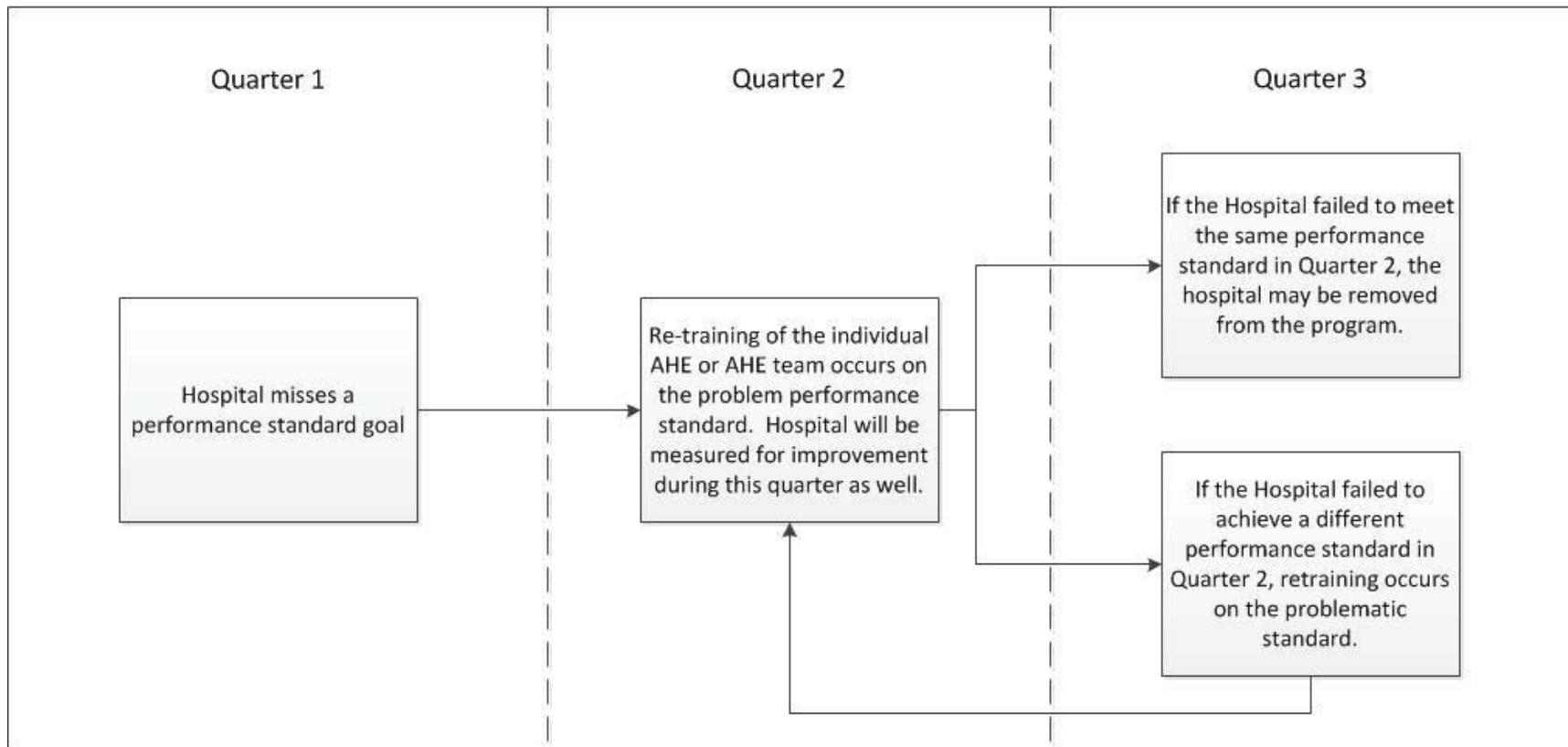
- They will have the opportunity to re-train and make a good faith effort to improve their performance.
- They will have one full quarter to recover their performance.

If a hospital missed a performance goal in Quarter 1, the corrective action plan would proceed according to the following process:

6. Corrective Action



Hospital Based Presumptive Eligibility Corrective Action Process



7. Test

1. Which groups of individuals who reside in WV may be eligible for PE?
 - a. Children under age 19
 - b. Pregnant women
 - c. Individuals aged 19 to 64
 - d. Former West Virginia foster care children under age 26
 - e. Certain individuals needing treatment for breast or cervical cancer
 - f. Incarcerated Individuals With Hospital Stays Exceeding 24 Hours
 - g. All of the above

7. Test

2. You are required to assist PE patients with their full Medicaid applications.
 - a. True
 - b. False

7. Test

3. Can I log in with another AHE's username and password to help them complete their patient applications?
 - a. Yes, I can log in with their information anytime
 - b. Yes, I can log in with their information, but only if I have express permission from them to do so
 - c. No, but I can help them with their case load by using the WV inROADS dashboard to search for their patient and working the case through my account
 - d. No, it is never acceptable to help with their cases

7. Test

4. The same patient who was denied PE last week is trying to apply again using different information. What negative determination notification would you select?
- a. Your income exceeds the applicable income standard
 - b. You have had a PE period previously in the past 12 months
 - c. You are not a United States Citizen
 - d. Administrative Denial (with a written explanation)
 - e. None of these

7. Test

5. If a patient is transferred to your hospital and shows you their temporary medical card, you can assist them with their full Medicaid Application.
 - a. True
 - b. False

7. Test

6. You are speaking with a pregnant patient. After you enter her information into WV inROADS, the error reading “An individual with this SSN has been approved for presumptive eligibility in the last 12 months. Please evaluate accordingly.” appears. How do you proceed?
- a. Tell the patient that she can not be determined PE at this time due to the system alerting you that she has had it in the past 12 months
 - b. Save and close the program
 - c. Proceed with the PE determination because a patient can have two PE determinations in a 12-month period if one of them is for pregnancy
 - d. None of the above

7. Test

7. BMS will be able to track hospital performance according to documented performance measures but will not be able to track individual AHE performance.
- a. True
 - b. False

7. Test

8. If a hospital fails to meet one of the performance measures and is able to improve their performance after following the Corrective Action process, they will not be removed from the HBPE program.
- 8. True
 - 9. False

7. Test

9. What are you required to do after assisting a PE patient in completing and submitting their full Medicaid application?
 - a. Help the patient apply for SNAP
 - b. The process is complete
 - c. Help the patient apply for Medicare

7. Test

10. When is the best time to assist a PE patient with their full Medicaid application?
- a. Between 6 p.m. and 10 p.m.
 - b. Right after completing the HBPE questionnaire in WV inROADS
 - c. Right After the patient is done being treated
 - d. Two weeks after the patient visits the hospital
 - e. On the patient's birthday

7. Test

11. Once you have made a PE determination for a patient, what is the next step?
 - a. Print either the temporary medical card or the ineligibility determination notification and give it to the patient
 - b. Begin filling out their Medicaid application without giving them any printed PDFs from WV inROADS
 - c. Talk to them about other healthcare programs they can apply for
 - d. None of these

7. Test

12. If a PE patient has received their temporary medical card but refuses or is unable to complete the full Medicaid application immediately after their PE determination, what should you do?
- a. Attempt to schedule a follow-up
 - b. Explain all the ways the patient can complete their full Medicaid application
 - c. Fill out as much of the Medicaid application for the patient as possible without the patient's consent
 - d. A and B
 - e. A and C
 - f. A, B and C

7. Test

13. If a patient indicates that they are currently receiving treatment for breast or cervical cancer, what is the next step after the patient has received their PE determination?
- a. Assist the patient in completing their full Medicaid application
 - b. The process is complete at this point
 - c. Save and close the application
 - d. Using the tool in the AHE's dashboard, offer to help the patient find a convenient screening facility to them, and then assist them with their full Medicaid application
 - e. None of the above

7. Test

14. Can an emergency room patient who is traveling in West Virginia on vacation receive hospital based presumptive eligibility?
- a. Yes
 - b. No



*State of West Virginia
Bureau for Medical Services*

**HOSPITAL-BASED PRESUMPTIVE
ELIGIBILITY: AUTHORIZED
HOSPITAL EMPLOYEE TRAINING**

Thank you!