Background

HealthWave 21 (HW 21) is authorized by Title XXI of the Social Security Act and is a government sponsored health insurance program for uninsured children at or below 200% of the federal poverty level but above the Medicaid income threshold. If a child is currently covered by other comprehensive insurance, the child is not eligible for HW 21, with some exceptions. During the recent conversion from the old Medicaid Management Information System (MMIS) to the interChange MMIS, it was discovered that many children currently enrolled in HW 21 also have an open TPL segment on the MMIS. This may be insurance that was entered on the MMIS when the child was previously enrolled in Title XIX and may no longer be active. Many times, however, it has been discovered that the insurance is still active and the child is covered by both private insurance and HW 21.

When is it appropriate to have HW 21 and private insurance?

When a HW 21 child has other insurance, there are generally three explanations. The first explanation is that the child gained coverage after he or she was approved for HealthWave coverage. This is entirely appropriate and the child is to remain eligible for HealthWave until the next review, unless another event occurs which ends the continuous eligibility period such as the parents requesting coverage to end or the child moving out of state.

Another way a child might have other insurance coverage and HW 21 is that the child’s insurance may not meet the requirements of KFMAM 2412 to be considered accessible comprehensive coverage. For example the child may have coverage that is dental only or vision only, but not have insurance that covers doctor’s visits. Or the child may be covered by an absent parent’s HMO that has no network providers within 50 miles of where the child lives. In these situations, it is appropriate for the child to continue to be covered by the private insurance as well as HW 21.
The third way that a child may be covered by private health insurance as well as HW 21 is that the child may have had comprehensive insurance at the time of application, but it was not reported or not noted by the eligibility worker. Approving HW 21 in these situations is erroneous. When it is discovered that a child had comprehensive insurance at the time of approval, action should be taken to end HW 21 coverage as soon as possible, allowing for timely and adequate notice.

**Using the MMIS to our advantage**

As stated earlier, many of the children on HW 21 have at some time been eligible for Title XIX. As such, we may already have TPL information on them available to us through the MMIS. The information may have been entered on the MMIS when a child was enrolled in Title XIX at an earlier date. This information can be a valuable tool in helping to identify HW 21 children who may have private insurance at the time of approval.

As such, effective immediately, eligibility staff who are going to approve an application for HW 21 coverage shall check the interChange MMIS TPL screens to see if TPL information is already listed. If TPL information is listed and the insurance does not have an end date (appears that it may still be active coverage), then the eligibility staff will verify whether the insurance meets the criteria for accessible comprehensive coverage and if the insurance is still valid. The worker will likely have to call the insurance company in order to verify the validity of the coverage.

If the coverage is still valid and it meets the criteria for accessible comprehensive coverage, the child shall be denied HW 21 coverage. If, however, it is verified with the insurance company that the insurance on the TPL screen is no longer valid or does not meet the criteria for accessible comprehensive coverage, then the information should be forwarded to the TPL unit at EDS in order to have the information updated or removed from the MMIS. The process to communicate this information will be to download the TPL form from the internet, complete it, and e-mail it to EDS at the e-mail address that will be listed on the form. A draft of this form is attached to this memo, although the form is not yet ready for use. Further instructions about how to access the form and how to use it are forthcoming.

If a HW 21 child is approved for coverage correctly but we later learn that he or she subsequently obtained private insurance, the worker shall enter this information on the TPL screen to identify it as a lead. The information will then be verified by the TPL unit and placed on the TPL screen. As long as the child continues to meet all other eligibility requirements, coverage will stay in effect until the next review. But if the TPL information is available on the MMIS and if workers are checking the TPL screens before approving HW 21, this should help prevent HW 21 approval for applications and reviews where a child already has private comprehensive health insurance.