



MEDICAID HANDBOOK

**Your guide to
Wyoming Medicaid**

INSIDE:

- What services are available under **Medicaid** Plans.
- Who is eligible for the **Medicaid** Programs.
- Your responsibilities as an **Medicaid** client.
- Your rights as an **Medicaid** client.



Revised August 2011

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What is Medicaid?

Medicaid helps pay for healthcare services for children, pregnant women, families with children, and individuals who are aged, blind, or disabled who qualify based on citizenship, residency, family income, and sometimes resources and healthcare needs.

Non citizens may be eligible for emergency services.



What is Medicare?

Medicare is a Federal health insurance program for aged, blind or disabled individuals. Medicare is available to individuals receiving Social Security Disability Income (SSDI) or those aged 65 and older who are receiving Social Security payments. Medicare is not part of the Medicaid program.

Who may be eligible for Medicaid?

MEDICAID PROGRAMS MAY BE ABLE TO HELP:

- Children under age 19.
- Children in Foster Care or Subsidized Adoption.
- Pregnant women.
- Parent(s) with a dependent child.
- Individuals receiving Supplemental Security Income (SSI) through Social Security.
- Individuals no longer receiving Supplemental Security Income (SSI).
- Individuals in need of nursing home care.
- Individuals who qualify for nursing home, but prefer care in their home.
- Individuals who are hospitalized for 30 days.
- Individuals who are in need of hospice care.
- Individuals who are developmentally disabled.
- Individuals who have an acquired brain injury.
- Individuals who need care in an Assisted Living Facility.
- Individuals diagnosed with breast or cervical cancer or tuberculosis.
- Individuals who are disabled and working.
- Individuals who need assistance paying for Medicare premiums.
- Non citizens who need emergency services.



How do I apply for Medicaid?

Complete the **Healthcare Coverage Application** or apply online at www.healthlink.wyo.gov to apply for programs for Children, Pregnant Women and/ or Parents with a dependent child. This application is also used by the Kid Care CHIP program. If you complete a paper application, mail it to Kid Care CHIP or to a local Department of Family Services (DFS) office or drop it off at a DFS office. **The paper application must be signed and dated.** To get a Healthcare Coverage Application, call Kid Care CHIP toll free at 1-877-543-7669 or call or visit your local DFS office. These applications are also available at various sites in the community such as Public Health offices, WIC offices, some doctors' offices or can be printed at www.health.wyo.gov/equalitycare or www.health.wyo.gov/CHIP

Pregnant women may apply for temporary coverage through a Qualified Provider's office. Most Public Health Nursing Offices are Qualified Providers. If found eligible, you will have up to 60 days of coverage for outpatient services while your application is submitted to DFS and eligibility for full Medicaid is determined.

Apply for all other Medicaid programs or for other programs offered through the Department of Family Services (DFS), such as Supplemental Nutrition Assistance Program (SNAP) or child care, by applying in person at the local DFS office. An interview may be required for these programs. A friend or relative may help you apply.

Apply for Supplemental Security Income (SSI) at a Social Security District Office and if you are determined eligible you will automatically be eligible for Medicaid.

Once I submit my application for Medicaid, what happens?

Healthcare Coverage Application

If your application is received at DFS, DFS will determine which program you qualify for based on your income, family size and other eligibility guidelines.

If your application is received at Kid Care CHIP, Kid Care CHIP will screen the application to see if anyone on the application may qualify for Medicaid and will forward the application to DFS if necessary.

DFS Application

If you need to apply at DFS, an interview may be necessary. Within approximately one month, a DFS Benefit Specialist will determine which program(s) you may qualify for based on your income, family size, and other eligibility guidelines.

Notification

Within approximately one month, a DFS Benefit Specialist will notify you if you are eligible for Medicaid and will tell you when your coverage begins and which members of your family are eligible. DFS will also notify you if eligibility is denied.

Can I get Medicaid for past months?

Medicaid may be available for three months prior to the date of your application if you have medical bills and also meet all eligibility guidelines during each of those months.

How long will I be covered?

Children are generally eligible for 12 months before their coverage must be renewed. Pregnant women are eligible for up to 60 days after the birth of their baby. Most adult coverage is reviewed at 12 months unless there is a change in income or resources that would make them ineligible.

How do I use the Medicaid Card?

Within approximately two weeks of being determined eligible you will receive a Medicaid Card in the mail for each eligible individual in your family. **Note to person(s) previously eligible:** If you were issued a card(s) in the past, that card will be reactivated and will need to be reused. If you no longer have the card(s), you will need to contact ACS to have them issue a replacement.

Show your Medicaid Card to your medical and/or pharmacy provider when you check in for an appointment or fill a prescription. It is helpful to have your Medicaid Card with you at all times in case of an emergency. You must use a doctor, clinic or hospital that accepts Medicaid health insurance or your medical bills will not be paid by Medicaid. Ask the healthcare provider if they accept Medicaid when making an appointment or before services are provided.

FOR CHILDREN WHO HAVE MEDICAID AND CHILDREN'S SPECIAL HEALTH (CSH) ELIGIBILITY...

Please take your current CSH eligibility letter, Medicaid Card, and your insurance card with you to all appointments. CSH coverage is only for the conditions and providers which are listed in your current letter of eligibility.

WHAT IF I HAVE MEDICAID, MEDICARE, OR OTHER HEALTH INSURANCE?

Present the Medicaid Card, along with proof of other health insurance or Medicare coverage, to the provider. Medical and pharmacy providers need this information to bill private insurance and Medicare before billing Medicaid. If you have private insurance or Medicare, those insurance companies must be billed first. Medicaid will only pay after all other insurance has been billed and paid their portion

(Exceptions: Preventive Pediatric Care, Family Planning and Prenatal Care).

Medicaid clients who have Medicare may be eligible to receive their medications through the Medicare Part D prescription program. Medicare prescription drug plans provide insurance coverage for medications. Eligible persons will automatically be enrolled in a Medicare prescription drug plan but will be given the opportunity to switch to a drug plan that meets their prescription drug needs. Until a Medicaid client is deemed eligible for a Medicare drug plan they will receive their prescription medications through Medicaid.



If you receive payment for medical bills from your private medical insurance, Worker's Compensation, or casualty insurance while you are covered by Medicaid, you must turn the payment over to the Medicaid program. Failure to do this may result in the loss of Medicaid Health Insurance.

THE ONLY PERSON WHO CAN USE THE MEDICAID CARD FOR MEDICAL TREATMENT IS THE PERSON WHOSE NAME IS ON THE CARD.

What if I am denied Medicaid benefits?

YOUR CIVIL RIGHTS

You cannot be denied Medicaid coverage or medical services because of your age, religion, disability, veteran status, gender, race or national origin. If you believe you have been discriminated against you may file a complaint with the **Office of Civil Rights, 1961 Stout Street, Room 1426, Denver, Colorado 80294** or phone 1-800-368-1019 toll free.

YOUR RIGHT TO A HEARING

If you feel the Department of Family Services has denied, changed or terminated your benefits incorrectly or your request for medical services were denied by the Division of Healthcare Financing, you may request an administrative hearing.

- A request for an administrative hearing must be made within 30 days of being notified of the denial, change, or termination in your eligibility for benefits, or of medical services being denied.
- For denied, changed, or terminated eligibility, make your request on the back of the notice, then mail or hand deliver the request to your local DFS office.
- Requests for administrative hearings regarding the denial of medical services must be in writing. Please indicate your name, address and the reason for which you are requesting the hearing. Mail the hearing request to Division of Healthcare Financing, 6101 Yellowstone Road, Suite 210, Cheyenne, WY 82002.
- Requests for administrative hearings that are not received within 30 days from the date of the notice denying, changing, or terminating your eligibility, will be denied.
- Requests for administrative hearings will be reviewed, and if a hearing is granted you will be notified of the time and date of the hearing.
- A lawyer, relative, friend or other person may represent you, or you may represent yourself. You must pay any legal charges if you hire a lawyer.

An administrative hearing is a review and discussion of your disagreement. It is not a court of law. A hearing officer, who is not involved in your case, listens to your complaint, explains the rules to you, answers your questions and sees that you are treated fairly.



What are my responsibilities while receiving Medicaid?

WHILE YOU OR YOUR CHILDREN ARE RECEIVING MEDICAID BENEFITS, YOU MUST:

- Report to your local DFS office any changes in your household such as:
 1. Someone moving out of state;
 2. A change in mailing address or telephone number;
 3. A change in health insurance;
 4. A change in income or number of people in the home if you are an adult receiving benefits;
 5. The death of a Medicaid client.
- Tell your medical or pharmacy provider you have Medicaid insurance when making an appointment, filling a prescription or before services are provided.
- Show your Medicaid Card to your medical provider.
- Tell your medical provider of any other medical insurance coverage you have.
- Pay your co-payments to your medical provider if co-payments apply to you.

Benefits are listed on the next few pages. Please read carefully as there are some limitations and restrictions. Keep in mind that benefits may change. You may be eligible for some or all of these services. If you have questions about your benefits, call ACS Client Relations at 1-800-251-1269 toll free.

If you receive a bill for services you think should have been covered under Medicaid, check with the provider to be sure they accept Medicaid and that you presented them with your Medicaid Card. If you are made eligible after your visit to a provider, talk with the provider, provide them with your Medicaid Card and ask if they will bill Medicaid. Keep track of the date you contact the provider and who you speak to. If you continue to get a bill or are turned over to collection, contact ACS Client Relations at 1-800-251-1269 and provide all the steps you have taken, they may have you fax or mail the bill to them to further assist you.

What services are available through the Medicaid Programs?

- **Acquired Brain Injury (Medicaid) Waiver**
Services: Home and community based services for eligible adults age 21 through 64 with an acquired brain injury and limited functional ability, who would otherwise need to have care in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).
- **Adult Developmental Disability (Medicaid) Waiver Services:** Home and community based services for eligible adults age 21 and older with mental retardation or developmental disabilities, who would otherwise need to have care in an ICF/MR.
- **Ambulance Services:** Emergency transportation by Basic Life Support ambulance, Advanced Life Support ambulance, or Air ambulance. Some non-emergency ambulance transportation may also be covered if the client is in need of special care during the trip and if other means of travel would put the client in danger.
- **Ambulatory Surgical Center Services:** Outpatient surgery performed in a free-standing facility.

- **Assisted Living Facility (Medicaid) Waiver Services:** Community based services for eligible adults age 19 and older who are living in an Assisted Living Facility, and who would otherwise need to have care in a nursing home. Clients are responsible for their own room and board costs.
- **Children’s Developmental Disability (Medicaid) Waiver Services:** Home and community based services for eligible children and young adults under the age of 21 with mental retardation or developmental disabilities, who would otherwise need to have care in an ICF/MR.
- **Children’s Mental Health (Medicaid) Waiver Services:** Home and community based services for eligible children and youth age 4 through 20 with serious emotional needs, who would otherwise need to have inpatient care in a hospital.
- **Dental Services:** For children and young adults under the age of 21, full comprehensive services are available. Braces are only available to clients ages 12-20 having severe problems in the way their jaws and teeth come together. Clients can apply for the Severe Crippling Malocclusion Program through Dental Health Services (307) 777-8946, 777-7947, or from your local Public Health Nurse. For adult clients age 21 and older, who are eligible for Medicaid benefits, basic dental services are available. Basic dental services for adults cover one preventative visit per year, emergency services, fillings, extractions and dentures.
- **Developmental Center Services:** Developmental assessments and therapy services for children age 5 and younger.

You may verify your eligibility and benefits on the Secure Web Portal

■ **Durable Medical Equipment:**

Medically necessary equipment and supplies for use in the home, if ordered by a physician. These services may be obtained through a pharmacy or medical supplier and may require prior authorization by Medicaid.



■ **End-Stage Renal Disease (ESRD) Services:**

Outpatient dialysis services for kidney disease provided by a free-standing facility.

■ **Family Planning Services:** A physician, nurse practitioner or a Family Planning Clinic furnishes family planning services to individuals of childbearing age. Pregnancy testing and contraceptive supplies and devices are covered.

■ **Health Check Exams:** Comprehensive well-child screening, diagnostic and treatment services for children and young adults under 21 years of age. Exams include: complete unclothed physical exam, immunizations, lab tests, lead screening, growth and development check, nutrition check, eye exam, mental health screening dental screening, hearing screening and health education. Services must be provided by a physician, physician assistant, nurse practitioner, or a Public Health Nurse.

■ **Hearing:** Services of an audiologist and hearing aids are covered.

■ **Home Health Services:** Skilled medical services provided by a home health agency to clients under a physician's plan of care.



- **Hospice Services:** Services delivered in a client's home (or a nursing facility) under a doctor's order to terminally ill clients of any age. The services are only for care related to the terminal illness during the last months of the person's life.
- **Hospital Services:** Inpatient and outpatient services with some exceptions. Psychiatric care is limited to acute care stabilization. **There are limits on emergency room visits for non-emergency reasons for clients age 21 and older.** A co-payment is required for non-emergency visits.
- **Intermediate Care Facility for the Mentally Retarded (ICF-MR) Services:** Long-term care in a facility for mentally retarded clients who are unable to live outside an institution.

- **Laboratory and X-ray Services:** Includes radiology, ultrasound, radiation therapy and nuclear medicine services, if ordered by a physician or nurse practitioner. Also annual routine pap tests and screening mammography.



- **Long Term Care (Medicaid) Waiver Services:** Home and community based services for eligible adults age 19 and older, who would otherwise need to have care in a nursing home.
- **Mental Health and Substance Abuse Services:** Mental health and substance abuse services are covered when provided by a community mental health center, a free-standing substance abuse treatment center, an advanced practitioner of nursing with

specialty of psych/mental health, a physician, a psychiatrist, or a licensed psychologist (and the licensed mental health professionals they supervise).

■ **Nurse Practitioner and Nurse Midwife**

Services: Services provided by nurse midwives and adult, pediatric, OB/GYN, geriatric and other nurse practitioners, when permitted by state law.

- **Nursing Facility Services:** Services for clients with medical needs who are unable to continue to live in the community. These services are subject to pre-admission screening for medical necessity. Nursing facility residents do not have limitations on prescription drugs and do not have to make co-payments on services.



■ **Organ Transplant Services:**

Medically necessary transplants are limited and require prior authorization.

■ **Occupational, Physical and Speech Therapy**

Services: Restorative therapy under written orders of a physician, when provided through a hospital, physician's office or by an independent occupational, physical or speech therapist.

- **Prescription Drugs:** Most prescription and some over-the-counter drugs are covered. A prescription is required for all drugs. A co-payment may be required for clients age 21 and older.

■ **Prosthetics and Orthotics:**

Most services are covered. Prior authorization is required in some cases.



■ **Psychiatric Hospital Services:**

Inpatient services for clients of all ages in need of acute inpatient psychiatric care are covered in acute care general hospitals. Acute psychiatric stabilization for clients under the age of 21, extended inpatient psychiatric care and psychiatric residential treatment facility (PRTF) services may be available in enrolled psychiatric residential treatment facilities.

■ **Rehabilitation Services:** Services to restore movement, speech or other functions after an illness or injury, when medically necessary and ordered by a physician.

■ **Surgical Services:** Surgical procedures which are medically necessary.

■ **Transportation Services:** Medicaid clients may request travel reimbursement to assist with the cost of medically necessary travel to medical appointments. The healthcare provider must be an enrolled Wyoming Medicaid provider and the service must be a Medicaid covered service. Not all Medicaid programs receive transportation services. Clients may make travel requests on the Secure Client Web portal or by calling the ACS Travel Call Center at 1-800-595-0011 toll free.

■ **Vision Services:**

Comprehensive services including eyeglasses for clients under the age of 21, with limits, when provided by an ophthalmologist, optometrist or optician.

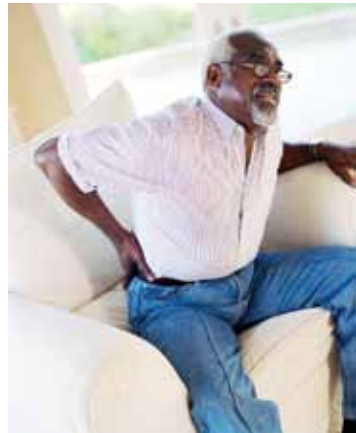


What are the limits and restrictions to the Medicaid Programs?

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

The following services are NOT covered:

- Abortion, except as specified by Federal Law
- Acupuncture
- Autopsies
- Biofeedback therapies and equipment
- Cancelled or missed appointments
- Chiropractic services, except where Medicare is the primary insurance
- Chronic pain rehabilitation
- Claims for which payment was fully made by another insurer
- Community mental health services furnished outside of Wyoming
- Cosmetic procedures
- Educational supplies and equipment
- Examinations or reports required for legal or other purposes not specifically related to medical care
- Experimental procedures
- Glasses and contact lenses are not covered for adult clients over the age of 21
- Infertility services including reverse sterilization, counseling, and artificial insemination
- Occupational Therapy visits are limited to 20 per calendar year for clients over 21



- Personal comfort items
- Physician and non-emergent hospital visits are limited to 12 per calendar year for clients over 21
- Physical Therapy visits are limited to 20 per calendar year for clients over 21
- Podiatrist services, except where Medicare is the primary insurance
- Private duty nursing services
- Room and board for waiver clients
- Services provided to a client outside the United States
- Services provided to a client in emergency detention
- Services provided to a client who is an inmate of a public institution or is in the custody of a state, local, or federal law enforcement agency
- Services that are not medically necessary
- Services that are not prescribed by a physician or other licensed practitioner
- Services that are performed by a provider who is not enrolled with Medicaid
- Speech therapy services are limited to 20 per calendar year for clients over 21
- Transsexual surgery, including follow-up services or treatment
- Waiver services furnished while the client is an inpatient of a hospital, nursing facility or other institution

There may be additional services that are not covered by the individual programs. Refer to the Services Available section of this handbook to see if Medicaid covers a specific service or call ACS Client Relations at 1-800-251-1269 toll free.

What is Health?

Health is your overall condition. This includes physical health in your body and mental health in your mind. Part of being healthy is not being sick, or having pain/injuries. You are healthy when your body functions like it is supposed to. When it does not function as it is supposed to, you may not be healthy. It is important for you to be involved in your healthcare since you know best how you are feeling.

What can I do to be healthy?

Maintaining healthy habits will give you and your children the best chance of staying healthy. If you have health problems, good health habits are even more important.

- Stay up to date with immunizations and health screenings
- Be physically active
- Eat right — limit fast food and junk food
- Maintain a healthy body weight
- Be tobacco-free
- Avoid drugs and excessive alcohol
- Manage stress
- Have regular dental checkups
- Practice safety in all daily activities



When should I see a Healthcare Provider?

You should see a healthcare provider for routine checkups, vaccinations, when you feel sick, and for other medical needs.

- Remember, regular and routine examinations by a qualified medical professional can help you have better health.
- It is important to check your health on a regular basis, because your body can go through changes without you noticing them.



What am I expected to do when I go to a clinic?

Bring your Medicaid Card and any other public or private health insurance information.

You are expected to show up 30 minutes early for your first visit and then 15 minutes early for any additional appointments. (This is so you have time to fill out paper work.) Always attend scheduled appointments or call ahead of time to cancel.

Bring any medical information you have regarding your current and past medical conditions/problems, such as shot records, pill bottles for medications you are currently prescribed, surgeries, and the names of healthcare providers and clinics that you have been to recently. Write down any questions you have ahead of time.



YOU WILL BE RESPONSIBLE FOR:

- Bringing your Medicaid Card and any other public or private health insurance information.
- Making sure that your healthcare provider accepts Medicaid when making the appointment and prior to receiving services.
- Providing medical information about yourself and any family medical history.
- Paying any co-payment established by Medicaid to your healthcare provider for services received.
- Paying your healthcare provider for services you receive that are not covered by the Medicaid program.
- Following any treatments your healthcare provider instructs you to do. If you don't, your provider may not want to care for you anymore. Your provider may not want to be responsible for your care, unless you follow his/her treatment plans. Tell your provider if you don't plan to take the medicine they prescribe, or follow the treatment they recommend.
- Getting any medication prescribed by your healthcare providers and taking it as instructed.
- Respecting the clinic staff and the privacy of other clients.



HEALTHCARE PROVIDERS ARE RESPONSIBLE FOR:

- Informing you if they are not enrolled with Medicaid or if they are not willing to accept you as a Medicaid client.
- Performing only services that are medically necessary.



- Advising you if the Medicaid programs do not cover the service they provide or recommend, before the service is provided.
- Accepting Medicaid payment as payment in full. Clients cannot be billed for the covered services.

Clients should not be billed for the following types of services by their healthcare provider:

- Charges for services that require prior authorizations and your healthcare provider did not obtain.
- Charges not paid because of your healthcare provider's billing error.
- Unnecessary medical services you did not choose to receive. If you chose to receive these services in writing, you will be responsible for the payment.
- Charges higher than Medicaid pays. The client is responsible for Medicaid co-payments.

YOU ARE NOT RESPONSIBLE FOR THE COMPLETION AND/OR SUBMISSION OF MEDICAID CLAIM FORMS. IF A PROVIDER ACCEPTS YOU AS A CLIENT AND AGREES TO BILL MEDICAID, THEY MAY NOT CHARGE YOU FOR FILING THE CLAIM.



When should I go to the Emergency Room?

Emergency rooms are for emergencies and life-threatening situations, and should not be used for any other purpose. Emergency room care is expensive. Do not go to the emergency room for care that should take place in a healthcare provider's office, such as sore throats, colds, flu, earache, minor back pain, and tension headaches.

Emergency care is covered 24 hours a day, 7 days a week. An emergency is a serious threat to your health. If you believe you have an emergency, go to the nearest emergency room or call 911. Some examples of emergencies are:

- Trouble breathing
- Chest pain
- Severe cuts or burns
- Loss of consciousness/blackout
- Bleeding that does not stop
- Vomiting blood
- Broken bones



What are my Rights under the Medicaid Programs?

It is important that you are comfortable with your healthcare provider and the overall care you receive.

YOU HAVE THE RIGHT:

- To receive considerate, respectful, and confidential care from your clinic and your healthcare provider.
- To receive services without regard to race, religion, political affiliation, gender, or national origin.
- To be told if something is wrong with you, and what tests are being performed, in words that you can understand.
- To ask your healthcare provider questions about your healthcare.
- To be able to voice your opinion about the care you receive, and to share in all treatment decisions.
- To receive an explanation about medical charges related to your treatment.
- To read your medical record.
- To refuse any medical procedure.
- To request an interpreter if you need one.



What is Estate Recovery?

The federal government requires state Medicaid programs to seek repayment from the estates of certain deceased clients who have benefited from the Medicaid program. The State will pursue recovery of medical care costs paid by the Medicaid program from the estate of a Medicaid client, age 55 years or older, when he/she received medical assistance, or if the person was an inpatient in a medical institution when he/she received medical assistance.

ESTATE RECOVERY HELPS THE STATE OF WYOMING GENERATE FUNDS TO PAY MEDICAL CARE COSTS, THROUGH THE MEDICAID PROGRAM, FOR THE INCREASING NUMBER OF PEOPLE IN NEED OF CARE.



Important Reminders about your Right to Reconsideration or a Fair Hearing.

Benefits are available through the Department of Health to all eligible persons regardless of age, religion, disability, veteran status, gender, race, or national origin. If you do not agree with a decision, you may request reconsideration or a fair hearing.

The Medicaid agency will review your request, make a decision about your services and if a hearing is granted, notify you of the time and date of the hearing.

A lawyer, relative, friend or other person may represent you or you may represent yourself. If you hire an attorney, you must pay any legal charges.

■ **MEDICAL SERVICES**

If you receive a notice of denial, change, or reduction of medical services from the Department of Health, you must make your request for a hearing in writing within 30 days from the date on the notice. You must mail or deliver your request to the Division of Healthcare Financing, 6101 Yellowstone Road, Suite 210, Cheyenne, WY 82002.

■ **ELIGIBILITY**

If you receive a notice of denial, change, or reduction of eligibility from the local Department of Family Services, you must make your request for a hearing in writing within 30 days from the date on the notice. Mail or deliver your request to your local DFS office.

Important Reminders about your Medicaid.

- Payments cannot be made to you. Payments are only made to healthcare providers such as doctors, hospitals and pharmacies enrolled in this program. The only exception is covered travel, where we reimburse you directly. Be sure the provider accepts Medicaid before you receive any services. If the provider does not accept Medicaid, you will be responsible for the bill.
- If the provider is enrolled, there is no guarantee that they will bill Medicaid. Always ask if the program will be billed before you receive service. If the provider states that Medicaid will not be billed and you decide to receive the service anyway, you are responsible for paying any bills.

BE SURE THE PROVIDER ACCEPTS MEDICAID BEFORE YOU RECEIVE ANY SERVICES.

Medicaid is a complex set of programs that change often. Federal regulations, State laws, and court decisions often result in changes to the programs. This information was accurate at the time that this handbook was published, but changes may have occurred since then. Please review page 27 for more information regarding client questions.

If you receive a bill for services you think should have been covered under Medicaid, check with the provider to be sure they accept Medicaid and that you presented them with your Medicaid Card. If you are made eligible after your visit to a provider, talk with the provider, provide them with your Medicaid Card and ask if they will bill Medicaid. Keep track of the date you contact the provider and who you speak to. If you continue to get a bill or are turned over to collection, contact ACS Client Relations at 1-800-251-1269 and provide all the steps you have taken, they may have you fax or mail the bill to them to further assist you.



For More Information

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

- For eligibility questions call your local Department of Family Services (DFS) office.
- For information on services and limitations call ACS Client Relations at 1-800-251-1269.
- For information on services and limitations for the Children's Special Health (CSH) program call (307) 777-7941, or 1-800-438-5795.
- For information on immunizations, Health Check, home healthcare, family planning, or general healthcare for you and your family, call your local Public Health Nursing (PHN) office.
- For Kid Care CHIP eligibility, call 1-877-KIDS NOW (1-877-543-7669) in Wyoming or 1-888-996-8786 outside of Wyoming.
- For information on prescription services and limitations, call the Pharmacy Help Desk at 1-877-209-1264.
- For more information on transportation, please call the ACS Travel Call Center at 1-800-595-0011 for assistance.

Telephone numbers for your local Department of Family Services (DFS), Public Health Nursing (PHN), and Women Infants and Children (WIC) offices are listed on the pages 29-31, by county.



Client Web Portal (<http://wyequalitycare.acs-inc.com>)

The client secure Web portal is available and offers you the following opportunities 24 hours a day and 7 days a week:

- Check your Medicaid eligibility
- Ask Medicaid questions regarding your benefits or covered services, etc.
- You may request a replacement Medicaid Card.
- Make transportation requests when covered by your benefit plan. Certain requests will need to continue to be made through the ACS Transportation Call Center.

NOTE: The above requests must be made in the Client Secured Web Portal. To gain access to the secured area you must first register. To register you will need either the Medicaid client ID number or SSN (Social Security Number), date of birth and first and last name.

You do not need to register to access general information:

- Find a Wyoming Medicaid doctor, dentist, hospital, or clinic in your area, or in a specific town, city or state.
- Contact information
- Medicaid Handbook
- Other client materials
- Frequently Asked Questions

County	Agency	Telephone #
Albany	DFS	(307) 745-7324
	PHN	(307) 721-2561
	WIC	(307) 721-2535
Big Horn	DFS	(307) 765-9453 (Greybull)
		(307) 548-6503 (Lovell)
	PHN	(307) 765-2371 (Greybull)
		(307) 548-6591 (Lovell)
Campbell	DFS	(307) 682-7277
	PHN	(307) 682-7275
	WIC	(307) 686-8560 (Gillette)
Carbon	DFS	(307) 328-0612
	PHN	(307) 328-2607 (Rawlins)
		(307) 326-5371 (Saratoga)
	WIC	(307) 328-2606 (Rawlins)
Converse	DFS	(307) 358-3138 (Douglas)
		(307) 436-9068 (Glenrock)
	PHN	(307) 358-2536 (Douglas)
		(307) 436-3474 (Glenrock)
WIC	(307) 358-4003	
Crook	DFS	(307) 283-2014
	PHN	(307) 283-1142
Fremont	DFS	(307) 332-4038 (Lander)
		(307) 856-6521 (Riverton)
	PHN	(307) 332-1073 (Lander)
		(307) 856-6979 (Riverton)
	WIC	(307) 332-1034 (Lander)
		(307) 857-3199 (Riverton)

Goshen DFS (307) 532-2191
PHN (307) 532-4069
WIC (307) 532-5881

Hot Springs DFS (307) 864-2158
PHN (307) 864-3311

Johnson DFS (307) 684-5513
PHN (307) 684-2564
WIC (307) 351-0306

Laramie DFS (307) 777-7921
PHN (307) 633-4000
WIC (307) 634-6180

Lincoln DFS (307) 877-6670 (Kemmerer)
(307) 886-9232 (Afton)
PHN (307) 877-3780 (Kemmerer)
(307) 885-9598 (Afton)

Natrona DFS (307) 473-3900
PHN (307) 235-9340
WIC (307) 265-6408

Niobrara DFS (307) 334-2153
PHN (307) 334-2609
WIC (307) 334-2609

Park DFS (307) 587-6246 (Cody)
(307) 754-2245 (Powell)
PHN (307) 527-8570 (Cody)
(307) 754-8870 (Powell)
WIC (307) 527-8580 (Cody)
(307) 754-8880 (Powell)

Platte DFS (307) 322-3790
PHN (307) 322-2540
WIC (307) 322-3732

Sheridan	DFS	(307) 672-2404
	PHN	(307) 672-5169
	WIC	(307) 672-5174

Sublette	DFS	(307) 367-4124
	PHN	(307) 367-2157

Sweetwater	DFS	(307) 362-5630 or (307) 352-2500
	PHN	(307) 922-5390 (Rock Springs) (307) 872-3944 (Green River)
	WIC	(307) 352-6783

Teton	DFS	(307) 733-7757
	PHN	(307) 733-6401
	WIC	(307) 885-9071 (Afton) (307) 734-1060 (Jackson)

Uinta	DFS	(307) 789-2756 (Evanston) (307) 786-4011 (Mountain View)
	PHN	(307) 789-9203 (Evanston) (307) 787-3800 (Mountain View)
	WIC	(307) 789-8943

Washakie	DFS	(307) 347-6181
	PHN	(307) 347-3278
	WIC	(307) 347-9249

Weston	DFS	(307) 746-4657
	PHN	(307) 746-4775
	WIC	(307) 746-2677

Notes



MEDICAID HANDBOOK

Wyoming Department of Health
Medicaid

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ACS CLIENT RELATIONS:

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REVISED AUGUST 2011