



Communities Learning Together

Advancing HIV Care and Support through Effective Fiscal Management

Eligibility Determination Resources for Ryan White Primary Care Providers in the District of Columbia, Maryland, Virginia and West Virginia

District of Columbia

DC Healthcare Alliance

Who Can Join?

The Alliance provides free health care to people and families who:

- If you are a D.C. resident without health insurance, then you may be eligible for free health coverage through DC HealthCare Alliance. Your family income may not exceed 200% of federal poverty level. In 2008, for a family of 3, this works out to an annual income of up to \$35,200 or a monthly income of up to \$2,950.
- Every 12 months you will be required to prove that you are still eligible for the Alliance program. You can only receive health coverage within the program for 12 months at a time. You will need to be recertified by the program within 90 days of the end of each 12 month period.

How Do You Join?

You can fill out an application at any of the places listed below. After you submit your application, it takes about 30 days for you to hear whether you have been approved for enrollment. If you are, you will receive a membership card. Once you are enrolled in the Alliance, you must fill out a form every 12 months to prove that you are still eligible to receive benefits.

DC Healthy Families

DC Healthy Families is a program of the DC Department of Health Care Finance that provides free health insurance for District residents and their children.

Who is eligible for DC Healthy Families?

DC Healthy Families provides free coverage for working families who:

- Live in DC,
- Do not have health insurance,
- Have incomes up to 200 percent of the Federal Poverty Level (FPL).
- Have incomes up to 300 percent of the Federal Poverty Level (FPL) if covering children only.

Once you apply for DC Healthy Families, it only takes about a month to find out if your family qualifies for benefits through one of our three excellent health plans:

- DC Chartered Health Plan
- Health Right
- Unison Health Plan

Income Levels for Children Only		
Persons in Family or Household	Monthly Income	Yearly Income
1	\$2,600.00	\$31,200.00
2	\$3,500.00	\$42,000.00
3	\$4,400.00	\$52,800.00
4	\$5,300.00	\$63,600.00
5	\$6,200.00	\$74,400.00
6	\$7,100.00	\$85,200.00
7	\$8,000.00	\$96,000.00
8	\$8,900.00	\$106,800.00
For each additional person, add	\$900.00	\$10,800.00

300 percent of FPL

2008 Income Guidelines

Income Levels for Entire Family		
Persons in Family or Household	Monthly Income	Yearly Income
1	\$1,733.33	\$20,420.00
2	\$2,333.33	\$27,380.00
3	\$2,933.33	\$34,340.00
4	\$3,533.33	\$41,300.00
5	\$4,133.33	\$48,260.00
6	\$4,733.33	\$55,220.00
7	\$5,333.33	\$62,180.00
8	\$5,933.33	\$69,140.00
For each additional person, add	\$600.00	\$6,960.00

200 percent of FPL

What services does DC Healthy Families cover/include?

- Doctors visits
- Vision
- Dental care
- Prescription medicines
- Hospitalization and more

Where do I join DC Healthy Families?

You can fill out an application at any of the places listed below. After you submit your application, it takes about 30 days for you to hear whether you have been approved for enrollment. If you are, you will receive a membership card. Once you are enrolled in DC Healthy Families, you must fill out a form every 12 months to prove that you are still eligible to receive benefits.

Breast and Cervical Cancer Prevention and Treatment Program (BCCPTP): Project Wish

- Project WISH (Women Into Staying Healthy) provides qualified women with breast and cervical cancer screening at no cost. Women who are screened through this program

and diagnosed with breast and/or cervical cancer may be eligible for treatment through Medicaid.

- In order to be eligible for breast or cervical cancer screenings through Project WISH, you must be 40 years or older. In addition, you must meet income eligibility standards, and be uninsured or underinsured.
- For more information, please call the DC Department of Health at (202) 442-5900 or visit them online at dchealth.dc.gov/DOH/cwp/view,a,1373,q,582368,dohNav_GID,1801,dohNav,%7C33183%7C33184%7C,.asp.

Medicaid

DC Medicaid is a healthcare program that pays for medical services for qualified people. It helps pay for medical services for low-income and disabled people. For those eligible for full Medicaid services, Medicaid pays healthcare providers. Providers are doctors, hospitals and pharmacies who are enrolled with DC Medicaid.

Who is eligible for Medicaid?

Anyone who meets the Medicaid eligibility requirements can receive Medicaid. A Medicaid recipient can be any age, race or sex.

What services does Medicaid cover/include?

- Doctor visits
- Hospitalization
- Eye care
- Ambulatory surgical center
- Medically necessary transportation
- Dental services and related treatment
- Dialysis services
- Durable medical equipment
- Emergency ambulance services
- Hospice services
- Laboratory services
- Radiology
- Medical supplies
- Mental health services
- Physician services
- Nurse practitioner services
- Home and Community Based Services (HCBS)
- Transplants

Where do I apply for Medicaid?

You may apply for Medicaid for low-income families and children under 19 and pregnant women at your Income Maintenance Administration (IMA) Service Center. You may call (202) 727-5355 to locate your nearest IMA Service Center. You may apply for benefits at the IMA Service Centers listed below.

Medicaid Managed Care Plans

The DC Department of Health Care Finance maintains a list of managed care plans and contact people at:

<https://www.dc-medicaid.com/dcwebportal/home>

Interim Disability Assistance

The Interim Disability Assistance (IDA) program is designed to provide temporary financial assistance to those are unable to work due to a disability and have a high probability of receiving federal Supplemental Security Income (SSI). IDA payments are issued until SSI eligibility is approved or denied, after which the IDAP payment ends.

If funds are exhausted at the time the customer is determined to meet all eligibility requirements, the customer will be placed on a waiting list, and approved when funds become available. Applications for Interim Disability Assistance are processed by IDA staff at designated IMA centers.

To qualify, an applicant must have submitted an application for SSI with the Federal Social Security Administration. A copy of the SSI application must be submitted with the IDAP application.

Interim Disability Assistance applications are accepted at the H Street Service Center located at 645 H Street NE.

Income Maintenance Administration (IMA) Service Centers

Service Centers hours are 8:15 am to 4:45 pm on Monday, Tuesday, Thursday and Friday, and 8:15 am to 7 pm on Wednesday. IMA Customer Service **(202) 727-5355**.

Service Center	Address	Phone	Fax
Anacostia	2100 Martin Luther King Avenue, SE	(202) 645-4614	(202) 727-3527
Congress Heights	4001 South Capitol Street, SW	(202) 645-4546	(202) 654-4524
Eckington	51 N Street, NE, 2nd Floor	(202) 724-8720	(202) 724-8602
Fort Davis	3851 Alabama Avenue, SE	(202) 645-4500	(202) 645-6205
H Street*	645 H Street, NE	(202) 698-4350	(202) 724-8964
Taylor Street	1207 Taylor Street, NW	(202) 576-8000	(202) 576-8740

* Interim Disability Assistance applications are accepted at the H Street Service Center located at 645 H Street NE.

Covered Benefits

DC Healthcare Alliance will provide:

- Preventive Care (checkups, diet and nutrition)
- Health screenings (tests)
- Prescription drugs

- Dental services (cleanings or fillings)
- Family planning services (birth control)
- Urgent and emergency care (emergency room)
- Immunizations (shots)
- Prenatal care (pregnancy)
- Well child care (checkups for children)
- Wellness programs (eating well and staying healthy)
- Hospital care (medical, surgical, and GYN)

Maryland

Medicaid

Medicaid is a program that provides health coverage to some low-income Maryland residents. Medicaid covers families with children and pregnant women, medically needy individuals, the elderly, and people with disabilities, if state and federal guidelines are met. Legal residents who are not U.S. citizens may be eligible for Medicaid. Non-citizens who do not have immigration documents cannot enroll in Medicaid. Most Medicaid enrollees receive their care through the Maryland mandatory managed care program, the HealthChoice Program.

- For certain categories of people, eligibility for Medicaid is based on the amount of your household income.

In Maryland you may be eligible for Medicaid if you are an infant, a child, pregnant, or a parent of a child and your family income meets the Medicaid income standards.

Income eligibility levels for these categories are described below. Your assets and some expenses also may be taken into account, so you should contact the Department of Social Services for more information.

Low income persons eligible for Medicaid in Maryland

Category — Income eligibility (as percent of federal poverty level)

Child 0-18 — 200% (monthly income of about \$2,862 for family of 3)

Parent

Working — 38%

Non-working — 31%

Pregnant woman — 250%

Medically Needy

Individual — 49%

Couple — 41%

* Eligibility information was compiled from State Health Facts Online, the Henry J. Kaiser Family Foundation, and may have changed since this guide was published. Contact your state Medicaid program for the most up to date information and for other eligibility requirements that may apply.

To get an idea of how your income compares to the federal poverty level, use the federal poverty guideline issued by the U.S. DHHS for the year 2007:

<u>Size of Family Unit</u>	<u>Poverty Guideline (annual income)</u>
1	\$10,210
2	\$13,690
3	\$17,170

-For larger families add \$3,480 for each additional person
-So, for example, using this guideline, 200% of the federal poverty level for a family of 3 would be an annual income of \$34,340, or a monthly income of \$2,862.
-Contact your state Medicaid program for the most up to date information and for other eligibility requirements that may apply.

- Families who get cash benefits from TANF (also known as FIP or Family Investment Program) can get Medicaid.

Parents should know that when you get a job and your TANF benefits end, you generally can stay on Medicaid for a 12-month transitional period.

Parents should know that when your family's TANF benefits end, your children may also qualify for transitional Medicaid coverage for 12 months. Or, your children may qualify for Medicaid themselves if your family's income meets the Medicaid income standards.

- Very poor elderly or disabled people who get Supplemental Security Income (SSI) benefits can also qualify for Medicaid.

Disabled individuals should know that if your income earned from a job increases so that you no longer qualify for SSI, you may be able to continue your Medicaid coverage at least for a limited time.

- People who have high medical expenses may also qualify for Medicaid. You may qualify as medically needy if you have high medical expenses that, when subtracted from your income, would make you eligible for Medicaid coverage. For example, people who have to pay a lot for prescription drugs, nursing home care, or other long term care services sometimes qualify as medically needy if they don't have health insurance that covers these services.
- Retired or disabled people who have low incomes and are enrolled in Medicare may also qualify for help from Medicaid. Even though your income may be too high to qualify for Medicaid insurance coverage, there may be other ways Medicaid can help you.

If your household income is below the poverty level, Medicaid will pay your Medicare monthly premium and your Medicare deductibles and coinsurance. This is called the Qualified Medicare Beneficiary (QMB) program.

If your household income is below 135% of the poverty level, Medicaid will pay for your monthly Medicare premiums only. This is called the Specified Low-Income Medicare Beneficiary (SLMB) program.

Contact the Department of Social Services for more information about other eligibility requirements.

- There may be other ways that Medicaid can help. To find out if you or other members of your family qualify for Medicaid, contact the Maryland Department of Social Services.

Maryland's Children Health Plan (MCHP) and MCHP Premium Program

The Maryland Children's Health Program (MCHP) is a federal/state program that gives full health benefits for children up to age 19, and pregnant women of any age who meet the income guidelines.

To be eligible, a child's family income must be at or below 200% of the federal poverty level and the applicant cannot be eligible for Medicaid. Pregnant women qualify if their family income does not exceed 250 % of the Federal poverty level.

MCHP participants receive care through the Maryland Managed Care Program, Health Choice. Participants do not pay for this coverage.

The MCHP Premium Program is a low cost health insurance coverage for uninsured children under the age of 19 whose family income is above 200% but at or below 300% of the federal poverty level.

It provides access to health insurance for eligible children through their parent's or guardian's employer sponsored insurance or through the Maryland Managed Care Program, Health Choice.

Participants must pay a small monthly premium.

Maryland Breast and Cervical Cancer Health Plan

- If you believe you may or be at risk for breast or cervical cancer, you may be eligible for free screening and/or treatment through one of two programs administered through the Maryland Breast and Cervical Cancer Health Program.
- The Maryland Breast and Cervical Cancer Screening Program provides qualified women with breast and cervical cancer screenings at no cost. Women screened through this program and diagnosed with breast or cervical cancer will be eligible for free treatment through Medicaid.

In order to be eligible for screening through this program, you must be between the ages 40-64 years of age. In addition, you must be either uninsured or underinsured and your income must not be greater than 250% of poverty. Women over 65 may be eligible if they do not have Medicare Part B and meet this income standard.

- The Breast and Cervical Cancer Diagnosis and Treatment Program provides eligible residents of any age with free diagnosis and treatment for breast and cervical cancer. In order to be eligible for this program you must meet certain income criteria and be uninsured or underinsured.

- A specific application is required for both of these programs. To find out if you are eligible for either of these programs call the Maryland Cancer Hotlines at 1-800-477-9774.

Maryland Primary Adult Program

The Maryland Primary Adult Care Program provides eligible people with free visits to a primary care provider and assistance buying prescription medication.

- In order to be eligible, you must be over 19, meet income requirements, and not be enrolled in Medicare.
- To receive benefits, you must complete the Maryland Primary Adult Care Program application form. To find out if you are eligible and to enroll, call 1-800-226-2142 or go to <http://www.dhmh.state.md.us/mma/pac/index.htm>.

Maryland Pharmacy Assistance Program

The Maryland Pharmacy Assistance Program can help low income people buy prescription medicine. The income and asset limits are higher than Medicaid.

- To receive an MPP card you must complete the Maryland Pharmacy Program application form. Call 1-800-226-2142 for an application.

The Federal Health Coverage Tax Credit (HCTC)

A federal income tax credit is available to help certain trade dislocated workers and early retirees, and their dependents, buy qualified health insurance coverage. The Health Coverage Tax Credit (HCTC) covers 65% of the insurance premium for qualified coverage. Under this program, you can either claim the tax credit at the end of the year on your tax return or you can elect to have the money paid directly to your qualified health plan each month by the Internal Revenue Service.

When am I eligible for HCTC?

- To be eligible for the tax credit, you must be receiving Trade Adjustment Assistance (TAA) benefits or retirement benefits from the PBGC. If you are receiving PBGC benefits, you also must be at least 55 years old.
- In addition, you must meet other requirements. Specifically, you are not eligible for the HCTC if any of the following apply to you:
- You have a health plan maintained by an employer or former employer that pays at least 50% of the cost of your coverage. Any share of your premium that is paid by you or your spouse on a pre-tax basis is considered to have been paid by your employer and must be included as such when determining the percentage of employer coverage.
- You are enrolled in Medicare (Part A or B).
- You are enrolled in the Federal Employees Health Benefits Program (FEHBP), Medicaid, or State Children's Health Insurance Program (SCHIP).

- You are entitled to health coverage through the U.S. military health system (TRICARE/CHAMPUS).
- You can be claimed as a dependent on someone else's federal tax return.
- You received a lump sum payment of your entire PBGC benefit before August 6, 2002.
- As of the first day of the current month in which you are otherwise eligible, you are imprisoned under a federal, state or local authority.
- HCTC may apply to your family, too. If you are eligible, you can use the credit to help purchase qualified health coverage for your qualified family members. Qualified family members are your spouse and dependents that you can claim on your federal tax return. Family members are not eligible if they are enrolled in another group health plan where the employer pays at least 50% of the cost of coverage, or in Medicaid, SCHIP, FEHBP, TRICARE/CHAMPUS.
- Eligibility for HCTC is not based on income. In addition, the HCTC is refundable. This means you can claim the credit even if you do not earn enough income to owe federal income tax.

How much of my health coverage cost will the tax credit cover?

- The HCTC is equal to 65% of health insurance premiums for qualified health insurance coverage.

What health coverage is eligible for the tax credit?

- The HCTC can only be used to help pay for "qualified" health coverage. Qualified health coverage includes:
- COBRA continuation coverage, as long as your employer or former employer contributes less than 50% of the total health plan premium.
- Individual health insurance in which you were enrolled for at least the last 30 days before you were separated from the job that makes you eligible for TAA benefits or for payments from the PBGC.
- State-qualified health plans. In Maryland, MHIP is the state qualified health plan.
- Your husband's or wife's insurance from work, as long as the employer contributes less than 50% of the total health plan premium. (At this time, you can only claim the credit with this type of coverage when you file your federal tax return and not in advance.)

How do I claim the HCTC?

- You can claim the HCTC on your tax return and be reimbursed for 65% of the premium you paid for qualified coverage while you were eligible for the HCTC. Currently, this is the only way to claim the HCTC if your qualified health plan is provided through a spouse's employer.
- Alternatively, you can choose to have your credit sent directly to your qualified health plan each month. To do this, you must register with the HCTC customer service center by calling 1-866-628-HCTC (1-866-628-4282), Monday through

Friday between the hours of 7 am and 7 pm, Central time. TDD/TYY callers, please call 1-866-626-HCTC (1-866-626-4282).

- You will have to fill out a registration form verifying your eligibility for the HCTC and your enrollment in qualified coverage. You will also fill out a payment invoice. Each month, you will send the HCTC program your 35% share of the premium for qualified coverage. The HCTC program will combine this payment with the tax credit covering the other 65% of the premium and forward the entire payment to your qualified health plan.
- You must register in advance to have the HCTC paid directly to your health plan each month. Usually, the direct payments won't begin until at least a month after you register with the HCTC program. Call the HCTC customer service center for more information

Where can I get more information?

- For more information about the HCTC, contact the HCTC customer service center at 1-866-628-HCTC, or see the IRS website at <http://www.irs.gov/individuals/index.html> (click on HCTC).
- For more information about TAA benefits contact, <http://www.doleta.gov/tradeact/>.
- For more information about PBGC, contact, <http://www.pbqc.gov/> or call 1-202-326-4000 with general inquiries.

Virginia

Medicaid

Medicaid is a program that provides health coverage to some low-income Virginia residents. Medicaid covers families with children and pregnant women, medically needy individuals, the elderly, and people with disabilities, if state and federal guidelines are met. Legal residents who are not U.S. citizens may be eligible for Medicaid. Non-citizens who do not have immigration documents cannot enroll in Medicaid.

- For certain categories of people, eligibility for Medicaid is based on the amount of your household income.

In Virginia you may be eligible for Medicaid if you are an infant, a child, pregnant, the parent of a dependent child, elderly, or disabled and your family income meets the Medicaid income standards.

Income eligibility levels for these categories are described below. Your assets and some expenses also may be taken into account, so you should contact the Virginia Department of Medical Assistance Services for more information.

Low income persons eligible for Medicaid in Virginia*

Category — Income eligibility (as percent of federal poverty level)

Child 0-19 — 133% (monthly income of about \$1,903 for family of 3)

Pregnant woman – 150%

Parents

Working – 31%

Non-Working – 24%

Medically needy

Individual – 47%

Couple — 42%

* Eligibility information was compiled State Health Facts Online, the Henry J. Kaiser Family Foundation and may have changed since this guide was published. Contact your state Medicaid program for the most up to date information and for other eligibility requirements that may apply.

To get an idea of how your income compares to the federal poverty level,* use the federal poverty guideline issued by the U.S. Department of Health and Human Services for the year 2007:

<u>Size of Family Unit</u>	<u>Poverty Guideline (annual income)</u>
1	\$10,210
2	\$13,690
3	\$17,170

For larger families add \$3,480 for each additional person

So, for example, using this guideline, 133% of the federal poverty level for a family of 3 would be an annual income of \$22,836, or a monthly income of \$1,903.

*Contact your state Medicaid program for the most up to date information and for other eligibility requirements that may apply.

- Families who get cash benefits from **TANF** (also known as **Virginia Initiative for Employment Not Welfare** or **VIEW**) can get Medicaid. Parents should know that when you get a job and your TANF benefits end, you generally can stay on Medicaid for a 12-month transitional period.

In addition, your children may qualify for Medicaid if your family's income meets certain income standards.

- Poor elderly or disabled people who get **Supplemental Security Income (SSI)** benefits can also qualify for Medicaid.

Disabled individuals should know that if your income earned from a job increases so that you no longer qualify for SSI, you may be able to continue your Medicaid coverage at least for a limited time.

- People who have high medical expenses may also qualify for Medicaid. You may qualify as medically needy if you have high medical expenses that, when subtracted from your income, would make you eligible for Medicaid coverage. For example, people who have to pay a lot for prescription drugs, nursing home care, or other long term care services sometimes qualify as medically needy if they don't have health insurance that covers these services.
- Retired or disabled people who have low incomes and are enrolled in Medicare may also qualify for help from Medicaid. Even though your income may be too high to qualify for Medicaid insurance coverage, there may be other ways Medicaid can help you.

If your household income is below the poverty level and your assets are within the established limits, Medicaid will pay your Medicare monthly premium and your Medicare deductibles and coinsurance. This is called the Qualified Medicare Beneficiary (QMB) program.

If your household income is below 120% of the poverty level and your assets are within established limits, Medicaid will pay for your monthly Medicare premiums only. This is called the Specified Low-Income Medicare Beneficiary (SLMB) program.

Contact the Virginia Department of Social Services for more information about other eligibility requirements.

- There may be other ways that Medicaid can help. To find out if you or other members of your family qualify for Medicaid, contact the Virginia Department of Social Services at (804) 726-7000 or toll free at (800) 552-3431 or visit them at <http://www.dss.virginia.gov/>.

West Virginia

Medicaid

Medicaid is a program that provides health coverage to some low-income West Virginia residents. Medicaid covers families with children and pregnant women, medically needy individuals, the elderly, and people with disabilities, if state and federal guidelines are met. Legal residents who are not U.S. citizens may be eligible for Medicaid however, questions concerning immigration status and eligibility should be directed to the West Virginia Department of Health and Human Resources.

- For certain categories of people, eligibility for Medicaid is based on the amount of your household income.

In West Virginia you may be eligible for Medicaid if you are an infant, a child, pregnant, the parent of a dependent child, elderly, or disabled and your family income meets the Medicaid income standards.

Income eligibility levels for these categories are described below. Your assets and some expenses also may be taken into account, so you should contact the Department of Health and Human Resources for more information.

Low income persons eligible for Medicaid in West Virginia*

<u>Category</u>	<u>Income eligibility</u> (as percent of federal poverty level)
Infant	150% (monthly income of about \$2146 for family of 3)
Child 1-5	133%
Child 6-18	100%
Pregnant woman	150%
Parents	
Working	37%
Non-Working	19%
Medically needy	
Individual	28%
Couple	28%

To get an idea of how your income compares to the FPL,* use the federal poverty guideline issued by the U.S. Department of Health and Human Services for the year 2007:

<u>Size of Family Unit</u>	<u>Poverty Guideline (annual income)</u>
1	\$10,210
2	\$13,690
3	\$17,170

-For larger families add \$3,480 for each additional person

-So, for example, using this guideline, 200% of the federal poverty level for a family of 3 would be an annual income of \$34,340, or a monthly income of \$2,862.

* Contact your state Medicaid program for the most up to date information and for other eligibility requirements that may apply.

- Parents who receive benefits under **TANF (also known as West Virginia Works)** should know that when you get a job and your TANF benefits end, you generally can stay on Medicaid for a 12-month transitional period.

In addition, your children may qualify for Medicaid if your family's income meets certain income standards.

- Poor elderly or disabled people who get **Supplemental Security Income (SSI)** benefits are automatically eligible for Medicaid.

Disabled individuals should know that if your income earned from a job increases so that you no longer qualify for SSI, you may be able to continue your Medicaid coverage at least for a limited time.

- People who have high medical expenses may also qualify for Medicaid. You may qualify as medically needy if you have high medical expenses that, when subtracted from your income, would make you eligible for Medicaid coverage. For example, people who have to pay a lot for prescription drugs, nursing home care, or other long term care services sometimes qualify as medically needy if they don't have health insurance that covers these services.
- Retired or disabled people who have low incomes and are enrolled in Medicare may also qualify for help from Medicaid. Even though your income may be too high to qualify for Medicaid insurance coverage, there may be other ways Medicaid can help you.

If your household income is below the poverty level, Medicaid will pay your Medicare monthly premium and your Medicare deductibles and coinsurance. This is called the Qualified Medicare Beneficiary (QMB) program.

If your household income is above 100% but below 120% of the poverty level, Medicaid will pay for your monthly Medicare premiums only. This is called the Specified Low-Income Medicare Beneficiary (SLMB) program.

Contact your WV Department of Health and Human Resources for more information about other eligibility requirements.

- There may be other ways that Medicaid can help. To find out if you or other members of your family qualify for Medicaid, contact Department of Health and Human Resources. You can apply for Medicaid at the Local Department of Health and Human Resources.

To obtain the locations and telephone number of sites near you call the Bureau of Medical Services at the WV Department of Health and Human Resources.

West Virginia Children's Health Insurance Pool (WVCHIP)

WVCHIP is a state-designed program that provides health coverage to low-income children under the age of 19 who are not eligible for Medicaid and who are uninsured.

- A child whose family has a household income at or below 200% of the federal poverty level (FPL) is eligible for WVCHIP. For a family of 3, this works out to an annual income of about \$2,862, or a monthly income of about \$34,340.
- If your family income is below 150% of the FPL, you will not pay a premium or co-pay. If it is at or above 150%, you will pay a monthly premium for medical care (including doctor and hospital visits) and/or prescription drugs.
- Eligibility is guaranteed for one year unless the child moves from the state, enrolls in Medicaid, is found to have other insurance coverage, or becomes financially ineligible.
- No child is denied eligibility based on disability.

- To apply to WVCHIP, you may call your local WV Department of Health and Human Resource office or WVCHIP at (800) WVA-CHIP (982-2447). Or, you can download an application from the program's web site.

West Virginia Breast and Cervical Cancer Screening Program

The West Virginia Breast and Cervical Cancer Screening Program provides qualified women with breast and cervical cancer screening at no cost. Women who qualified are screened through this program and diagnosed with breast and/or cervical cancer may be eligible for treatment through Medicaid.

- In order to be eligible for screening through the West Virginia Breast and Cervical Cancer Screening Program, you must be at least 50 years old for mammograms or at least 25 years old for cervical cancer screenings. In addition, you must meet income eligibility standards and be uninsured or underinsured.
- For more information about eligibility, contact the West Virginia Breast and Cervical Cancer Screening program at (304) 293-2370.