

## CHAPTER 2

### SERVICES FOR MINERS

#### Section 1. **Definitions.**

(a) “Occasional” means irregular or infrequent.

(b) “Incidental” means work at a mine or qualifying processing or conversion facility that is not necessary for or, directly dependent upon, the primary function of the mine or qualifying processing or conversion facility.

(c) “Processing or conversion facility” means a facility that is dependent upon the output of a mine for feedstock and prepares minerals, coal or other geological materials, in solid or liquid form derived from an in situ leach process, prior to the first sale or transfer of the mineral to another entity. Processing does not include those facilities that use a mined product as an ingredient in a finished product or to manufacture a finished product.

Section 2. **Benefit Programs.** Benefits for all miners are established as follows:

(a) A medical assistance benefit of not more than five thousand dollars (\$5,000) per miner/per calendar year for pulmonary/respiratory, cardiac, hearing loss and musculoskeletal conditions of miners which are due to labor in the mining industry in accordance with W.S. 30-6-102(b)(i).

(b) A hearing aid benefit of not more than two thousand dollars (\$2,000) toward the purchase of new or replacement hearing aids.

#### Section 3. **Registration as an Eligible Miner.**

(a) To be eligible, an applicant shall submit a completed Board registration form.

(b) The following shall be submitted as evidence of an applicant’s eligibility for services:

(i) Residency – The applicant shall demonstrate compliance with the requirements of W.S. 30-6-102 (f)(v) by submitting any of the following: voter registration, current Wyoming driver’s license, current Wyoming

identification card, or any other information which verifies residency and is acceptable to the board.

(ii) Domicile- The applicant shall meet the requirements of W.S.30-6-102 (f)(iv)

(iii) Employment as a miner –The applicant shall demonstrate compliance with the requirements of W.S. 30-6-102 (f)(ii) by submitting any of the following - Employment records, W-2 forms, pension verification letters, Social Security records, or any other information that is acceptable to the board and verifies the applicant’s employment as a miner.

(c) Upon acceptance of the miner’s qualified application, the Board shall issue a Miners Hospital Program identification Card.

(d) The Board may require renewal of registrations to comply with statute, rules, or policy changes. A miner who fails to renew a registration on or before the renewal deadline is not eligible for benefits. A miner may re-register after the deadline if the miner continues to meet the eligibility requirements but shall not be eligible for benefits during any period in which the miner was not registered.

#### **Section 4. Eligibility for Medical Assistance Benefit.**

(a) To be eligible for the Medical Assistance Benefit a miner shall:

(i) Complete a Board registration form, have registered as an Eligible Miner as provided in Section 3 and receive a valid Miner’s Hospital Program Identification Card;

(ii) Submit a State licensed medical provider’s written statement that the miner is in need of the services or benefits described in W.S. 30-6-102,

(iii) The eligible miner shall provide a State licensed medical provider’s statement of injury and inability to work as miner with Workers Compensation records; mine personnel records; medical records; Social Security Records; or any other information which verifies that the injury occurred and the miner is unable to work due to the injury.

(b) The following shall be submitted as evidence of an individual’s eligibility for the benefit:

(i) Diagnosis of the condition from a State licensed medical provider that verifies the condition and need for treatment and

(ii) Verification that no other sources of benefits exist, which may include:

(A) Explanation of Benefits from the miner's insurance company, Medicaid or Medicare or any other third-party responsible to pay for treatment received:

(B) A statement from a State licensed medical provider that other third party sources of payment have been explored and exhausted or

(C) An affidavit from the claimant certifying that he or she is not covered by any policy of insurance that provides coverage of or reimbursement for prescription medications.

(iii) A statement from a State licensed medical provider, statement from a health insurance company, or statement under penalty of perjury from the miner, the miner's next of kin or personal representative of the amount of out of pocket expenses incurred.

(c) A miner may be required to submit additional evidence of eligibility for services or benefits.

#### **Section 5. Acceptance of Claims.**

(a) Claims for medical assistance:

(i) A State licensed medical provider or miner shall submit claims for benefits directly to the Board's third-party administrator on a standard health insurance claim form or other forms acceptable to the third party administrator.

(b) Claims for Prescription Drug Assistance:

(i) A qualified miner covered by insurance providing prescription drug coverage may submit pharmacy receipts accompanied by a claim form with the miner's name and mailing address to the Board's third-party administrator. The miner's out-of-pocket costs for covered prescriptions shall be paid directly to the miner.

(ii) Qualified miners with no insurance may request a Prescription Hardship benefit. The Board shall determine the benefit on a case by case basis and the miner will be issued a Miner's Hospital Prescription Benefit Card that allows pharmacies to charge the entire cost of covered prescriptions, up to the annual maximum allowed under Section 2(a), to the Board. The prescription hardship benefit must be renewed every October.

(c) Accepted claims will only be paid if budgeted funds are available. Once the funds budgeted for the biennium are exhausted, no further claims for services provided during that biennium will be paid.

(d) All claims for a calendar year must be received on or before June 30 of the following.

(e) Claims received but not accepted or paid due to lack of budgeted funds may not be resubmitted.

**Section 6. Payment of Accepted Claims.** All payments except reimbursement for covered prescription drugs will be made directly to State licensed medical providers, or pharmacies. Reimbursements may be made directly to the qualified miner for good cause. Payment for prescription drug reimbursement may be made directly to miners.

**Section 7. Denial of Registration, Services, or Benefits.**

(a) Upon receiving of a registration form or claim for benefits, the Executive Director or staff shall review the form and information or claim submitted. If the applicant clearly qualifies, the applicant shall be registered or benefits shall be dispersed. If there are questions regarding eligibility or claims, the Executive Director shall forward the application or claim to the Review Committee (RC). The RC shall consist of the Executive Director and two (2) members of the board designated by the board chairman.

(i) The RC shall review the application or claim and all other information available and following the review may:

(A) Approve the application or claim; or

(B) If there are questions as to whether denial is appropriate, forward the application and a RC report to the Assistant Attorney General assigned to the Board for prosecution to review.

(ii) If, after review, the RC and Assistant Attorney General recommends denial of an application or claim:

(A) A preliminary denial letter shall be sent to applicant or claimant by registered mail, return receipt requested. The letter shall state the basis for the denial, including applicable rules.

(B) If preliminarily denied, the applicant or claimant shall submit a written request for a hearing within 15 days of the date of the denial letter or the denial is final.

(b) A denial hearing is a formal contested case hearing conducted pursuant to the Wyoming Administrative Procedure Act.

(c) The applicant has the burden of proving that the applicant is eligible for registration. The claimant has the burden of proving the claim should be paid.

(d) The hearing will be conducted by the Office of Administrative Hearings in accordance with its Uniform Rules for Contested Case Practice and Procedure. The hearing officer shall submit proposed findings of fact, conclusions of law and order to the Board within thirty (30) days of the hearing's conclusion. The minor and review committee may submit exceptions to the proposed order within ten (10) days after service. By incorporating the Office of Administrative Hearings' Uniform Rules, the Board makes the following findings;

(i) Incorporating the full text of the Uniform Rules would be cumbersome and inefficient given the length and nature of the rules;

(ii) The incorporation is limited to the Uniform Rules adopted by the Office of Administrative Hearings and effective on October 17, 2014, and shall not include any subsequent editions or amendments to the Uniform Rules.

(iii) Copies of the Uniform Rules are available to the public at the Board's office at 2001 W. Lakeway Road, Suite B, Gillette, WY 82718.

(iv) An electronic copy of the Uniform Rules is available to the public at the following web address: <http://mhb.state.wy.us>

(e) Proposed orders will be given consideration, but are not binding upon the Board. All final decisions will be issued by the Board and shall be based exclusively upon the evidence in the record and matters officially noticed. The Review Committee shall not participate in the Board's final decision.

(i) A Petition for Judicial Review of the Board decision may be filed in the district court in accordance with the Wyoming Rules of Appellate Procedure.

(ii) If a Petition for Judicial Review is filed in the district court, the petitioner shall either arrange the preparation and pay for the transcript of the testimony, or reimburse the Board for the cost of the transcript if previously prepared at Board expense.