DIVISION OF
DEVELOPMENTAL
DISABILITIES

Division Guideline #16

Date: **Created March 28, 2012**
Revised June 8, 2012
Revised August 22, 2012
Revised June 3, 2013
Revised June 9, 2014

Title: **Medicaid Eligibility and Spend Down**

Application: **Regional Offices and TCM Providers**

Medicaid/MO HealthNet Overview

MO HealthNet, Missouri's name for the Medicaid program, provides health care access for low income children, pregnant women, and individuals who have a disability as well as those who are elderly with low income. Assisting individuals who are eligible for division services to apply for and maintain eligibility for MO HealthNet is an important part of support (aka service) coordination.

There is an on-line application for children, pregnant women and parents. For people who are elderly, blind and individuals with disabilities, there is a downloadable application that can be printed and mailed, to Family Support Division (FSD). Both are available at the following link:
http://www.dss.mo.gov/mhk/appl.htm

Eligibility for MO HealthNet is determined by the Department of Social Services' Family Support Division. Office locations and contact information is available at the following link:
http://dss.mo.gov/fsd/office/list.htm

A brief summary about Missouri's Medicaid program, health care coverage for children, and managed care can be found at the following link: http://www.dss.mo.gov/mhd/providers/pdf/puzzledterm.pdf

A chart summarizing the eligibility requirements for individuals who are over the age of 65, are blind or who have a disability, or need treatment for breast and cervical cancer can be found at this link:
http://www.dss.mo.gov/fsd/pdf/mhn_elig_aged_blind_disabled_program descriptions.pdf

Applications for MO HealthNet (Missouri Medicaid) must be filed by an individual or his/her guardian (also known as conservator). If the applicant or guardian wishes to delegate authority to another individual to file an application, he/she must sign an IM-6AR form. Forms may be obtained from the

Family Support office located in each county, or may be printed from this internet site: http://manuals.momed.com/forms/IM_Authorized_Representative[IM-6].pdf

Spend Down

Individuals who meet all eligibility requirements for the Aged Blind and Disabled, but whose income is over the monthly limit, may be eligible by incurring medical expenses or by paying the spend down amount into the MO HealthNet Division. Paying into MO HealthNet on a monthly basis is similar to paying a health insurance premium and assures continuous Medicaid eligibility. Participants may make arrangements for automatic withdrawal from a bank account. Details and application forms may be found on the MHD Website: **http://dss.mo.gov/mhd/participants/index.htm** and http://dss.mo.gov/fsd/massist.htm

When Regional Offices have been designated payee of an individual's Social Security benefits or other income, the Regional Office pays in to MO HealthNet the spend down amount each month using the individual's own funds.

Individuals who choose not to pay in his/her spend down are required to submit verification of medical expenses totaling the spend down amount to the local Family Support Division (FSD) office each month. When an individual has Medicare or other health insurance, only the amount of the expense that is the individual's liability is allowed toward the spend down. When bills are submitted, FSD will verify the amount that is the responsibility of Medicare or other insurance and the amount that is the individual's responsibility.

Both Targeted Case Management and Home and Community-based waiver services are valid medical expenses that may be used to meet spend down. It is not a requirement that the MO HealthNet participant submit verification of payment for the medical expense; he/she is only required to provide verification that the medical expense was incurred.

Providers may assist the individual in meeting his/her monthly spend down by providing an invoice that documents all of the following:

- Full name of MO HealthNet participant.
- 8 digit MO HealthNet number, also called Departmental Client Number or DCN.
- Name of service provider; consistent with the agency name used for MO HealthNet provider enrollment and for MO HealthNet billing.
- Two digit provider type, which is the first two digits of the provider number. Provider type for TCM is 15 and Provider type for all DD waiver services is 85.
- Service provided, either TCM or DD waiver, and each date of service.
- Billed charge for each service, by date of service. The billed charge may not exceed the providers' contracted service rate for that particular service.
- Total charges for all services itemized on the invoice.
- Any third party liability.

A form is posted on the MO HealthNet website. Click on the following link, and then click on the "MO HealthNet Spend Down Provider Form posted on the right hand side of the screen. http://dss.mo.gov/fsd/massist.htm Once Family Support Division has validated the date on which the individual met his/her spend down, the MO HealthNet eligibility file will be updated to show the date eligibility begins. FSD policy requires the MO HealthNet eligibility date be entered within 2 working days. In this process, the MO HealthNet "begin" date is always entered retro-actively so providers may have to resubmit claims that cycled prior to the date the MO HealthNet eligibility file was updated.

When individuals elect to meet spend down by submitting validation of medical expenses, this must be done each month, as spend down eligibility must be verified on a monthly basis.

As eligibility is specific to the amount of the spend down, the provider cannot be reimbursed for any part of the charges used to meet spend down. For example:

- Participant has a spend down of $300/month
- Participant incurred medical expenses as follows:
  - February 1: $100
  - February 2: $50
  - February 3: $75
  - February 4: $200

Spend down was met on February 4, however, $75 of the total expenses incurred on February 4 counted toward spend down. All claims submitted to the Medicaid Management Information System (MMIS) for February 1, 2 and 3 will be denied as the client was not eligible on those dates. The first claim(s) to be processed through the MMIS for any service provided on February 4 from any provider will be automatically adjusted and reduced by the remaining spend down liability. Claims for dates of service after February 4 and through the end of February will be reimbursed subject to all applicable claim edits. (Example, the claim must be for a valid covered service, services requiring prior authorization must be authorized, all claims require a valid diagnosis code, the provider must be actively enrolled with DSS on the date of service, etc). Spend down is based on the date the service was provided, not on the date the individual was billed or the date a claim was submitted to MMIS.

Verifying Medicaid Eligibility

Medicaid eligibility may be verified by providers enrolled with MO HealthNet using the MO HealthNet provider web portal at www.emomed.com.

Medicaid eligibility may also be verified through the MO HealthNet Interactive Voice Response system (IVR) for providers by calling: 573-751-2896.

Providers with access to the DMH Client Information Management Outcomes and Reporting system (CIMOR) may also verify Medicaid eligibility and the individual's spend down amount (if applicable) in CIMOR. Following are instructions for accessing ME in CIMOR:

1. Conduct steps to access CIMOR to get to Home Page.
2. Go to "Consumer" node at the top of column on left side of screen and open to "Search for a Consumer" screen. Enter consumer-specific information to access the link to additional CIMOR information for that consumer.
3. Click "Search" button to bring up consumer name and link to Consumer Record.
4. Under "Consumer Record" click on the "Select" button. This brings up the "View Consumer Demographics" screen. This screen also allows one to access additional consumer-specific information as listed in the left column.
5. In the left column click on the node next to "Consumer" to open up the available records options under this category.
6. Click on "Benefits/Eligibility" to open the "View Benefits & Eligibility Screen".
7. There are various tabs at the top of this screen that can be accessed as applicable to the consumer. Click on the "Medicaid Eligibility" tab for Medicaid Eligibility spans, which include columns for ME Codes, Code Description, Begin and End dates, and Premiums. If there is a Spend Down under the Premium Column, additional tables will appear on the screen to expand

on Spend Down-related information such as Medicaid Patient's Responsibility – Amount Type (e.g., Spend Down), Begin and End dates, Amounts, etc.

FSD Information Center 855 FSD INFO

Family Support Division maintains an Information Center with a toll free number: 855-373-4636 (855-FSD-INFO).

The Information Center is run by a private company and staffed with Customer Service Representatives (CSRs). The CSRs have been trained to answer questions about Income Maintenance programs and **very limited** case specific questions. When a caller needs more information, the Information Center emails the local FSD office which is then to contact the caller within 2 days.

The FSD Information Center CSRs will only speak to the individual or to the person whose name is on the IM 6AR form.

Annual Reinvestigations

On an annual basis the Family Support Division must conduct a review of active MO HealthNet individuals to establish his/her continued eligibility for Medicaid. The annual review is called "reinvestigation." A letter is automatically generated by the Department of Social Services to the address shown in the MO HealthNet eligibility system. When FSD does not receive a response to the letter requesting resubmission of information to verify continued eligibility within a certain time period, Medicaid eligibility is terminated.

Often letters are sent to an incorrect address. Following are two common reasons for incorrect addresses in the FSD eligibility file:

- Individual has moved but did not report his/her new address to FSD.
- Address on file belongs to a representative payee, legal guardian, or public administrator and the recipient of the letter did not respond.

TCM providers may take pro-active steps to ensure individual's cases are not closed because of failure to respond timely to review requests. Regional Offices shall provide monthly reports to TCM providers of individuals due for reinvestigation.

Central Office receives a daily closure report from Department of Social Services which contains the names of individuals that have had his/her MO HealthNet closed and the reason for the closing. This list is separated by regions and is sent out daily for mandatory follow-up and resolution to ensure that individuals' MO HealthNet is restored.

Ticket to Work Health Assurance

Ticket to Work Health Assurance (TWHA) enables individuals with disabilities who are ages 16 through 64 to qualify for MO HealthNet if he/she has earned income within certain limits. In addition, individuals who are eligible under TWHA may have both a Medical Savings Account and an Independent Living Account with up to $5,000 in each account, as these assets are excluded from eligibility determination.

This link will assist with an income calculator to determine whether an individual's income from employment might enable them to be eligible under TWHA:
http://dmh.mo.gov/ada/provider/RapidMedicaidEligibility.htm

This guideline will be reviewed and updated annually, as needed.