

## **SPENDDOWN PROCESSING & MMIS ENTRY REMINDERS**

### **NEW APPLICATION NEEDED EVERY 6 MONTHS FOR MN ONLY**

A new application for Medicaid is needed every six months for MN only members. Individuals who become eligible after meeting a spenddown are entitled to full MN Medicaid coverage beginning the day the spenddown was met and ending the last day of the sixth month in the spenddown period (Medicaid Eligibility Manual M0330.202 C.). The worker must inform the individual of the spenddown period and the need to file a re-application if additional coverage is needed after the spenddown period ends (M1320.100 E.). Send a Notice of Action after completing an evaluation of the individual's spenddown. In the section marked "Other", tell the individual that he must complete a review or reapply in order to be evaluated for Medicaid after the spenddown period ends (M1320.400 C. 2).

### **END DATING:**

Spenddowns must be end dated in the MMIS – regardless of how large a member's medical bills may be. The next spenddown must be determined by re-verifying the member's medical bills and verifying that the bills are still the member's responsibility. The end date of coverage is the end date of the budget period, if the individual continues to meet the MN requirements. (M1340.1300 A. 1 & M1340.1300 A. 2)

### **DETERMINE IF BILLS ARE STILL THE MEMBER'S RESPONSIBILITY**

Determine if the carry-over expenses are fully or partially countable by requesting verification that the amount of the carry-over expense is still owed (M1340.700 B. 1). Also evaluate Old Bills M1340.600 B. 1.

### **FOLLOW UP ON KNOWN CHANGES**

The eligibility worker has a responsibility for keeping a record of changes that may be anticipated or scheduled, and for taking appropriate action on those changes. The worker can set a follow-up review in the MMIS for anticipated changes. Examples of anticipated changes include, but are not limited to, the receipt of an SSN, **receipt of SSA benefits** and the delivery date for a pregnant woman. M1520.100 B)

### **RETRO CANCEL REINSTATE:**

The Retro Cancel Reinstate function in the MMIS should not be used to enter retroactive spenddowns where there is existing limited coverage in place. When a LDSS worker uses this function to enter a retroactive spenddown the worker is unable to end date the spenddown segment. All retro spenddowns that need to be entered during a time where there is limited coverage in place must be completed by DMAS staff in the Eligibility and Enrollment Unit. A request can be made by completing a DMAS MMIS Coverage Correction form (found in the Forms section of the SPARK Page) and emailing it to [enrollment@dmavirginia.gov](mailto:enrollment@dmavirginia.gov). A response email will be sent to the worker within 1-2 business days indicating that the enrollment has been completed.