WELCOME

MEDICAID MEMBER ADVISORY COMMITTEE

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

UNDERSTANDING MEDICAID ELIGIBILITY & THE RENEWAL PROCESS

PowerPoint version

Rev. 8.02.2021

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

THANK YOU!

Thank you for being part of the Medicaid Member Advisory Committee.

We hope this presentation will help you understand general Medicaid eligibility requirements, income thresholds and the renewal process

Brief Overview

- The federal agency, the Center for Medicare and Medicaid Services (CMS), oversees the general guidance of each state's Medicaid program.
- Each state further defines their own laws and rules which govern the Medicaid program in that state.
- DMAS is responsible for complying to the federal and state guidelines; we draft, publish and ensure the Medicaid policy and procedures are followed.

Income Guidelines

- CMS provides the income guidelines used in the determination of eligibility.
- Most income thresholds are updated annually, normally in late January. DMAS receives the information and updates the charts and computer systems which use this information.
- Some income guidelines correspond to the cost of living adjustments (COLA) and may increase each annually.

Application Processing

- DMAS contracts with the Virginia Department of Social Services (DSS) to complete Medicaid eligibility determinations in their respective locality.
- Eligibility determinations are also completed at the DMAS Cover Virginia Central Processing Unit (CPU).
- Your local DSS office handles the case maintenance and renewals for the enrolled Medicaid members.

Processing Timeframes

- Federal regulations require a Medicaid application must be processed within 45 days
- Renewal of Medicaid benefits are handled by the local Department of Social Services. Generally the renewal period begins about 60 days prior to the end of coverage.
- Changes to a case, such as an address change, are handled as quick as possible by the eligibility worker

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Medicaid offers many benefit programs

Which path?

Basically two types of Medicaid:
Families / Children / Adult
and Aged, Blind, Disabled (ABD)

MAGI / Family & Children Coverage Groups

- FAMIS and FAMIS Plus (Medicaid children under age 19)
- Medicaid Adults; for individuals age 19 – 64 years old, aka "Expansion" or "MAGI" Adult
- Pregnant Women (Medicaid and FAMIS MOMS)
- Former Foster Care children
- Low Income Families with Children (LIFC)

Aged, Blind and Disabled Coverage Groups

- Aged individual (65 years or older)
- Blind or Disabled person (under age 65)
- Medicare Savings Programs (MSP) – a person who receives Medicare and does not qualify for full Medicaid but premiums are paid by DMAS.
- Individuals in long term services and support (LTSS). This may occur in a medical/nursing facility or for services at home called community based services.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Medicaid is complex!

General Requirements

All Medicaid eligibility is based on meeting:

- A covered group (such as FAMIS or ABD);
- Non-financial requirements;
- Financial requirements; and
- Resource requirements for non-MAGI individuals, such as those in the ABD categories.

Sequential Evaluation

Liken it to climbing a pyramid until the person reaches the point where they may qualify for Medicaid

Sequential Evaluation

An application follows a series of steps in order to compare to the established standard.

An applicant will be evaluated for the “longest and strongest” coverage for which he/she may be eligible.

Example: a pregnant woman could be approved for Adult Medicaid coverage versus Medicaid Pregnant Woman (PW) coverage.

As PW coverage closes soon after a pregnancy ends while Adult coverage may be for an entire year. So the Adult coverage is stronger.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

General Guidelines

Non-Financial factors:

- Be a Virginia resident with the intention to remain in the state;
- Have a Social Security Number, or if eligible for, or prove one has been applied for;
- Must apply for any other benefits to which they may be entitled to, such as Medicare or Social Security.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Citizenship Information

Most often citizenship and identity are verified electronically and include:

- An applicant who declares as a U.S. or Naturalized Citizen
- An alien who has a lawful presence or legal status to be in the country
- Special immigration status such as refugees, asylees, victim of trafficking, battered aliens may qualify but for limited periods of coverage only
- Unqualified aliens, such as DACA recipients or an undocumented person may only qualify for emergency services, not full Medicaid

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Financial Information

An applicant must meet financial eligibility requirements.
This will include earned income which is money received from a job

- Includes gross income; the amount before taxes and deductions.
- Income is needed even if the applicant has contract employment or irregular pay (such as a day laborer)
- Any income from self-employment

Financial Information

Need to know about any unearned income, which is income that is not earned from employment. *Unearned income may come from a variety of sources:*

- Social Security Administration (SSA) benefits
- Supplemental Security Income (SSI)
- Disability payments and SSDI
- Retirement income or pension payments
- Veteran’s benefit payments
- Unemployment benefits

Resource Information

Verification of the value of resources are required for an ABD individual.
These include such items as:

- Vehicle(s) – one vehicle is not counted
- Real property such as home(s) or land
- Liquid assets such as cash on hand, checking or savings accounts
- Life insurance policies with cash value
- Burial Funds

Resource Information

- Resources **do not** include personal belongings such as:
  - Clothing
  - Jewelry
  - Furniture / appliances / antiques
  - Tools

A standing joke is an individual could have a Picasso hanging on the wall of their home but it is viewed as a personal belonging and will not count as a resource. But if sold and the applicant receives cash, that money will count as a resource.

Aged, Blind or Disabled

The ABD population includes a person who is:

- Aged (65 years or older), or
- Blind, or
- Disabled; as determined by either Social Security Administration (SSA) or the Virginia Department of Disability Services (DSS).

It is understandable a determination for disability is sometimes a long process

Aged, Blind or Disabled

Unless the person is determined as disabled by SSA or DDS, they will not be recognized as disabled for a Medicaid determination.

A person on short-term disability or a pregnant woman are not considered disabled.

In determining an application for ABD Medicaid, additional information regarding resources is necessary. We call that a resource test.

Questions?

Medicaid Example #1

Hannah applies for herself and her 10 year old daughter.

Her household size, also known as family size, is counted as 2; the mother + child.

Hannah works full-time and has gross income of $1,800 per month from her job.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Example #1

As the monthly household income is $1,800, Hannah and her daughter (a family size = 2) are within the income guidelines for Medicaid.
It would appear both qualify for full coverage.

2021 Income Guidelines as of January 13, 2021		
Family size	**Monthly**	**Yearly**
1	$1,482	$17,775
2	$2,004	$24,040
3	$2,526	$30,305

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Medicaid Example #2

Bob lives with his girlfriend Suzie and her son Elijah.

Bob is only applying for himself as Suzie and her child already have private health insurance.

Bob works part-time and has a gross income of $1,500 per month.

Suzie works full-time and has gross income of $2,000 per month.

Example #2

Bob and Suzie are not married and Bob is not the father to Elijah.

Even though Bob and Suzie are living together, they are not married and do not have a child in common.

Only his income counts towards his own (Bob's) eligibility

Bob is a family size of 1.

VIRGINIA'S MEDICAID PROGRAM DMAS INNOVATION • QUALITY • VALUE

Example #2

Bob does not qualify as his monthly income of $1,500 is above the income limit for Medicaid.

2021 Income Guidelines as of January 13, 2021		
Family size	Monthly	Yearly
1	$1,482	$17,775
2	$2,004	$24,040
3	$2,526	$30,305

Medicaid Example #3

Bob and his girlfriend Suzie along with her son Elijah are still all living together.

Suzie cancelled her health insurance so she applies for herself and Elijah.

Bob works part-time and has a gross income of $1,500 per month.

Suzie works full-time and has gross income of $2,000 per month.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Example #4

Bob and Suzie are not married and Bob is not the father to Elijah.

As Bob and Suzie are living together but not married only her income counts towards eligibility for her son and herself

So Suzie and Elijah together are a family size of 2.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

Example #3

Suzie and Elijah qualify since their monthly income of $2,000 is below the income limit for Medicaid.

2021 Income Guidelines as of January 13, 2021		
Family size	**Monthly**	**Yearly**
1	$1,482	$17,775
2	$2,004	$24,040
3	$2,526	$30,305

Medicaid Example #4

John is a 50 years old disabled person
and receives *Medicare*.
His monthly Social Security benefits (income) are $900.

In this situation we use different rules because
John receives *Medicare* and is disabled.

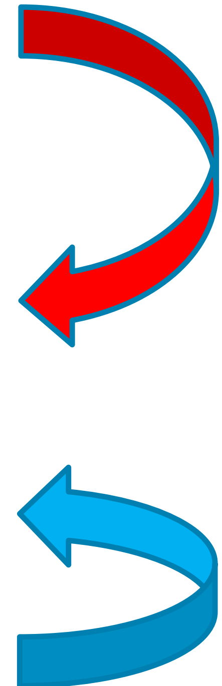
We have to consider his resources
(bank accounts, life insurance value, burial
funds, other land / property, etc).

The worker verifies that John is "resource eligible"

Example #4

With a monthly income of $900 John does not qualify for full Medicaid since it exceeds the limit of $859.

All Localities	2020		2021	
ABD 80% FPL	Annual	Monthly	Annual	Monthly
1	$10,208	$851	*$10,304*	*$859*
2	13,792	1,150	*13,936*	*1,162*
QMB 100% FPL	Annual	Monthly	Annual	Monthly
1	$12,760	$1,064	*$12,880*	*$1,074*
2	17,240	1,437	*17,420*	*1,452*



But his income is low enough so he qualifies for QMB, a benefit which pays his Medicare Part B premium, doctor visits and copays.

Medicaid Example #5

Mary is a 72 year old widow who lives alone. Although she has been on *Medicare* since turning 65 years old she would like more assistance.

Mary has applied for Medicaid. She is found "resource eligible" as her resources are less than the $2,000 limit.

The worker reviews her income. She receives a Social Security benefit of $960 per month and a small pension of $110 per month.

Her total income is $ 1,070 per month.

Example #5

Unfortunately Mary is not eligible for full Medicaid since her income of $1,070 per month is over the income limit

All Localities	2020		*2021*	
ABD 80% FPL	Annual	Monthly	Annual	Monthly
1	$10,208	$851	*$10,304*	*$859*
2	13,792	1,150	*13,936*	*1,162*

However another path may be used to help her obtain Medicaid coverage. This is known as a Spend Down.

Medicaid Spend Down

It is possible an applicant can "spend down" in order to meet the income amount for full Medicaid.
A spenddown works like an insurance deductible.

For example, you may have a car insurance deductible of $500. If you are in an accident, you pay the first $500 of repairs and the insurance continues to pay the rest.

For a Medicaid spenddown you would provide medical expenses (paid out of pocket or still owe) in order to meet the amount.

Example #5

For this presentation we will not go into the complexities of exactly how it is calculated.

But let us say a worker calculates Mary has a spend down of $2,000 per month.
So how does she meet a spend down?

Mary would provide copies of medical expenses she paid out of pocket or still owes.

The worker reviews the bills and finds Mary had a medical test for $3,000, a doctor bill for $1,500, and receipt to a health club membership in the amount of $500.

Example #5

The worker reviews the bills and will allow the expenses for the hospital test ($3,000) and doctor bill ($1,500). Medicaid policy does not allow the health club expense.

The allowable expenses total $4,500. Her monthly spend down amount was $2,000 per month. In this scenario Mary is placed into full Medicaid for two months.

This might not seem like a big deal her, however, if a person has a $50,000 hospital bill owed this could be very helpful to allowed Medicaid coverage.

Questions?

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Medicaid Renewal Processing

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Our goal is to:

Provide continuity of coverage

Aim to maintain a member's coverage in order to not allow a loss of benefits

Often a member has their coverage closed at renewal. The most common reason is the worker is unable to obtain all required information.

We strive to reduce "the churn", that is, a member moving in and out of coverage.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Normal processing of Medicaid eligibility is reviewed on an annual basis

In March 2020 a decision made by DMAS were Medicaid renewals would be placed on hold during the public health emergency

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Renewal Information

For a renewal the member must meet the same financial eligibility requirements as when they applied.

Some factors which can effect eligibility income:

- The member's earned income changed due to a new job, a pay increase, or increased hours per pay period;
- Benefits amount affected by a cost of living adjustment (COLA);
- Adjustment in unearned income, such as SSA or SSI, due to a change in benefits; or
- Change (increase) of the income limits used in the determination of Medicaid. These most often change annually in January.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Renewal Processing

A large percentage of renewals can be processed electronically.

Workers can check many sources in order to obtain the required information and might include:

- **Virginia Employment Commission**
- **The Work Number**
- **Social Security Administration – benefits**
- **Social Security Disability benefits**

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Renewal Processing

If there have been changes in the household, or additional information is required, a letter may be sent requesting the necessary documents.

If there have been no reported changes to a case a worker may be able to process and approve ongoing Medicaid coverage.

Renewal Example #1

In September 2020 Mary was approved for Adult Medicaid.

Her gross income (at that time) was $1,311 per month.

In late July the eligibility determination system begins the process for renewals.

For this case the computer system is able to electronically verifies her gross monthly income is $1,390 per month.

Her income is still within guidelines so Mary is approved for ongoing Medicaid coverage.

No further action is required by the member.

An approval letter for continuing coverage is mailed.

Renewal Example #2

In 2020 Bob, a 62 year old disabled individual applied for Medicaid.

At that time he received a monthly SSA benefit of $1,261.

He also works 10 hours a month at a part-time job at a rate of $15.00 per hour. His gross earned income is $150 per month.

His total income (at that time) was $1,411 per month.

He qualified and was approved for full benefit Adult Medicaid since his income was under the limit of $1,415 per month.

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

Example #1

In 2021 the computer system is unable to verify Bob's income for his renewal. He is sent a letter requesting this information. Bob faxes in copies of his unearned and earned income.

His SSA benefit was increased by 1.3% so the new monthly benefit amount is $1,277.

He also received a 50 cent per hour raise at the part-time job and now reports a gross income amount of $155 per month.

His new 2021 income is $1,432 per month

Unfortunately Bob no longer qualifies for Adult Medicaid since his income exceeds the 2021 income limit of $1,428

Renewal Processing

Once all necessary information has been gathered the worker will finalize the determination in the system.

If approved for ongoing coverage, an approval letter, also known as a Notice of Action is sent. The member is not required to do anything else.

A letter is sent if coverage is denied. The member has the rights to appeal the determination. The agency will generally review the outcome to ensure no errors have been made.

Questions?

Support Materials

Income limits

https://coverva.org/materials/2020_Adult_Coverage_chart.pdf

Medicaid Expansion for Adults

https://coverva.org/materials/FINAL_Adult_Flyer_ENGLISH_012920.pdf

Children's FAMIS coverage

https://coverva.org/materials/FAMIS_flyer_ENG_FINAL_011720.pdf

VIRGINIA'S MEDICAID PROGRAM DMAS INNOVATION • QUALITY • VALUE

Cover Virginia

- Cover Virginia staff are available Monday – Friday from 8:00 a.m. to 7:00 p.m. and Saturday from 9:00 a.m. to 12:00 p.m. by calling:
  - 1-855-242-8282 (Toll Free)   Cover VA only
  - 1-833-522-5582 (additional phone number beginning 7/1/2021)
  - 1-888-221-1590 (TDD)
- Cover Virginia staff can assist with:
  - Telephonic applications for Medical Assistance
  - Checking the status of an existing application
  - Ordering a new Medicaid card
  - Reporting changes to their approved case.
  - Completing a renewal for an existing coverage.
- Additional information and forms can be found on the Cover Virginia website at https://www.coverva.org/

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

THANK YOU!