

23.2 SPECIFIC MEDICAID WORK INCENTIVE (M-WIN) REQUIREMENTS

INCOME: 250% FPL - When Unearned Income is at or Below The SSI Payment Level	Assets: \$2,000 - Individual No Spenddown Provision \$3,000 - Individual with Spouse
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A. AGE

The individual must be at least age 16, but not yet age 65.

B. DISABILITY

The individual must be disabled as defined by the Social Security Administration. The disability may be determined by Social Security or by the State Medical Review Team (MRT). Disability, for this coverage group, is defined as a medically determinable physical or mental condition which has lasted or is expected to last a year or more or is expected to result in death. The disability definition for individuals under age 18 is found in Section 12.2,A,2.

C. EMPLOYMENT

The individual must be engaged in competitive employment. This includes self-employment and non-traditional work which is compensated at or above the federal minimum hourly wage in a setting which also includes or could include non-disabled individuals. This does not include settings such as sheltered workshops which pay less than minimum wage.

D. ENROLLMENT FEE/PREMIUM PAYMENT

Each eligible individual must pay a \$50 enrollment fee and a monthly premium payment. Upon payment of the enrollment fee, the first month's premium is waived. The premium amount is based upon the individual's average monthly gross income and the minimum monthly premium amount is \$15. The premium amounts are found in the chart in Appendix A of this Chapter.

Premium payments may be made by check or money order. Payments are tracked by Public Consulting Group (PCG). The payment is due by the 16th of the coverage month.

NOTE: When M-WIN Medicaid benefits are continued due to a Fair Hearing request, the premium must be paid for any continued months.

NOTE: Except in the case of agency error, enrollment fee must be paid each time the individual loses coverage under this program for any reason. This includes, but is not limited to, non-payment of the monthly premium, failure to complete a redetermination of eligibility or voluntary disenrollment.

1. Notice and Payment of Enrollment Fee

After eligibility is established, the Worker must notify the applicant that he meets all program requirements except payment of the enrollment fee. The notice must include the following information.

- The amount of the enrollment fee
- The amount of the ongoing monthly premium
- The enrollment fee must be received within 60 days of the date of the notice or the application will be denied.
- Instructions to mail a check or money order for the enrollment fee made payable to the State of West Virginia with the enclosed identifying coupon to the appropriate address.

NOTE: Enrollment fees and premium payments are not accepted by local offices, but can only be mailed to the appropriate address.

The AG is not confirmed in RAPIDS until notification from PCG of fee payment.

PCG will fax verification to the local office when the enrollment fee is paid. The AG is then confirmed. If the Worker does not receive notice of fee payment from PCG within 60 days of the date of the eligibility notice, the AG is denied.

2. Adjustment and Review of Premium Amounts

The Department redetermines the premium amount every 6 months. The premium amount is increased only after a redetermination.

The Department decreases the premium when the client reports a change in income and a lower premium amount is indicated. PCG must be notified of any premium amount change.

3. Non-Payment of Premium/Insufficient Funds

Non-payment of the monthly premium results in closure of the Medicaid AG after notice. The premium is due by the 16th of each coverage month and is considered overdue if not received by the 26th of the coverage month. PCG notifies the local office contact by the 10th of the following month when the premium is not received. The Worker notifies the client of AG closure for premium non-payment and Medicaid is stopped.

NOTE: If the client reapplies after closure due to non-payment of a premium(s), he must pay the enrollment fee again, but is not required to pay the missed premiums.

NOTE: When M-WIN Medicaid benefits are continued due to a Fair Hearing request, the premium must be paid for any continued months.

PCG also notifies the local office when payments for enrollment fees or premiums are returned for insufficient funds. The AG is closed after advance notice.

PCG must be notified of any subsequent AG closures.