
Income

NOTE: Although eligibility begins on the date of service of the medical bills which bring the spenddown amount to \$0, expenses incurred on that date which are used to meet the spenddown, as indicated on Screen AGTM, are not paid by Medicaid.

NOTE: An AG which meets a spenddown remains eligible until the end of the POC in the following situations, regardless of whether or not the individuals is an AG member.

- A member(s) of the Income Group experiences an increase in income; or
- An individual(s) with income is added to the Income Group; or
- An individual(s) is removed from the Needs Group

The following procedures are required to accomplish the spenddown process.

- The Worker prepares the verification checklist or ES-6, attaches an ES-6A and gives them to the client during the intake interview or mails them after the interview.

If the client indicates he needs help to understand the procedure for meeting his spenddown, the Worker provides all help needed. In no instance is the client to be denied Medicaid because he is physically, mentally or emotionally unable to verify his medical expenses.

- The client is requested to provide proof of his medical expenses, date incurred, type of expense and amount and to submit them to the Worker by the application processing deadline.
- When the bills or verification are received, the Worker reviews them to determine:
 - The expenses were incurred, they are not payable by a third party, and the client will not be reimbursed by a third party.

Income

- The individual(s) who received the medical service is one of the people described in item b. below.
 - The expenses are for medical services and are appropriate to use to meet a spenddown. See item c. below.
- The Worker must enter the pertinent information about expenses received from the client on Screen AGTM.
- The date of service
 - The provider of the service
 - The total amount of the bill
 - The third-party liability amount
- Medical Processing in BMS accesses RAPIDS Screen AGTM to determine the date on which spenddown is met. Additional **electronic** notification **to BMS** is required only when a change is necessary to add additional medical expenses after the spenddown is met and will result in an earlier POE. The client's eligibility begins the day the amount of incurred medical expenses at least equals his spenddown amount.
- NOTE:** Although eligibility begins on the date of service of the medical bills which bring the spenddown amount to \$0, expenses incurred on that date which are used to meet the spenddown, as indicated on Screen AGTM, are not paid by Medicaid.
- If the client does not submit sufficient medical bills by the application processing deadline, the application is denied.

The application is automatically denied by RAPIDS when the applicant indicates there are no medical bills or anticipated medical expenses in the 30-day application period which may be used to meet the spenddown for the Medicaid AG member(s). This is indicated by the Worker on RAPIDS Screen AGMS.