

## West Virginia Department Of Health and Human Resources

### ABOUT YOUR MEDICAID APPLICATION . . .

***Right now your income is too high for you to receive a Medicaid card.***

***But, there might still be a way for you to receive medical coverage.*** It is called "spenddown." Spenddown is a way to make people with a lot of medical expenses eligible to receive a Medicaid card. Please read the information below.

**Providing** your medical bills to your Worker at the local DHHR office could make you eligible for a medical card. You must **submit** your bills to the office within **30 days** of the date you apply.

#### Whose Bills . . .

Your own **bills** and those of the following people:

- Your husband/wife
- Your children at home who are under age 19
- Your husband/wife's children at home who are under age 19
- People who used to live with you, including those who are now deceased, when you are responsible for payment of their medical bills.

***If you are not sure whether a person's bills can be used or not, ask your Worker.***

#### What Kind of Bills . . .

Just about any medical bill can be used. Here are some examples:

*Note: If all or part of a bill is or will be paid by somebody else (like Medicare or insurance) we cannot use the part that will be paid.*

Visits to doctor's office  
Inpatient and outpatient hospital  
Prescriptions  
Over-the-counter drugs (when prescribed)  
Eye exams and glasses  
Dental services  
Prescribed therapy  
Medical equipment  
Podiatrists  
Chiropractors  
Health insurance premiums, including Medicare  
Some personal care services

***If you are not sure whether a bill qualifies or not, ask your Worker.***

*It does not matter if you have already paid the medical bill.*

**6 Months** is a very important period of time.

We use your **income for 6 months**

See other side . . .

If you show us enough medical bills, you receive a medical card until the end of the **same 6 months** for which we counted your income. We can back up and cover you up to 3 months before the month you apply.

For Example, if you applied in April, your **6 months** could be any of the following:

April, May, June, July, August, September  
 March, April, May, June, July, August  
 February, March, April, May, June, July  
 January, February, March, April, May, June

Your Worker will discuss this with you and will start the **6 months** when it is best for you.

Example: After we apply deduction and disregards to your income, the most income 3 people can have and still get a medical card is \$290/month.  
 Mr. Johnson's income for 3 people (himself, his wife and child) is \$400/month, we would figure his spenddown like this . . .

THIS IS ONLY AN EXAMPLE. YOUR AMOUNT WILL BE DIFFERENT

① Amount Mr. Johnson has	② Amount Allowed	③ The Difference
\$ 400 Each month X 6 Months <b>\$2,400</b>  <b>Mr. Johnson's income for 6 months.</b>	\$ 290 Income limit x 6 Months <b>\$1,740</b>  <b>Income limit for 6 months.</b>	\$2,400 Income for 6 mos. - 1,740 Income limit for 6 mos. <b>\$ 660</b>  <b>★ Mr. Johnson's spenddown amount is \$660.</b>

★ This is the amount of medical bills Mr. and Mrs. Johnson and his child must have to receive a Medicaid (medical) card.

**Coverage starts on the day he owes at least \$660.** NONE OF THE BILLS USED FOR THE SPENDDOWN WILL BE PAID BY MEDICAID.

IF YOU ARE IN THE OFFICE WHEN YOU RECEIVE THIS FORM, YOUR WORKER MAY USE THIS SPACE TO FIGURE YOUR SPENDDOWN AMOUNT.

① Amount You Have	② Amount Allowed	③ The Difference
\$ Your income (mo.) X 6 Months \$  Your income for 6 months.	\$ Income limit for ____ X 6 Months \$  Income limit for 6 months.	\$ Your income for 6 mos. - ____ Income limit for 6 mos. \$  ★ Your spenddown amount is: _____.

If you have any questions, please call your worker at the DHHR Office in the county you live in, or call toll-free 1-800-642-8589.