

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

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-determined 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. There is no minimum amount of hours an individual must be employed for M-WIN eligibility. 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 if less than minimum wage is paid.

EXCEPTION: Certain sheltered workshops have contracts offering employment both inside and outside the sheltered workshop setting. Individuals employed through a sheltered workshop contract working on an outside contract are paid at or above the federal minimum wage and are engaged in competitive employment alongside others without disabilities.

D. ENROLLMENT FEE/PREMIUM PAYMENT

Each eligible applicant must pay a \$50 enrollment fee and once the AG is approved, a monthly premium payment. Upon payment of the enrollment fee, the 1st month's premium is waived. In the following month, and subsequent months, the premium payment is required by the premium due date for continued enrollment.

Medicaid Work Incentive

NOTE: Except in the case of agency error, the 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. In order to create the correct enrollment fee notification letter and enrollment fee payment stub that must be enclosed with the payment, RAPIDS instructions must be followed exactly. See RAPIDS Desk Guides/Desk Guides/Medicaid Desk Guides/MWIN Letter with Instructions on the DHHR Intranet.

The notice must include the following information.

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

West Virginia Department of Health and Human Resources
P. O. Box 40288
Charleston, WV 25364

NOTE: Enrollment fees and premium payments are not accepted by local or state offices.

- The Worker's name
- Notice that the 1st month of coverage will be the month following the month the enrollment fee is received.
- The applicant's PIN number which appears on the enrollment fee payment stub which is attached to the applicant's method of payment and returned to the above address for proper credit of payment.

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NOTE: The Worker faxes a copy of the enrollment fee notification letter to the contract agency the same day it is issued to the applicant. See Appendix B of this Chapter for the fax number of the contract agency.

If the Worker does not receive notice of the enrollment fee payment within 60 days of the date of the eligibility notice, the AG is denied. The contract agency staff notifies the local office when payment for enrollment fees is returned for insufficient funds.

Upon receipt of the client's enrollment fee, the contract agency faxes notification to the local office

The Worker confirms the AG in following RAPIDS' instructions exactly, coding M-WIN with reason code 707 and Medically-Improved with reason code 708, to assure the benefit is issued.

NOTE: Advance payments for future anticipated enrollment fees are not accepted and are returned by the contract agency.

EXAMPLE: Julie Schoonover pays her \$50.00 enrollment fee. The contract agency faxes the Worker notification of her payment of the enrollment fee. Before the Worker confirms the AG, Julie contacts her explaining she found enough old medical bills to meet a spenddown. She requests SSI-Related Medicaid rather than M-WIN. Since she has no other medical bills remaining, she requests the contract agency retain her enrollment fee to apply against a future M-WIN period of eligibility. Ms. Schoonover does not know if she will incur additional medical bills in the next 6 months or that she will be working. The contract agency refunds her enrollment fee.

NOTE: Effective March 1, 2009, once an enrollment fee is paid and the M-WIN benefit received, enrollment fee payments are not refunded by the contract agency. See EXCEPTION below.

EXAMPLE: Same situation as above except Julie contacts her Worker after the AG is confirmed and the M-WIN benefit issued. Since the Worker explained the advantages of both M-WIN and SSI-Related Medicaid, documented Julie's choice of M-WIN, and she received the M-WIN benefit, no refund is given or retained by the contract agency.

EXCEPTION: Only when payment of an enrollment fee occurs solely due to an agency error, with the approval of and at the request of the DFA Economic Services Policy Unit, can the contract agency reimburse the client.

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EXAMPLE: Same situation as in the example above. The Worker failed to explain that Julie was potentially eligible for both M-WIN and SSI-Related Medicaid. Julie learns she would not have a monthly premium if she had chosen SSI-Related Medicaid. She had old medical bills that had never been used to meet a spenddown. Since the Worker failed to follow policy requirement regarding the content of the interview found in Section 23.3, the enrollment fee was paid as a result of an agency error. The DFA Economic Services Policy Unit contacts the contract agency and requests reimbursement.

When the enrollment fee is paid, the 1st month's premium is waived.

NOTE: Except in the case of agency error, the 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. When an enrollment fee payment is returned for insufficient funds, this is considered as non-payment.

In the following and subsequent months, the premium payment is required for continued enrollment.

2. Monthly Premium Payments

When the enrollment fee is paid, the 1st month's premium is waived. The following and subsequent months require a premium payment for enrollment to continue.

NOTE: Effective March 1, 2009, once a monthly premium payment is paid and the M-WIN benefit received, premium payments are not refunded by the contract agency. The M-WIN coverage group operates similarly to a health insurance plan with premiums not refunded when the benefit was received.

EXCEPTION: Only when payment of a monthly premium occurs due to an agency error, with the approval of, and at the request of the DFA Economic Services Policy Unit, can the contract agency reimburse the applicant.

a. Premium Payment Notification

Upon payment of the enrollment fee, the 1st month premium is waived. The following and subsequent months require a premium payment for enrollment to continue.

Medicaid Work Incentive

Premium due letters are sent from the contract agency headquarters at the end of the month and mailed to M-WIN participants on approximately the 2nd of the month in which the premium is due. A premium payment stub is enclosed with the premium due letter which must be attached to the client's method of payment for proper credit of payment. The premium payment stub and payment are mailed in the window envelope provided, address to DHHR-Medicaid, P. O. Box 40288, Charleston, WV 25364.

Premium payments are due the 16th of the coverage month and overdue if not received by the 26th of the coverage month.

NOTE: Premium payments are not accepted by local or state offices.

NOTE: Advance payments for future anticipated premium payments are not accepted and are returned by the contract agency.

EXAMPLE: Mr. Nicholson receives his federal income tax refund. He sends the remainder of his premiums for his current period of eligibility and the next 6 month's premiums to the contract agency. These are returned since the Worker cannot assume Mr. Nicholson's premiums will remain the same or that he will be eligible for M-WIN beyond his current 6-month period of eligibility.

When the premium payment is not received by the contract agency by the 26th of the coverage month, the contract agency staff notifies the local office by the 10th of the following month and the Worker sends the client advance notice of M-WIN closure for premium non-payment.

EXAMPLE: Mr. Culpepper received M-WIN in March. He is mailed his premium due letter April 2nd for the month of April. Payment is due the 16th of April and overdue April 26th. If not received, the contract agency notifies the local office by May 10. The Worker sends advance notice to the AG that his last month of M-WIN is May. A new enrollment fee is necessary to reestablish coverage for June.

NOTE: Except in the case of agency error, the 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.

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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 premium(s).

NOTE: When M-WIN Medicaid benefits are continued due to a Fair Hearing request, the premium(s) must be paid for any continued month at the last established amount.

b. 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. The contract agency notifies the local office by the 10th of the following month when the premium is not received. The Worker sends the recipient advance notice of M-WIN closure for premium non-payment and the AG is closed.

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 at the last established amount.

The contract agency also notifies the local office when premium payments are returned for insufficient funds. This is considered as non-payment. The AG is closed after advance notice.

The contract agency must be notified of any subsequent AG closures.