
PROCESSING MEDICAID RECERTIFICATIONS

Note: this worksheet is to be completed and stored in the case record for every case for which an SSR sends: (1) a request for additional info. and/or (2) a denial of continued Medicaid coverage.

STEP 1: Registering All Signed Recerts

Has this customer signed the recert form?

- Yes No

If "YES," register the recert in ACEDS and proceed to Step 2. If "NO," do not register the recert. Instead, file the unsigned recert in the case record; then, document this and sign the case dictation. Stop here.

STEP 2: Denials

Check if the following applies:

- Customer has moved outside of the District.

If you checked the box above, **STOP** here and send a denial notice.

Also, check if the following applies:

- Customer's only minor child turned 21.

If you checked the box above, deny AR/AX, add the SR or MC program for the Parent/Caretaker, if any. Register and process a separate MC application for the 21 year old. Go to Step 3 to determine Parent/Caretaker's eligibility.

Also, check if any of these apply:

- Customer's only remaining minor child turned 19 and their income is over the MNIL.
 Customer's only child moved out.

If you checked either box above, deny AR/AX, add the SR or MC program and go to step 3.

If you did **not** check any box above, go to Step 3.

STEP 3: Sufficient Info. to Process

Check if any of these apply:

- Customer recertified for Food Stamps within the last 3 mos. (and reports no change).
 Customer submitted 2 or more pay stubs for the last 60 days.
 Customer submitted a benefits statement that is dated within the last 12 mos. (if statement reflects most recent COLA).
 Customer stated that s/he receives only SS DI, SS RE, or SS SU income (see BENDEX).

AR/AX: If you checked any box above, you may have enough information to process the case. If you did not check a box, go to Step 4.

MC and SR: continue to Step 5.

STEP 4: AR/AX Customers Only

AR/AX only: check if any of these apply:

- AR/AX customer reported income in excess of the AR/AX standard; and
 Customer has been enrolled in the AR/AX program (but not Transitional Medical Assistance) for at least 3 of the last 6 mos.

If you checked **both** of the above, you have enough info. to process the Transitional MA (TMA); **STOP** here and process the case. Send an approval for the appropriate TMA period (six mos. for earnings, four mos. for child support). Otherwise, please proceed to Step 7.

STEP 5: MC and SR Customers Only

MC and SR only: check if any of these apply:

- Customer is 65 or older.
 Customer claims to be blind or disabled.
 Customer reports SSI or SSDI income.

If you checked any box above, then go to Step 6.

Otherwise, you may have enough information to process the case. If not, go to Step 7.

STEP 6: MC and SR Customers Only

MC and SR only: check if any of these apply:

- Customer is 65 or older.
 Customer's has current DIS period on MERT.
 Customer reports SSDI income.
 Customer has Medicare (check BENDEX).
 SR customer is now getting SSI (check SDX) and should have "9999" in cert thru field.

If you checked any of the above, then you may have enough info to process the case.

Otherwise, you should give the customer a Medical Exam Report (DHS Form 856). Go to Step 7. Customers will remain eligible for 120 days in order to have the 856 form completed.

STEP 7: Request for Additional Info.

Note: if this customer just got a 120-day certification in order to provide missing verifications, then proceed to Step 8. Otherwise:

Check areas for which the customer may not have provided sufficient info:

- Earnings
- Unearned income
- Resources (MC and SR customers only)
- New Medical Form (**not** for customers 65+)
- Verifications for other reported changes
- Other (specify): _____

If you checked any of the above, speak with your supervisor before requesting additional info. With your supervisor's approval (noted with their signature below), you should:

- (1) *contact the customer by telephone to request the missing info.; **and***
- (2) *issue a General Communication (C617) requesting verifications marked above; **and***
- (3) *approve eligibility with a **4** month cert period.*

Supervisor's Authorization:

- Yes, issue the notice and approve eligibility with 4-month cert period. Make sure that the recert is registered.

Signature

Date: _____

For SSR:

Customer's telephone: _____

Date of telephone contact: _____

Date General Communication (C617) sent:

STEP 8: Terminations

You may initiate a termination if:

- The customer did not respond to the prior General Communication requesting additional info;
- AR/AX-customer has exhausted Transitional MA period (6 mos. for earnings, 4 mos. for child support) and continues to report earnings above the scale;
- MC customer did not return Medical Form after four months as requested in a General Communication or MC Approval-Short Cert A822);
- MC customer did not provide Alien ID # after 4 months, as requested in an A822;
- 21 year old MC customer did not apply for continued benefits after 4 months as requested in an A822;
- MC or SR-customer is over-income; or
- MC or SR-customer is over-resourced.

If you checked any of the above, speak with your supervisor about initiating a termination. If your supervisor agrees that the customer's Medicaid should be terminated (denoted by their signature below), then please ensure that:

- (1) *you send a notice before terminating benefits in ACEDS; and*
- (2) *you terminate benefits at the end of the certification period (or thereafter in order to comply with adequate and timely notice requirements).**

Supervisor's Authorization:

- Yes, issue a denial notice to the customer and then terminate eligibility in ACEDS.

Signature

Date: _____

* Note: you may terminate benefits prior to the end of the certification period in the event that the customer dies, moves outside of the District, or loses contact with IMA (i.e., mail is returned.)