

TO: All Providers

RE: Revised Medicaid (HUSKY) Spend-down Procedures

The Department of Social Services (DSS) is making some changes to the way it processes Medicaid (HUSKY) "spend-down" cases. Spend-down is for individuals who meet HUSKY program requirements except for the income limits. Applicants can qualify for HUSKY by "spending down" their excess income on qualifying medical expenses.

The spend-down process compares the individual's income to the HUSKY income limit over a six (6)-month budget period. The amount of the individual's income that exceeds the HUSKY income limit during the six (6)-month spend-down period is the individual's "spend-down amount". The spend-down amount is similar to an insurance deductible. HUSKY will not pay medical expenses up to the spend-down amount, but may pay for any medical expenses subsequently incurred through the end of the spend-down budget period.

Example: Mr. Smith applies for HUSKY in January. His income exceeds the HUSKY income limit by \$100 a month. His spend-down budget period is the six (6) month period from January through June.

For the six (6) month spend-down budget period, Mr. Smith's income exceeds the HUSKY income limit by 600 (100 per month x 6 months), which is Mr. Smith's spenddown amount. Similar to an insurance deductible, HUSKY will not pay the first 600 of medical expenses incurred during the six (6) month period.

On February 15, Mr. Smith goes to the emergency room and incurs a \$600 expense. HUSKY will not cover the \$600 expense, but because Mr. Smith has met his spend-down "deductible", he now qualifies for HUSKY. HUSKY will pay for any medical expenses Mr. Smith incurs from February 15 through the end of his budget period (June 30th). In order for activation of the spend-down to occur the medical expenses must be submitted to the HUSKY Spend-down Processing Center via the new fax number or new mailing address.

DSS has updated the address and form used to submit HUSKY spend-down medical expenses. HUSKY spend-down clients should only submit medical expenses by mail to:

DSS ConneCT Scanning Center P.O. Box 1320 Manchester, CT 06045-1320

These will no longer be submitted to the HUSKY Spend-down Processing Center. A new Spenddown FastLink cover sheet is being introduced for provider use. The FastLink cover sheet can be downloaded from <u>http://portal.ct.gov/DSS/Common-Elements/Clients-and-Applicant</u>. Once on this page, scroll to the bottom and select the link for **Medicaid 'Spend Down' Information & Forms.**

The Spend-down FastLink cover sheet must be completed with the client's full name, Medicaid ID number and ImpaCT case number (if known). The Spend-down FastLink cover sheet must be used every time a provider submits spend-down medical expenses. Also, it is imperative that providers use separate cover sheets for each individual client. Following this process will ensure that medical expenses are associated to the correct individuals and accurately processed. Only use original prints of the FastLink cover sheet; do not copy a print as the bar code will degrade. The bar code identifies that the attached document is a medical expense to be applied to Medicaid Spend-down. Use the Spend-down FastLink coversheet for transmission of spend-down expenses only.

DSS mails HUSKY Spend-down clients individualized Spend-down Medical Expense cover sheets. Clients do not need to download this form, but may use the **Spend-down FastLink** cover sheet



Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm Toll free 1-800-842-8440 or write to DXC Technology, PO Box 2991, Hartford, CT 06104 Program information is available at <u>www.ctdssmap.com</u> if they are unable to locate their individualized cover sheet.

Providers, and clients with questions can call the HUSKY Spend-down Processing Center Monday through Friday, from 8:30 am to 5:00 pm at 1-877-858-7012.

Effective immediately, providers should now send medical expenses submitted on behalf of spend-down clients to:

DSS ConneCT Scanning Center P.O. Box 1320 Manchester, CT 06045-1320

Fax: (860) 643-6999 (the fax # is for provider use only)

Responsible Unit:

For any questions about the information posted in this bulletin, please contact DSS Eligibility Policy and Program Support Division at 1-877-858-7012.



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