

# MEDICAID ELIGIBILITY

## **PATIENT UNDER 18 YEARS OLD**

Parents are legally responsible. Parents need to apply. Eligibility is based on their income and assets. If a patient is legally married, he/she can apply on their own. **No disability needed to qualify** so no social summary of medical records are needed.

## **PATIENT 18 TO 21 YEARS OLD**

Patient can apply on their own, even if still in the parent's home. Eligibility is based on patient's own income and assets. Incomes of parent(s) are not considered. **No disability needed to qualify** and no social summary or medical records are needed.

## **PATIENT 21 TO 65 YEARS OLD**

Must be totally disabled and unemployable for at least one year. Determination is made by the Medical Review Team (MRT). Financial eligibility is based on patient's (and spouse's) income and assets. **Disability is needed to qualify** so a social summary and medical records must be included: discharge summary of DHS 49, progress notes, test results, consults, etc. The more medical information sent, the better the chance of approval.

## **PATIENT OVER 65 YEARS OLD**

Eligibility is based on the patient's (and spouse's) income and assets. **No disability needed to qualify** so no social summary or medical records are needed.

## **HEALTHY KIDS/MICHILD**

Special programs for minors under age 19. DHS looks at Healthy Kids first (Medicaid Program). If not eligible, DHS then looks at MICHILD (Health Department Program). Families pay a \$5 per month premium. Eligibility is based on legal parent(s) income only – **no assets count on this program. No disability needed to qualify.**

## **FAMILY MEDICAID**

Eligibility is based on minor children (under age 19 and still in high school) in the home with parent(s) or caretaker relative, who will also qualify. Note that legal custody is not necessary for caretaker relative to qualify; only physical custody is needed. Eligibility is based on family's income and assets. **No disability needed to qualify** so no social summary or medical records needed. NOTE: Due to policy change, both parents can be in home and be eligible. **Always look for family MA first. Always list all related household members on the application.**

## **RETROACTIVE MEDICAID**

DHS considers the month they actually receive the application as the first month of the Medicaid determination, even if the application is signed in a prior month. If you need MA for any part of a month before the month an application actually reached DHS, you will need to request retro MA by indication on the application (under medical questions) that the patient has prior medical bills. You will also need to complete form DHS 3243, Retroactive Medicaid Application, which patient must sign to request retro MA. DSH can only look back at three months prior to the month they receive the application

## **MOMS**

Special program for pregnant women covering pregnancy and birth. Eligibility is based on legal parent(s) **income only – no assets count. No disability needed to qualify.**

## **PATIENT RECEIVING SOCIAL SECURITY**

If a patient is receiving Supplemental Security Income (SSI), which is a welfare program, they are automatically eligible for Medicaid as well, and should have a MA card.

If a patient is receiving Retirement, Survivors, and Disability Insurance (RSDI), this is the "regular" Social Security based on one's work record. If a patient is receiving RSDI **based on disability this will need to be verified for DHS. No MRT determination is needed to quality** so no social summary or medical records are needed. Once a patient is disabled for two years, he is eligible for Medicare.

If a patient is receiving RSDI **based on retirement**, unless the patient is over 65, **disability is needed to qualify** so must send social summary and medical records: discharge summary or DHS 49 and progress notes. Once a patient reaches age 65 he/she is eligible for Medicare.

## **ALIENS**

Patients must be found Medicaid eligible in all categories. Documented proof of residency must be verified. Eligibility is limited to **Emergency Medicaid only**, due to the fact that they are **not US citizens**. This coverage cannot be changed to full Medicaid.