

NOTIFICATION OF SPENDDOWN COVERAGE

PURPOSE: To provide recipients of Medical Assistance Spenddown an official notification of coverage when incurred medical expenses have met the spenddown. Use the form when:

- Coverage for a month has been entered through the MSPA screen.
- Correction of previous entered start date or client liability has been entered through the MSPU screen.

NUMBER OF COPIES AND DISPOSITION: Make two copies. Mail the original to the claimant at the time the coverage is put into the MSPA or MSPU system. File a copy in the case record.

EXCEPTION: For a Medicaid claimant with a guardian or conservator, send additional copies to appropriate address.

INSTRUCTIONS FOR COMPLETION: The form must be typed or written legibly in ink.

Complete Caseworker, Telephone Number, Date, County Office Address, Inside Address, Case Name, Eligible Spouse and Medicaid Number as appropriate.

In the next section enter the following:

- The MONTH will be the month for which coverage has been entered.
- The MEDICAID START DATE is the first day that spenddown for the month was met, specify month, day and year.
- MONTHLY SPENDDOWN is the full spenddown amount for the month that is determined on the IM budget (line 17. on the IM-30A).
- AMOUNT OF SPENDDOWN MET ON START DATE will be the amount that claimant had left to meet on the day when spenddown was met. This is the amount entered as client liability on the MSPA or MSPU. Medicaid will not pay this amount when the provider sends bills for the start date.

CASEWORKER: Sign caseworker name.

LOAD: Enter caseworker load number.