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Medicaid Pending





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Medicaid Pending

The method for maintaining a thorough Medicaid pending list is to stay on top of these <u>"7" Things You Need to Know</u>:

- Stay in contact with the County Assistance Office Caseworker
- Obtain and provide the documentation requested in a timely manner
- Know the effective date (someone of a skilled stay)
- Know the deadline
- Denied or still pending
- Stay in contact with the County Assistance Office
- Monthly income



Prior to admission

- Conversation with resident and/or resident representative to review financials and to provide Medicaid required documents needed for application process
- MA51 needs to be completed by community PCP prior to admission and we must have determination letter
 - If we accept a resident who has not been optioned and they are found NF ineligible, we will not get paid for their stay
- Once the admission is accepted, the resident may be required to pay the first month of resident liability prior to or on admission.
 - The business office will provide the resident and/or resident representative the estimated liability while in 'pending' status
 - o If the resident has come from another facility, you may have to determine if the resident already paid their liability



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Admission and on-going

- Continue to obtain items from list provided prior to admission
- Complete the MA application at time of resident sign-in
- Send completed MA application to County Assistance Office
- Set up a Resident Trust Account through RFMS (Resident Fund Management Service) to have checks direct deposited into facility account
- Stay in contact with assigned County Case Worker
 - Create log of MA applications and updates received from CAO

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If a denial received, appeal denial to save date of need



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MA Pending Log

Assists with organization and tracking of MA pending residents.



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- ✓ Follow-up
- ✓ Follow-up
- ✓ Follow-up



Additional best practices from the group?



Questions



