

J-0000 MEDICAL ELIGIBILITY CARDS AND OPTIONAL STATE SUPPLEMENT PAYMENTS

J-100 GENERAL INFORMATION

The Medical Eligibility Card (MEC) is a plastic swipe identification card referred to as “Health Network for Louisiana”. MECs are issued to persons determined eligible for medical assistance. Incorrect eligibility decisions may result in medical eligibility cards being issued to ineligible individuals. In such instances, medical services must be paid totally from State funds.

The monthly Optional State Supplement (OSS) payments are issued to eligible individuals residing in LTC facilities and receiving SSI benefits or meet the criteria for supplemental payments. These funds are designated for the personal care needs of the individual.

J-200 ISSUANCE OF THE MEDICAL ELIGIBILITY CARD

The MEC is issued by the contracted fiscal intermediary based on eligibility information received on the Medicaid Enterprise System (MES)/Recipient file from the Louisiana Medicaid Eligibility Determination System (LaMEDS). The MEC is mailed to the beneficiary within 48 hours (two working days) after receipt of the information. Seven days should be allowed for delivery, as the cards are mailed from out of state.

MECs will automatically be issued to:

- New beneficiaries added to LaMEDS unless the type case does not require an MEC. See J-211, Beneficiaries Who Do Not Receive an MEC.
- Beneficiaries being recertified unless the beneficiary indicates a replacement card is not needed. If the beneficiary indicates that a replacement card is not needed, then the current MEC will be reactivated.

Note:

If the beneficiary informs Medicaid that medical services will be required prior to receipt of the MEC, the beneficiary shall be provided with their Medicaid Person ID number.

J-210 REPLACEMENT MEC

The MEC is replaced for the following reasons:

- Beneficiary's name has changed; or
- MEC was lost, stolen, or damaged.

A request to the contractor for a replacement card is made through LaMEDS. The replacement process will deactivate the previously issued card in an effort to prevent fraud.

J-211 BENEFICIARIES WHO DO NOT RECEIVE AN MEC

An MEC is not issued for:

- A Qualified Disabled Working Individual (QDWI);
- A Specified Low-Income Medicare Beneficiary (SLMB);
- A Qualifying Individual (QI); or
- A non-citizen certified for emergency services only.

Eligibility information for emergency medical services is contained on the notice of decision, which the provider can use to verify through the Medicaid Eligibility Verification System (MEVS). QDWI, SLMB and QI are only eligible for predetermined payments to third parties and receive no Medicaid services for which to bill.

J-300 OPTIONAL STATE SUPPLEMENT (OSS) PAYMENT

The Optional State Supplement (OSS) is a state funded payment of up to \$8.00, which is made to certain LTC beneficiaries to help meet their personal care needs.

The maximum OSS payment amount is \$8.00.

The minimum OSS payment is \$1.00. If the gross income is such that the OSS payment amount due is \$0.50 to \$1.00, the applicant/beneficiary is eligible for a payment of \$1.00.

If the gross income is such that the OSS payment amount due is \$0.49

or less, the applicant/beneficiary is not eligible for an OSS payment

This payment is not available to:

- Medicare SNF beneficiaries;
- Modified Adjusted Gross Income (MAGI)-based beneficiaries in an LTC facility;
- Beneficiaries not eligible for vendor payment because of:
 - A transfer of resource penalty; or
 - Equity interest in the home exceeds the established limit;
- SSI recipients temporarily in a facility for up to three months who continue to receive full SSI benefits; or
- Beneficiaries of home and community-based services (HCBS).

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J-310 INITIAL OSS PAYMENTS

OSS payments are sent by electronic funds transfer (EFT) to the facility listed on the segment for the eligible beneficiary. LaMEDS sends a file to Gainwell Technologies for all beneficiaries eligible for payment each month on the night of cut off.

EFT payments are scheduled to be sent to the facilities the first full week of the month. Once the funds are received, the facility will disburse the funds to the beneficiaries eligible for an OSS payment.

LaMEDS initiates the OSS payments for current month and ongoing months. The amount of the payment is determined by the budget in LaMEDS.

If an individual's certification is added to LaMEDS in the current month on or after cut off, the current month OSS payment must be considered a retroactive payment.

J-320 RETROACTIVE OSS PAYMENTS

Retroactive payments are issued electronically through the OSS system.

The Medicaid analyst completes the BHSF Form OSS-1 and submits

the form for processing. A copy of the form is filed in the Electronic Data Management System (EDMS).

J-330 RETURNED OSS PAYMENT

If an OSS payment must be returned, the facility should return the payment electronically through the OSS system. Payments should not be returned to LDH. Advise the facility to follow the instructions found in the OSS Checks Provider User Guide located at:

https://www.lamedicaid.com/provweb1/forms/UserGuides/OSS_Checks_Application_Provider_User_Manual.pdf.

J-340 REISSUANCE OF OSS PAYMENTS

Inquiries regarding reissuance of OSS payments should be directed to OSS@la.gov.