

Spenddown Pay-In Program – Frequently Asked Questions

1. How can a recipient meet their Spenddown?

There are three ways to meet Spenddown and get coverage. Recipients must choose only one (1) of the three options available.

Option 1: By automatic withdrawal the payment can be taken directly out of the recipient's bank account on the 10th of each month by the Division of Medical Services to pay for their Spenddown. The recipient will have coverage for the entire month that they pay for. The recipient must complete the Automatic Withdrawal Authorization form. When the recipient completes the Automatic Withdrawal Authorization form, they must allow 30 days for it to process.

Option 2: Send a payment (personal check, money order, or cashiers check) to the Division of Medical Services. Coverage will be provided for the entire month the recipient pays and request coverage.

Option 3: The recipient may get medical services to reach the spenddown amount. When the amount of the services the recipient gets meets the recipient's spenddown amount, the recipient must give the bills to their caseworker at the recipient's local Family Support Division office. The caseworker will enter the recipient's coverage for that month in the system. Coverage will start the day the recipient reaches their spenddown amount. The recipient is responsible to pay the providers for services the recipient incurred to meet spenddown. The day the recipient reaches their spenddown amount, Medicaid will only pay for services over the recipient's spenddown amount. Bills can not be used to meet the spenddown if the recipient has chosen automatic withdrawal.

2. Must a recipient pay or meet their Spenddown every month?

No, but the recipient will not have Medicaid coverage for the months that they do not pay or meet their spenddown.

3. Where should a recipient mail their spenddown payment?

Division of Medical Services
P.O. Box 299
Jefferson City, MO 65102-0299

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The recipient must put their Medicaid number (DCN number) on their check or money order. The recipient must mail their payment along with the invoice stub for the month the recipient wants to pay for coverage. If the recipient does not have the correct invoice stub to send they must write on the check or money order what month they are paying for coverage.

***** Recipients are not to send an old invoice stub with a payment to pay for a current month's coverage. This may cause a delay in getting coverage. Recipients are to use the correct invoice or write a note on their check or money order.***

4. Can Spenddown be paid over the telephone using a debit or credit card?

No, the Division of Medical Services does not take payments over the telephone. The only way to use the pay-in option for Spenddown is for the recipient to mail their payment or use automatic withdrawal, as previously explained. Recipients should not take their payment to their local Family Support Division caseworker.

5. If a recipient notifies their caseworker that they have met their Spenddown, must they also mail a payment to the Division of Medical Services?

No, the recipient has a choice each month in how they want to pay to meet their spenddown. The recipient can either get medical services and give the bills, they are responsible to pay, to their caseworker or the recipient can mail a payment to the Division of Medical Services. The recipient cannot do both. The recipient is responsible to pay the providers for services the recipient incurred to meet spenddown.

*****Reminder: The recipient cannot use bills to meet their spenddown if they have selected automatic withdrawal as the way to meet their spenddown on a month-to-month basis.***

6. Where can a recipient call or write to see if their Spenddown payment was received or if they have questions?

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For questions about whether the payment was received the recipient should call the Premium Collections Unit toll free at 1-877-888-2811. The recipient may write to:

Division of Medical Services
Premium Collections Unit
P.O. Box 6500
Jefferson City, MO 65102-6500

7. How can a recipient sign up for automatic withdrawal?

After a recipient has made their first spenddown payment, the recipient will receive a confirmation letter from the Division of Medical Services. The Automatic Withdrawal Authorization form is sent to the recipient with their initial confirmation letter. To obtain an additional Automatic Withdrawal Authorization form the recipient must contact the Premium Collection Unit, and request a form will be mailed. (See #6 above for contacting the Premium Collections Unit.)

To complete the Automatic Withdrawal Authorization form the recipient must mark the box that indicates "START", complete and sign the form, attach a voided check, and return the form to the address indicated. When a recipient selects or changes an automatic withdrawal, they must allow 30 days for the automatic withdrawal form to be processed. Once the automatic withdrawal has been submitted, the recipient will continue to receive monthly spenddown invoices until the automatic withdrawal is effective. While the recipient continues to receive a spenddown invoice the recipient must send a payment for that month or take medical bills to their caseworker. The recipient must do this until the automatic withdrawal becomes effective. Once effective, the recipient will get a confirmation letter each month that the payment was taken from their bank account.

***** REMINDER: If the recipient signs up for automatic withdrawal, they cannot submit bills to their caseworker to meet their spenddown.***

8. If signed-up for automatic withdrawal when is the Spenddown payment taken out?

Automatic withdrawals are done on the 10th of each month for the next month's spenddown. (Example: On April 10, the automatic withdrawal

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will be done for May's spenddown payment for May Medicaid coverage.)

9. If a payment is made by automatic withdrawal what should a recipient do if they change banks or accounts?

The recipient should complete another Automatic Withdrawal Authorization form. Mark the box that says "CHANGE", complete the remainder of the form, attach a voided check, sign the form, and send it to the address on the form. The recipient should allow 30 days for the change to take place. If the recipient has questions about the change call the Premium Collections Unit at 1-877-888-2811.

10. If a payment is made by automatic withdrawal, must a recipient complete an Automatic Withdrawal Authorization form each month?

No. Once the recipient signs up for automatic withdrawal the recipient only needs to send an Automatic Withdrawal Authorization form to change an account or to stop the automatic withdrawal. If a recipient stops automatic withdrawal or the automatic withdrawal is stopped because of a change in the recipient's eligibility, the recipient will need to send a new form to start it again.

11. What should a recipient do if they sent in a payment for spenddown and also paid for services that same month?

The Division of Medical Services cannot refund a recipient's payment. The recipient must go to the provider from whom the recipient received the services and request that the provider refund the recipient's payment, and for the provider to bill Medicaid. The recipient should inform the provider that they have Medicaid coverage. The recipient can ask the provider if they will refund the payment to them and bill Medicaid for the services. It is the provider's choice to refund the money to the recipient and bill Medicaid. A recipient can not meet their spenddown with a combination of medical bills and payments in the same month. When the recipient receives a bill from a medical provider and the recipient was Medicaid eligible for the dates of service on the bill, the recipient must let the provider know that they were Medicaid eligible and ask them to bill Medicaid.

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12. What happens if a recipient does not have sufficient funds in their account to cover the automatic withdrawal?

It is the recipient's responsibility to make sure that funds are available to cover their automatic withdrawal. When an automatic withdrawal is insufficient, the recipient will receive an insufficient funds notice. The recipient's coverage is not effective until a cashier's check or money order has been received to replace the insufficient funds for that month. A personal check will not be accepted to cover an insufficient fund. The automatic withdrawal will continue for the next month's spenddown amount.

13. What happens if a recipient does not have sufficient funds in their account to cover a check?

When a check is returned due to insufficient funds, the recipient will receive a notice explaining they must send a money order or cashier's check. A personal check will not be accepted to cover an insufficient fund.

The recipient cannot submit bills for coverage in the same month the recipient has an insufficient check.