

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

101.12.01 RECIPIENT REPORTING REQUIREMENTS

Recipients must report required changes within ten days of the date the change becomes known. Changes may be reported in person, by telephone or by mail. A change is considered reported on the date the report of change is received by the agency. If an individual fails to report timely or the agency fails to take timely action, causing the recipient to receive benefits to which he is not entitled, the specialist will take steps to report an overpayment.

101.12.01A CHANGE REPORTING REQUIREMENTS

❖ **Aged, Blind and Disabled Programs**

The following types of changes must be reported by ABD recipients within 10 days of the date the change becomes known:

- Changes in address in or out of state;
- Changes in marital status;
- Changes in income for the recipient and/or spouse;
- Change in any type of policy that would pay for medical services, such as health insurance, indemnity policies, major medical policies, CHAMPUS or legal settlements;
- Changes in a recipient's disability which would affect his Medicaid eligibility;
- Changes in living arrangements, such as a long term care (LTC) recipient entering a hospital or a nursing home, leaving a hospital or a nursing home, moving from one medical facility to another;
- Changes in resources, i.e., recipient buys, sells, gives away or receives an asset or any part of an asset; and.
- Changes in health insurance premiums for LTC recipients.