

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

CHAPTER 102 – Non-Financial Requirements

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102.03.11 OUT-OF-STATE RECIPIENT MOVING TO MS

If an applicant who was receiving Medicaid in another state before moving to MS does not have verification of termination of benefits in the other state, the Medicaid Specialist is responsible for contacting the previous state to:

- Notify the state of the individual's move to MS;
- Request that eligibility in the other state be terminated so eligibility for MS Medicaid can be determined; and
- Follow up with the out-of-state agency until a response is received.

The Medicaid Specialist will include any letters/documents or telephone contact information with the out-of-state agency in the case record to verify the eligibility status of the applicant.

MS Coverage Requested Prior to Effective Date of Closure in Other State

When the individual requests coverage in MS prior to the effective date of closure in the former state, the Medicaid Specialist must determine if the other state will pay out of state claims. If the former state will **not** pay out-of-state claims, MS Medicaid benefits can be authorized beginning with the month of the move, if the applicant is otherwise eligible.

If the former state **will** pay out of state claims, MS Medicaid will not be authorized even if a MS provider refuses to file the client's claims with the other state. If the former state will pay for partial months or any subsequent months for nursing home recipients, eligibility for MS Medicaid cannot begin until the former state specifies their payment(s) will stop.

The case record must be documented to support the action taken.

NOTE: When two or more states cannot agree on residence, the state where the individual is physically located is his residence. Coordination efforts should ensure that an eligible person does not experience a discontinuation of benefits.
