What is Medicaid Pending & Why it Matters

INTRODUCTION

"Medicaid pending" is the term commonly-used for when a person has applied for Medicaid, but has not yet been approved or denied benefits. This period of time can be difficult and stressful for patients and their families. This is because in many cases, skilled nursing care patients require long-term care during this interim period, but they cannot afford to pay for their cost of care. **Put simply, "Medicaid pending" means that technically there is no payer in place for services for your skilled nursing care.**

Fortunately, Stonerise will accept "Medicaid pending" patients to receive services. This means patients are able to be admitted to a Stonerise center and receive services on the assumption that they will be approved by Medicaid and their care will be paid for retroactively. Until the application is approved, "Medicaid pending" patients are considered self pay or private pay. Once the application is completed and approved, the total cost of care would be covered by Medicaid outside of the monthly patient liability/resource that Medicaid sets.

WE CAN HELP

Since the pandemic began, Stonerise is seeing an increase in the number of Medicaid pending patients being admitted to our centers and the amount of time that our patients remain Medicaid pending. We want to make sure you and your family know as much as possible about this application process and paperwork burden before you come to a Stonerise center. This will help make your application successful and give you peace of mind.

You are not alone. Our Stonerise care center Admission Directors will sit down with you and assist you in the application process. If you have questions, please reach out to the local Stonerise Care Center Admissions Director.

MORE ABOUT MEDICARE & SKILLED NURSING CARE

Medicare will pay for up to 100 days of skilled nursing care. However, after day 20, Medicare deductibles and co-pays will apply for days used after day 20 up to day 100 or when discharged from skilled nursing care, whichever comes first. If the patient has no secondary insurance that covers Medicare deductibles and co-pays, "Long-Term Care Medicaid" may be an option. The "Long-Term Care Medicaid" application process can begin as soon as you know you may need Medicare co-pay/deductible coverage and will be staying in a Stonerise center longer than originally anticipated.

HOW TO APPLY FOR MEDICAID LONG-TERM CARE

An LTC-5 or full Medicaid appication must be submitted and approved by the West Virginia Department of Health and Human Services (DHHR). Stonerise has no control over the speed of the application process, however we are experts in educating you on the process and requirements.

MEDICAID APPLICATION FACTS: WHAT YOU NEED TO KNOW

- **Community Medicaid does not automatically cover long-term care benefits.** If you already have community-based Medicaid, you may only need to submit a LTC-5 application to receive long-term care benefits. If you do not already have community-based Medicaid, you need to submit a full Medicaid application before long-term care benefits will be covered.
- During the Application process, you will receive monthly statements of balances due for services provided while in the center.
- Once approved for "Long-Term Care Medicaid"
    - You will have a monthly resource or patient liability due to the facility monthly. This amount is calculated by the DHHR. The monthly resource amount or patient liability amount is essentially a monthly deductible that is not covered by long term care Medicaid.
    - All center charges after deduction of the monthly resource amount or patient obligation amount will then be paid by long term care Medicaid. You will have to undergo Medicaid eligibility redetermination annually to maintain long term care benefits.
    - If income/assets change, your monthly resource or patient liability will also likely change.
- **You must complete applications/renewals/requests for information in a timely fashion. If you do not, you may lose your long-term care Medicaid benefit until these are completed and turned in. That means that you may have to pay for your care out of your own pocket.**
- The application will need to be completed in its entirety and all verifications will need to be submitted for timely processing of the application. These verifications may include but are not limited to the following:
    - Basic Demographic Information
    - Information on all people residing in the house with the applicant
    - Asset information of all household members
    - Income information
    - Proof of the above information such as, bank statements, pension/retirement information, life insurance information, etc.

If you have questions, please reach out to the local Stonerise Care Center Admissions Director.