

Bulletin Number: MSA 17-38

Distribution: Bridges Eligibility Manual (BEM) Holders

Issued: December 1, 2017

Subject: Asset Verification Program (AVP)

Effective: January 1, 2018

Programs Affected: Medicaid – Aid for Dependent Children (AFDC)–Related Medically Needy Groups, Supplemental Security Income (SSI)-Related Groups with a Resource Test

The Michigan Department of Health and Human Services (MDHHS) will implement an asset verification program to electronically detect unreported assets belonging to applicants and recipients of AFDC medically needy and SSI-related Medicaid categories that require a resource test. At the time an application for healthcare coverage is received and declared assets have been entered into data collection, electronic asset detection will be performed. Electronic asset detection will also occur at the time of a beneficiary's annual renewal and anytime an individual is added to healthcare coverage on an existing case.

The local office specialist will request electronic asset detection by sending the required fields, name, social security number, and address, to the asset detection program. This request may occur at any day and time during the month. Electronic asset detection must be completed with all results returned before health care coverage can be certified. This process may take up to 10 days. The balance returned by the program for a given account is always the first of the month.

Asset detection may include the following sources at financial institutions: checking, savings, and investment accounts, individual retirement accounts (IRAs), treasury notes, certificates of deposit (CDs), annuities and any other asset that may be held or managed by a financial institution. All sources that an individual may use for application and annual renewal must indicate to the individual that their signature on the form is authorization for computer matching to be performed.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Bridges Eligibility Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration