

NEW DESK TOOLS

Two new desk tools have been created to assist local agencies. The first is the MMIS Address Desk Tool which explains appropriate use of the Member Demographic and Case Screen addresses in the MMIS. The second is a DMAS Directory which includes the most commonly requested contact information by local workers. Both documents can be found on the EEU Webpage at:
http://dmasva.dmas.virginia.gov/content_pgs/dss-elgb_enrl.aspx.

HEALTH & ACUTE CARE PROJECT (HAP)

HAP was launched by DMAS on December 1, 2014. This new initiative transitioned individuals in the Elderly or Disabled with Consumer-Direction (EDCD) waiver into one of the six Medallion 3.0 managed care health plans for acute care services only. This transition affected approximately 2,700 EDCD members. Going forward, EDCD members who do not have any managed care exclusions will be enrolled into managed care.

HAP individuals will receive their primary and acute care services through the managed care delivery model. Their home and community based care waiver services will continue to be provided through the Medicaid fee-for-service program. The managed care health plans are responsible for the coordination of acute care services. The health plans are not responsible for the coordination of acute services with any necessary waiver services and there will be no case management of waiver services. All current service authorization requirements and limitations remain in place.

Maximus, the contracted managed care enrollment broker, will handle inquiries and enrollment into the health plans. All current policies regarding the individual's choice of MCO shall apply. Questions about HAP can be directed to the DMAS HAP Inbox at: HAP@dmas.virginia.gov.

DMAS Contact Information

Eligibility & Enrollment Inbox:

enrollment@dmas.virginia.gov

Patient Pay Inbox:

patientpay@dmas.virginia.gov

Buy-In Inbox

buyin@dmas.virginia.gov

HIPP Inbox

hipp@dmas.virginia.gov

Additional DMAS contact information can be found in Chapter A of the MMIS User's Guide located on the EEU Webpage at:

http://dmasva.dmas.virginia.gov/content_pgs/dss-elgb_enrl.aspx

FAMIS MOMS

The FAMIS MOMS coverage for pregnant women was reinstated on December 1, 2014. Several changes have been made in the eligibility requirements for the program, as follows:

- The FAMIS MOMS income limit is 200% of the FPL. The 5% FPL disregard is allowed.
- Eligibility for FAMIS MOMS continues through the last of the month in which the 60th postpartum day falls, regardless of the reason the pregnancy ended. Eligibility continues until the end of the postpartum period regardless of changes in the woman's circumstances, including income and coverage under a credible insurance plan (TPL).

The AC for FAMIS MOMS remains 005. FAMIS MOMS does not provide retroactive coverage and eligibility cannot begin earlier than December 1, 2014.

MMIS TIP – RETRO CANCEL REINSTATE

The 032 Retro Cancel Reinstate function can be used to move members between LTC and Auxiliary Grant (AG) AC's. This function can be used as many times as needed to move members back and forth between AC's:

- From the Enrollment Menu choose Member, Retro Cancel Reinstate, & enter the Member ID. Press Enter.
- In the Eligibility Screen click in the radio button next to the LTC OR AG coverage segment that needs to be changed. Enter cancel reason code 032.
- In the top line enter the new Medicaid benefit information. Press Enter to review your changes & then Update.
- Review the changes on the Benefit screen & select Update again.

Save the Date!
The next MMIS WebEx training sessions are: 3/18/2015 & 3/25/2015. A broadcast with registration links can be expected at the end of February.

END DATING SPENDDOWNS

The EEU will continue to monitor the open ended enrollment of members in AC 058 and reaching out to agencies as necessary for correction of these enrollments. Any issues entering spenddowns as a closed period of coverage should be directed to the EEU Enrollment Inbox at enrollment@dmass.virginia.gov. Remember, if there is limited coverage in place and a retro spenddown needs to be entered a coverage correction request must be sent to the DMAS for correction by Enrollment Unit staff. It is never appropriate to use the retro cancel reinstate function to enter a spenddown as this function does not allow for the entry of an end date.

Additional information on spenddown entry to include desk tools and a WebEX trainings can be found on the EEU Webpage at:

http://dmassva.dmass.virginia.gov/content_pgs/dss-elgb_enrl.aspx.

SSN DISCREPANCY REPORT

Since August of this year, the EEU has been working on the SSN Discrepancy Report. Most agencies have received contact from us regarding these enrollments. This report is generated based on members who are enrolled in the MMIS being sent up to SSA in the match process. If the member's, SSN, name or date of birth does not match with SSA records they are rejected. The vast majority of the errors are occurring due to incorrectly formatted pseudo SSN's. Discrepancies on this report can result in audit points.

When enrolling members in VaCMS the SSN field should be left blank for those members who do not have a social security number such as aliens and newborns. When EDBC is run VaCMS will send the correct pseudo social security number to the MMIS.

If a member who does not have a SSN requirement is being enrolled directly into the MMIS, a pseudo number should be entered. There is only one acceptable format for entering pseudo social security numbers. All pseudo numbers must begin with "999" – all other prefixes are in use by the SSA which means they are sent up in the SSA match process. Use of prefixes other than "999" also results in another person's real social security number being entered into the MMIS.

Unfortunately, there has continued to be a very large increase in the number of discrepancies on this report. Because of the amount of errors, we will now be working this report on a monthly basis. The contacts or supervisors of agencies with discrepancies on the report will receive an email from the Enrollment Supervisor requesting correction of the discrepancies by the next Medicaid cutoff date. Enrollments that are not corrected will continue to appear on the report and will continue to be sent to the local agency each month for correction. Questions about this process can be directed to Sarah Samick, DMAS Enrollment Supervisor at sarah.samick@dmass.virginia.gov.