

INTRODUCTION

More help is available! In order to provide a greater level of assistance to the local agencies the EEU has hired two new staff members. A new Enrollment Specialist has been added to assist with the Enrollment Inbox and MMIS coverage correction requests in Enrollment as well as a new Buy-in Analyst. We hope our new additions will help the EEU to better serve LDSS workers. Please continue to send any suggestions for trainings or for how we can be of better assistance.

MMIS DUPLICATE REVIEWS

If a duplicate review is requested for multiple birth newborns that have similar names it is a best practice to email EEU staff through the Enrollment Inbox (enrollment@dmass.virginia.gov) to advise that the enrollment is for multiple birth members. When EEU staff members review the duplicate requests in the MMIS the only information available to make a decision to deny or approve the addition is the member's name, date of birth and Social Security number (SSN). Since newborns do not yet have a SSN staff can only compare names and dates of birth, which often results in a denial when the names are only a letter or two different. There has been a marked rise in the number of duplicate reviews being requested in the MMIS. Approximately 80% of all these reviews are denied as duplicates. It is important to carefully examine all of the individuals presented as possible matches in the VaCMS when completing application registrations. Member ID numbers cannot be changed or deleted in the MMIS – even if a new number is mistakenly assigned in the VaCMS so diligent file clearing and comparison of possible member matches can save a lot of time in the long run.

DMAS Contact Information

Eligibility & Enrollment Inbox:

enrollment@dmass.virginia.gov

Patient Pay Inbox:

patientpay@dmass.virginia.gov

Buy-In Inbox

medicarebuyin@dmass.virginia.gov

HIPP LDSS Inbox

hipp@dmass.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://dmassva.dmass.virginia.gov/content/pgs/dss-elgb_enrl.aspx

CERTAIN NEWBORNS

The EEU would like to provide clarification regarding DMAS enrollment of certain newborns. While we are enrolling newborns for which we receive notification of birth from the managed care organization (MCO), we are not enrolling all certain newborns. Agencies should continue to file clear in order to determine if the newborn has already been added. If it is found the newborn has not been added, then the agency should proceed as usual with adding them. If the local agency finds that the newborn has been added to the MMIS, the worker should review the information and make any necessary corrections. The information being input into the MMIS by DMAS staff is provided by the MCO; and therefore, we cannot guarantee that the information is complete or correct. A listing of all newborns enrolled by DMAS staff can be found in the Deemed Newborn Enrollment Report in the MA Report section of the SPARK page.

MMIS TIP – SAME DAY/FUTURE VOID

If a line of coverage is entered in error in the MMIS, the worker can void out the coverage on the same day of the entry using cancel reason “070” (Void coverage added in error same day). From the Enrollment Menu enter the Eligibility screen in cancel mode and select the radio button next to the line of coverage that needs to be removed. Select Enter. Enter cancel reason 070. Use the first day of the eligibility segment as your cancel date and then select Enter to review your changes. Select Update to save.

This same process can be followed to void out a future line of coverage by using cancel reason “071” (Void future coverage added in error not same day).

Save the Date!
The next MMIS WebEx training sessions are scheduled for October 15th and October 22nd. Send any trainings ideas or requests to us at mmiswebex@dmas.virginia.gov.

HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)

New cases may need to be created for newborns and minors who are enrolled in HPE and are now applying for medical assistance (MA). The system that is used by the hospitals to process HPE enrollments does not allow for the entry of a non-applicant case head. Therefore, certain newborns whose parent or guardian did not have an existing case or was not found eligible for HPE coverage is enrolled as the case head. If a MA application is later filed for these members and they are found eligible it will be necessary for the local agency to create a new case number with the newborn’s responsible party listed as the case head. The member’s existing ID would then need to be pulled over to the new case. (Do not create a new member ID number for the newborn!)

Instructions for adding a new case for an existing member can be found in Chapter C on page C-14 of the MMIS User’s Guide. The MMIS User’s Guide is located on the EEU Webpage at:

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

AC 058 PROJECT II UPDATE

As this round of the AC 058 Project II is winding down we would like to give local agencies a recap of our findings and lessons learned. We found that approximately 90% of the members who were enrolled in the MMIS in AC 058 without an end date were enrolled incorrectly. About 20% of the incorrect enrollments are known to require referrals to the Recipient Audit Unit.

Many of the enrollments were spenddowns where an end date has not been input for the segment either because the worker had used the retro cancel reinstate function in the MMIS, which does not allow for entry of an end date or because the application date being used did not fall within the six month spenddown period. The retro cancel reinstate function should **only** be used to enter greater ongoing eligibility – never to enter a spenddown as the end date cannot be entered. The MMIS system edits require that the application date for the entry of spenddowns fall within the six month spenddown period. If the application date is not within the six month period the system edits will not allow for entry of the spenddown end date.

Another common misconception we found was that often members are being enrolled in AC 058 because they have no income or because their income is below the medically needy limit. Medicaid Manual Chapter M0320.000.B provides clarification regarding the appropriate order of sequential evaluation. First, determine an individual’s eligibility first in a categorically needy (CN) covered group. If the individual is not eligible in a full-benefit CN covered group, determine the individual’s eligibility as MN (on a spenddown). Members are only enrolled in AC 058 when they are a long-term care member residing in a nursing facility. All other members who meet a spenddown and who are enrolled in AC 058 must have an end date.

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@dmas.virginia.gov.