

June 26th 2013 MMIS WebEx Questions and Answers

QUESTION:

On the certification form for emergency services for labor and delivery the agency approves what areas of the form are the agency required to complete?

ANSWER:

If the agency is approving the labor and delivery services the eligibility worker should complete sections I, II, and III of the Emergency Medical Certification form.

QUESTION:

Should the HIPP application be given to the clients if they have employer sponsored health insurance when they are applying for Medicaid?

ANSWER:

Policy in chapter M0130.200 G in the Medicaid Eligibility Manual requires the LDSS to provide a HIPP Fact Sheet to each applicant or enrollee who reports that he or someone in his family is employed more than 30 hours each week and is eligible for health insurance coverage. While it is not required, it certainly would be good customer service to provide a HIPP application to individuals who are approved for Medicaid and have access to employer sponsored health insurance..

The application is located at: http://www.dmas.virginia.gov/Content_atchs/hipp/frm3.pdf.

QUESTION:

We've heard that Plan 1st pays for the Medicare Part D premium for individuals that are approved. is this true?

ANSWER:

No, Plan 1st does not pay for Medicare Part D. Plan First covers family planning services. The Medicare Part D premium is not a family planning service.

QUESTION:

Is HIPP information mailed to the client from DMAAS? How else do they learn about HIPP?

ANSWER:

HIPP information is not mailed from DMAS, LDSS are required to provide the HIPP Fact Sheet to each applicant or enrollee who reports access to employer sponsored health insurance. Additionally, some employers are including HIPP information in their open enrollment packets.

QUESTION:

Do we have the number of folks enrolled in HIPP? I believe the HIPP section was removed from our manual.

ANSWER:

There are currently 2,301 individuals enrolled in the HIPP program. HIPP was removed from chapter M02 when it was no longer a mandatory non-financial requirement (condition of eligibility).

QUESTION:

If Plan First does a diagnoses of a STI or STD - what happens to the client afterwards for treatment-- where are they referred for treatment, if diagnosis is positive? Do workers have facility referrals for clients or does Plan First have a listing for free clinics, etc.?

ANSWER:

Since treatment would be paid for by members out of pocket, they should be referred to their local health department or health clinic for services based on sliding scale fee. There is a link for the health departments on the Plan First website (www.planfirst.org).

QUESTION:

If a person is eligible for Medicaid (Plan First or any other AC), are they eligible for Extra Help thru SSA Part D?

ANSWER:

Individuals who are enrolled in full-benefit Medicaid and the Medicare Savings Program (QMB, SLMB, and QI) are deemed eligible for Extra Help.

QUESTION:

Can the Plan First services that are available to men be added to the fact sheet?

ANSWER:

Yes, the Maternal and Child Health Unit has indicated they will add language regarding the benefits for men to the fact sheet.

QUESTION:

I am a Benefits Program Trainer with VDSS and currently train Families and Children Medicaid throughout the regions. Providing clarity on the HIPP program was very enhancing and informative. During a training held in Warrenton, many of the learners pushed back HIPP information referring to the note in the Medicaid Policy. To that end, is it possible to send information to LDSS as well as to Denise Short, Benefit Programs Training Manager with the VDSS Training and Development Division emphasizing the need to give the HIPP Fact Sheet to our clients as well as stressing same during training? Additionally, many of the LDSS have expressed in each of my training forums held that they have never been advised to share HIPP at the local level.

ANSWER:

When participation in HIPP went from a mandatory non-financial eligibility requirement to a voluntary program, the LDSS were instructed to hand out the HIPP fact sheet to applicants and enrollees who are employed 30 hours or more a week and have access to employer sponsored health insurance. Please see M0130.200 G of the Medicaid Eligibility Manual which contains the HIPP policy. DMAS is making a renewed effort to bring the program to the forefront with health care reform and would like to assist the LDSS training unit by providing any information that is needed for the training curriculum. DMAS will be providing training and a new brochure for LDSS to hand out as an outreach mechanism for members. Tiaa Lewis is the HIPP Programs Supervisor and will be glad to assist in reviewing the HIPP materials included in the LDSS training.