

INTRODUCTION

This newsletter has been implemented as a way for the DMAS Eligibility and Enrollment Unit (EEU) to pass along information to local agencies – both from our unit and other divisions of DMAS. Our hope is that this communication will serve as a tool to advise workers of what is happening here at DMAS and to give a broad scope of information that will be useful for those working with Medicaid.

This publication will be posted once per quarter on the EEU website and the MMIS Portal. We will release a broadcast at each posting so that agencies are aware of the availability. Please send any ideas for future topics or questions to the MMIS WebEx Inbox at mmiswebex@dmass.virginia.gov.

PRESCRIPTION DRUG PLANS

Prescription Copayments:

When a LTC Medicaid member opts to keep his or her private or employer sponsored drug plan and opts out of Medicare Part D, then his or her copayments may be allowed as a patient pay deduction. Individuals in LTC who have Medicare Part D coverage have no prescription copayments.

Medicare Part D Premiums:

An individual who is eligible for Medicare and Medicaid is entitled to enrollment in a basic Medicare Part D prescription drug plan (PDP) at no cost. However, the individual may elect enrollment in a plan with a premium. When a full-benefit Medicaid enrollee is enrolled in a Medicare Part D PDP, any premium that is the individual's responsibility is an allowable deduction

RECIPIENT AUDIT UNIT CONTACT

Questions and referrals to the DMAS Recipient Audit Unit should be directed to:

Email: recipientfraud@dmass.virginia.gov

Phone: (866) 486-1971 or (804) 786-1066

RAU Supervisor: Allee Ponton
Allee.Ponton@dmass.virginia.gov

DMAS Contact Information

Eligibility & Enrollment Inbox:
enrollment@dmass.virginia.gov

Patient Pay Inbox:
patientpay@dmass.virginia.gov

Buy-In Inbox
buyin@dmass.virginia.gov

HIPP 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

VaCMS SUPPORT

As the transition of Medicaid eligibility into the VaCMS continues, the EEU will serve as a resource to local agencies to assist with correct enrollment into the MMIS and to provide any technical assistance needed as it pertains to enrollment.

Local agencies should continue to seek support pertaining directly to VaCMS technical issues from the VDSS help desk. Issues, which involve the MMIS and or enrollment procedures, should be directed to the Eligibility and Enrollment Inbox for assistance from our staff.

MMIS Tip:

Did you know that a line of coverage that is entered in error may be voided by the local agency? Cancel reason "070" allows workers to void member coverage entered in error on the same day of entry. Cancel reason "071" allows workers to void any future coverage that was entered in error even if it is not being voided on the same day as entry.

Mark your calendar! The 2014 MMIS WebEx Training Schedule was announced on 12/4/2013. See the MMIS Message and Announcement section for training dates. The registration links and agenda will be released by a broadcast and on the MMIS portal approximately one month prior to each session

MMIS ENROLLMENT FOR CHILDREN

Long-term Care (LTC) Medicaid minor children are not to be added to existing cases in ADAPT as the correct eligibility rules for these children are not in that system. These children, as well as any SSI, Foster Care (FC), and Adoption Assistance (AA) children should be enrolled directly into the MMIS. Per the Medicaid Eligibility Manual Chapter M0330.502 D.1 and D.2 minor children who are found eligible for LTC Medicaid should be enrolled in LTC aid category 060 (Disabled Non-QMB 300% SSI) or 062 (Disabled QMB – 300% SSI).

Children who meet the SSI covered group stay in the SSI covered group for LTC, as they meet an ABD covered group. Children who are in FC and continue to meet the FC group criteria should remain in AC 076 until such a time as they no longer meet the FC group requirements.

With the exception of FC children, the minor child's name must not be input onto the MMIS case screen as the case name. These fields should contain the minor child's parent, guardian or other authorized representative's name and mailing address. Additionally, entering the minor child's name and "In Care Of" is not acceptable on this screen – the data must be that of the adult who is the case-head. It is at the discretion of the LDSS as to whether these LTC Medicaid members are enrolled in the MMIS in their own case or in a mixed case with other family members. For treatment of FC cases, refer to the instruction provided with managed care expansion.

DMAS 225

Many local agencies have reported receiving the DMAS 225 from dental insurance companies. This is **not** acceptable – the DMAS 225 can only be completed and transmitted to the LDSS by the health care provider. If the LDSS is unable to determine who completed the DMAS 225, contact the provider to ensure it came directly from them.

DMAS 225

Receipt of Service

It is important for LDSS LTC Medicaid workers to remember that Patient Pay deductions are never given in advance. A bill must be presented and the service must be provided or delivered prior to any patient pay deduction being processed.

RECEIPT OF SERVICE