

Division of Community Nutrition		
<i>Subject:</i> Medicaid Verification for Over the Maximum of Formula		<i>Policy:</i> FDS 03.2.4 - C
<i>Reference:</i> N/A	<i>Effective:</i> November 1, 2014	<i>Supersedes:</i> August 12, 2013

I. Policy

Medicaid enrolled WIC participants shall undergo an external verification of Medicaid enrollment before receiving additional formula.

II. Procedure

These instructions are related to Crossroads and use of the Automated Response System(ARS) only for Medicaid benefit plan confirmation.

A. Crossroads – Medicaid Eligibility

- 1) WIC staff shall perform procedures set forth in CRT 05.1-C to verify if the participant is Medicaid eligible or ineligible using the Crossroads system.

B. ARS / Crossroads – Benefit Plan Confirmation

- 1) The completion of the Crossroads benefit confirmation screen is required before Crossroads will allow additional formula over the maximum. To complete the screen in Crossroads, an online inquiry using the ARS shall be performed. WIC staff will verify in ARS and respond in the Crossroads Benefit Plan Confirmation screen that the following statements are true:
 - a) The participant is Medicaid eligible
 - 2) The participant has an eligible Medicaid Benefit Plan
 - 3) The participant’s Benefit Plan has no required Co-Pay
 - 4) The participant is Date of Service eligible
 - 5) The participant has no Insurance Carrier Plan
 - 6) The participant has no Insurance Carrier Plan and Coverage Type.

C. ARS Logon - Query

- 1) ARS provides 24 hour a day, seven day a week internet access. The following procedures are a guide to accessing and using the ARS Web Portal on the Medicaid Web Portal.
 - a) To check participant eligibility and benefit plan, log on to the ARS system at <http://virginiamedicaid.dmas.virginia.gov> on the Virginia Medicaid Web Portal
 - b) Select from the “ARS” drop-down menu “Secure Logon”
 - c) Enter User ID and Password (Obtained from SWO)
 - d) Select Provider “Virginia Department of Health”
 - e) Select Provider Number from the drop down

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- f) Select “Eligibility Benefit Verification and Services Limits” from the ARS main menu
 - g) Enter the enrollee Medicaid number (ID Code) assigned by DMAS; OR enter any two of the following:
 - i. Enrollee social security number (without dashes)
 - ii. Enrollee date of birth (MMDDYYYY)
 - iii. Enrollee name (middle initial optional)
 - h) Enter the Enrollee Service Date: Enter current date (MMDDYYYY)
 - i) Enter the Provider’s Control Number: Enter the WIC participant ID number
 - j) Service Type Code leave blank
 - k) Constant Reference Designators and Description leave blank
 - l) Press “Submit Query” after entering the data
 - m) The system will display the Enrollee results
- 2) If the participant is not enrolled in Medicaid or the information is incorrect, a red error message will be displayed at the top of the form.
- 3) If the participant is not currently enrolled in Medicaid, over the maximum amount of formula shall not be prescribed.

D. ARS Result Screen

- 1) Verify the participant’s Medicaid Eligibility and ensure the enrollee number, name and birth date are correct. If all are correct, select the check box in Crossroads to validate statement number one.
- 2) Verify that the Benefit Plan is a plan listed below and within the date of service. If the plan is on the list and service date covers the date of the food benefits, select the check box in Crossroads to validate statement two and four.

Benefit Plan List

<u>Short Name</u>	<u>Benefit Plan Coverage Description</u>
Medicaid FFS	Medicaid Fee-For-Service
FAMIS PLUS	Children Enrolled in Medicaid
XIX Central	Medicaid, Medallion II Central Area
XIX Halifax	Medicaid, Medallion II Halifax County
XIX M-3 CDPR	Medicaid, Medallion III Charlottesville, Danville, Pittsylvania Region
XIX M-3 LSWV	Medicaid Medallion III Lower Southwest Virginia Region
XIX M-3 MCO	Medicaid, Default Medallion III MCO
XIX M-3 Nor VA	Medicaid, Medallion III MCO Northern Virginia Area
XIX Northern	Medicaid Services Northern Virginia
XIX M-3 PCP	Medicaid, Medallion III MEDALLION PCP
XIX Tidewater	Medicaid, Medallion II Tidewater Area
XIX USWVA	Medicaid, Medallion II Upper Southwest Virginia Area

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- 3) Verify the Benefit Plan Co-pay indicator using the list below. When no co-pay is required, select the check box in Crossroads to validate statement number three.

Co-Pay Indicator List

A = No Co-Pay B = No Co-Pay C = Co-Pay required

- 4) TPL (Third Party Liability) Information
- a) If the participant has no Insurance Carrier, select the check box in Crossroads to validate statement number five.
 - b) If the participant has no Carrier Code and Coverage Type, select the check box in Crossroads to validate statement number six.
- 5) Select the exit button and log out of ARS.
- E. Once all statements are validated in Crossroads, prescribe additional formula over the maximum amount. If all statements cannot be validated, over the maximum amount of formula shall not be given.