

VA MAP Disenrollment Due to Medicaid Coverage

BACKGROUND:

Under HRSA payer of last resort requirements, program participants must utilize payer sources other than Ryan White HIV/AIDS Program (RWHAP) funds to access medications and other core and support services if they are eligible. The purpose of this procedure is to transition clients enrolled in Virginia Medicaid out of the Virginia Medication Assistance Program (VA MAP), ensuring reasonable steps are taken to educate clients about using their Medicaid coverage for medication access.

STAKEHOLDERS: Virginia Medication Assistance Technician (VMAT), Virginia Medication Assistance Specialist (VMAS), VA MAP Data Manager, Data Technician, Medical Record File Clerk, VA MAP Client, Community Bases Service Providers

PROCEDURE:

Disenrollment Procedure:

1. VA MAP Data Manager obtains a list of clients from Central Pharmacy that contains clients who are known to be enrolled in Medicaid, either through filling prescriptions through a point-of-dispensing transaction by Central Pharmacy or who have been identified as having Medicaid through the Medicaid back-billing process.
 - Client is confirmed to have filled medication using a Medicaid card through a point-of-dispensing Medicaid transaction. Proceed to Step 5 (Notate confirmation of utilization of Medicaid medication access in client file).
 - Client is not confirmed to have filled medication using Medicaid through a point-of-dispensing Medicaid transaction, but prior prescriptions filled by VA MAP have been billed to Medicaid through the Medicaid back-billing process. Proceed to Step 2.
2. VA Medication Assistance Technician (VMAT) confirms client Medicaid enrollment status in the Virginia Medicaid Portal for the current month.
 - a. Access portal – www.virginiamedicaid.dmas.virginia.gov/wps/portal
 - b. Click on “Providers” in the Login box
 - c. Enter a User ID and Password and hit submit
 - d. Select Eligibility Inquiry under “Member”
 - e. Enter first and last name
 - f. Enter the service months (check each service month separately; do not combine dates)
 - g. Enter date of birth or Social Security number
3. VMAT prints the Medicaid confirmation page for documentation and places it in the Client Letter Section in the client chart. For clients confirmed to have filled through Central Pharmacy, proceed to Step 5.
4. Outreach to client for education and Medicaid use confirmation:
 - a. VMATs and other designated resources call Medicaid enrolled clients (with unknown status of confirmation for medication fill using their Medicaid card) and proceed as follows:
 - Client is reached:

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- I. Verbally confirmed medication filled using Medicaid? If **Yes**, proceed to Step 5. (VMAT notates in client chart or uses designated phone checklist.)
 - II. Verbally confirmed medication filled using Medicaid? If **No**, refer client to his/her case manager. If the client does not know what Medicaid plan he/she is enrolled in, provide the number to Cover Virginia – 855-242-8282 for assistance. Ask the client to notify VA MAP when a medication fill is successfully completed. (VMAT notates in client chart or uses designated phone checklist)
- Client is not reached.
 - I. Leave voice message. If not returned within 2 business days, contact case manager or medical provider (alternate contact, if client does not have a case manager or the case manager cannot be reached). (Notate action in client file or use designated phone checklist)
 - i. Case manager (or medical provider) verbally confirms client has filled medication using Medicaid (through knowledge of client and/or review of client file). Proceed to Step 5. (Notate action in client file or use designated phone checklist)
 - ii. Case manager (or medical provider) could not confirm client has filled medication using Medicaid. Case manager (or medical provider) will be given 5 business days to follow up with the client and call the VMAT with verbal confirmation client has filled medication through Medicaid. Case manager (medical provider) is asked to educate client about using Medicaid if client has not filled medication through Medicaid. Proceed to Step 5. (Notate action in client file or use designated phone checklist)
 - iii. If neither a case manager or medical provider can be reached, document in the clients file, the three attempts with information about the search options utilized to obtain medication pickup confirmation. Proceed to Step 5.
 - II. If unable to leave voice message and no response from client in 2 business days, contact case manager (or medical provider).
 - i. Case manager (or medical provider) verbally confirms client has filled medication using Medicaid (through knowledge of client and/or review of client file). Proceed to Step 5. (Notate action in client file or use designated phone checklist)
 - ii. Case manager (or medical provider) could not confirm client has filled medication using Medicaid. Case manager (or medical provider) will be given 5 business days to follow up with the client and call the VMAT with verbal confirmation client has filled medication through Medicaid. Case manager (or medical provider) is asked to educate client about using Medicaid if client has not filled medication through Medicaid. Proceed to

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- Step 5. (Notate action in client file or use designated phone checklist)
- iii. If neither a case manager or medical provider can be reached, document in the clients file the three attempts with information about the search options utilized to obtain medication pickup confirmation. Proceed to Step 5.
5. VMAT completes the VA MAP Eligibility Checklist (see Appendix A) and place on the left side of the file.
 - a. Complete the client demographic section
 - b. Check 'Yes' on item #7 (Medicaid status) and place a date in the field
 - c. Check 'Denied' on item #8 (client status) and place date in the field
 - d. Check 'Medicaid' under the Program Assignment section
 - e. Enter the appropriate transition action on the 'Program Assignment' line and enter a date
 - i. Example: Program Assignment HIMAP->Medicaid; Date:1/1/2019
 6. VMAT drafts the **Notification of Effective Date of VA MAP Disenrollment** and the **Medicaid Coverage Letter** (see Appendices B & C) and a fax cover sheet (see Appendix D) as notification of change in client coverage. Notification guidelines are as follows.
 - a. VMAT places all prepared documents in the front of the client chart, record actions taken, and provide chart to the Virginia Medication Assistance Specialist (VMAS) for review.
 - b. VMAS reviews the documents and charts for accuracy. VMAS will sign and date the VA MAP Eligibility Checklist.
 - c. VMAS gives the approved documents and chart back to the VMAT.
 - d. VMAT mails original letter to the client.
 - e. VMAT or Medical File Clerk faxes a copy of the disenrollment letters to the following:
 - i. Current Direct VA MAP clients – send fax to the client's provider/clinic site, local health department, and appropriate pharmacy (Central Pharmacy, Fairfax, Alexandria)
 - ii. Current HIMAP, ICAP, and MPAP clients – send fax to the client's provider/clinic site
 - f. VMAT or Medical File Clerk places a copy of the disenrollment letters in the client chart (behind the note section).
 7. VMAT places the chart in the pending drawer in room 128 or designated overflow storage area. Data Technician removes the chart from the pending drawer for data entry.
 8. Data Technician accesses the client record in Contacts Database, confirming correct client using at least two identifiers (SSN#, DOB, or address).
 9. Data Technician enters the transition record into the Long Form in Contacts Database.
 - a. Active Status will be changed to "Inactive"
 - b. Disenroll/Denial Reason will be entered as "Medicaid"
 - c. Disenroll/Denial Date will be entered as the same date on the Eligibility Checklist.
 - d. Data Technician **removes the client from Ramsell** if the client was in HIMAP, ICAP, or MPAP.
 10. Data Technician initials and dates the Long Form and the client chart.
 11. Data Technician places the chart in the file cart in room 128 for placement into the medical record file room.

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EXCEPTIONS:

None

REFERENCES:

Ryan White HIV/AIDS Program Virginia Medication Assistance Program (VA MAP) Manual,
Revised 2016: [https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/
adapmanual.pdf](https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/adapmanual.pdf)

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Client Information		Appendix A		
Client Last Name, First Name: _____		Client DOB: _____		
Team Member Responsible: _____		Date Application Completed: _____		
VA MAP Medications:				
Contact Information	Name	LHD/Practice/Agency	Phone	Fax
Physician				
Local Health Dept				
Case Manager				
Please put a date in each box in the completed column for when the task is completed. For Peer Review, please review each step and date when reviewed.			Date Completed	
1. Application signed by client				
2. Client resides in VA (either has VA address on form or has provided proof of residency)				
3. Medical form signed by provider				
4. Income documentation – indicate type of proof:			\$	
MAGI Calculation Incorporated <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Total family size provided (indicate family size):				
6. Income is below 500% of Federal Poverty Level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Medicaid status verified through DMAS portal Does client have Medicaid in last full month? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Client letter created with outcome of application review Was client <input type="checkbox"/> Approved or <input type="checkbox"/> Denied				
9. Approval/Denial letter signed by Medication Assistance Specialist				
10. If Approved or Denied				
10a. Approval or denial letter mailed to client <input type="checkbox"/>				
10b. Approval packet or denial letter faxed to LHD <input type="checkbox"/>				
10c. Approval packet or denial letter faxed to Medical Provider <input type="checkbox"/>				
If Approved Only:				
10d. Approval packet faxed to Pharmacy <input type="checkbox"/>				
11. Data entered in VA MAP tracking database				
Insurance Eligibility Status Code:				
Last Ramsell fill date:				
Last ADAP fill date:				
Application sent to VDH by: <input type="checkbox"/> Client <input type="checkbox"/> Provider <input type="checkbox"/> LHD <input type="checkbox"/> Other: _____				

Appendix B: Medicaid Coverage Letter

Date

Dear Client:

Our records show you now have full Medicaid coverage. Congratulations! With your new Medicaid coverage, you will have quality, low to no-cost health coverage, which provides many services such as inpatient hospital care, dental care, primary care visits, and specialist visits all over the state. You will not have to pay anything when you see the doctor as long as the doctor is in your Medicaid plan network.

The medication assistance you get through the Virginia Department of Health (VDH) cannot pay for your care or medicine if you have another way of paying for it, such as Medicaid. This means your Medicaid plan will now cover your care and cost of medicine.

What you should do now:

You do not need to reply to this letter. If you are not sure about how to use your Medicaid coverage, you can call your Medicaid plan. You should have gotten some mail from your Medicaid plan already. The 6 Medicaid plans are:

- Aetna
- Optima Health
- Anthem
- United Healthcare
- Magellan
- Virginia Premier

If you do not know what Medicaid plan you are in, you can call Cover Virginia Call Center at 1-855-242-8282 (TDD: 1-888-221-1590). Their hours are Mon - Fri: 8:00 am to 7:00 pm and Sat: 9:00 am to 12:00 pm.

You need to use your new Medicaid coverage to get medicine and health services:

You cannot have VDH's Medication Assistance either through Affordable Care Act (ACA) insurance or getting medicines directly if you qualify for Medicaid. You have to go back to the Marketplace to cancel your ACA plan once you get notice that you are Medicaid eligible.

If you have other people on your Marketplace application, only cancel the ACA plans for those who are Medicaid eligible. The Marketplace call center number is 1-800-318-2596 [TTY: 1-855-889-4325]. You can also call Benalytics (1-855-483-4647) and they can help you cancel your ACA plan.

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If you applied for ACA coverage between November 1 and December 15 while being Medicaid eligible and you did not go to the Marketplace to cancel your plan, your plan was automatically renewed and at full cost. Call Benalytics (1-855-483-4647) and they can help you cancel your plan.

All clients with Medicaid, who have a medication co-pay card (provided through VDH), will have the co-pay card turned off. Please use your Medicaid coverage to continue to get your medicine.

You are responsible for:

- Making sure your provider accepts Medicaid and your Managed Care Organization (MCO), if you are also enrolled in a MCO,
- Showing your card/s to the provider each time you get medical, dental, or other covered services, and
- Paying any required co-pays (if applicable).

With Medicaid, there are more choices for medication pick-up. Please talk to your case manager or providers about your choices.

If you have other questions about this letter or if you think there has been a mistake, you can call the Medication Access Hotline at 1-855-362-0658.

Thank you,

Virginia Department of Health
Medication Assistance

Appendix C: Notification of Effective date of VA MAP Disenrollment

Date

Dear:

As of this effective date: _____

You can no longer get medications through:

- Virginia Medication Access Program with pick-ups at Local Health Department or alternate medication access sites (Ambulatory Care Center (ACC), Hayes E. Willis Clinic or other sites)
- Medicare Part D Assistance Program (MPAP)
- Health Insurance through the Affordable Care Act (ACA)
- Insurance Continuation (ICAP)

You will now be getting medications through:

- Virginia Medication Access Program at a Local Health Department or alternate medication access site
(Pick up site: _____)
- Medicare Part D Assistance Program (MPAP)
- Health Insurance through the Affordable Care Act (ACA) – *60-day transition period (End Date: xx/xx/xxxx)*
- Insurance Continuation (ICAP)
- Virginia Medicaid

If your situation changes or you need to discuss your medication assistance, please contact the Virginia Department of Health (VDH) Medication Assistance Hotline or your medical provider. The Medication Assistance Hotline number is: 855-362-0658. You may fax documentation to 804-864-8050.

Sincerely,

Medication Assistance Program
Virginia Department of Health

Virginia Department of Health
Division of Disease Prevention

Physical Address: 109 Governor Street, 1st floor, Richmond Virginia 23219

Eligibility Hotline: (855) 362-0658 Fax Number: (804) 864-8050

Eligibility Staff Phone Numbers:

Sebrina Bishop	(804) 864-8223	Damarious Perry	(804) 864-7919
Tania Butler	(804) 864-7360	Teresa Roberts	(804) 864-7355
Carol Covington	(804) 864-7256	Sonia Salmon	(804) 864-7287
Melissa Mason	(804) 864-7325	Bernard Stackhouse	(804) 864-7246

FACSIMILE

DATE: 10/ /2019

TO: FAX:
TO: FAX:
TO: FAX:
PAGES: (including cover sheet): FROM:

Urgent For Information / Review As Requested Reply Requested

RE: (DOB:)

Confidentiality Notice

The document(s) accompanying this fax transmission may contain health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy this information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken related to the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



- Full Recert
- 6 Month Self-Attestation
- New Application
- Transition
- Temp Approval
- Denial