

GROUPWARE TECHNOLOGIES, INC.

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Provide<sup>®</sup> Enterprise Care Management Software

## Eligibility Assessment User Guide

Provide® Enterprise

# Eligibility Assessment User Guide

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Updated June 2021

## Contents

<b>Eligibility Assessment.....</b>	<b>4</b>
Creating an Eligibility Assessment .....	4
Saving Eligibility Assessments in Progress .....	26
Rejecting an Eligibility Assessment.....	29
Flagging an Eligibility Assessment for Urgent Processing.....	29
<b>Update Client.....</b>	<b>31</b>
<b>Eligibility Determination/Background.....</b>	<b>32</b>
Initial VA MAP Enrollment.....	32
Recertification of Existing Client .....	33
Client Updates During Period of Eligibility.....	33
<b>Closing.....</b>	<b>34</b>

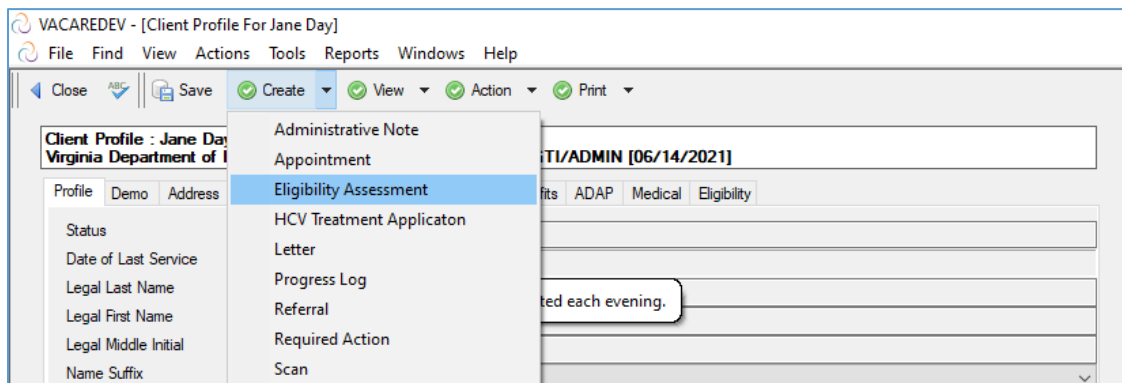
## Eligibility Assessment

The Eligibility Assessment in Provide is used to determine a client’s eligibility to receive services from the Virginia Care Services program and, if eligible, to enroll the Client in Medication Assistance with the appropriate Benefit Level and to request enrollment in Premium Assistance if appropriate. The Eligibility Assessment is used for new Clients applying for services from VA MAP, currently enrolled Clients that need to complete their twice annual recertification, and Clients that were enrolled at one time but are currently closed to VA MAP and are now returning to VA MAP for assistance.

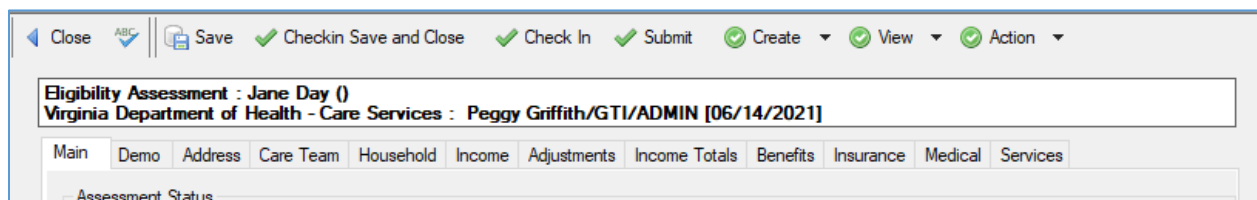
This guide walks you through how to use the Eligibility Assessment.

## Creating an Eligibility Assessment

To create an eligibility assessment, you must first be in the Client Profile view. Next, click on “Create” and select “Eligibility Assessment” from the Button Bar.



The Eligibility Assessment will then display. To begin, notice there are twelve (12) tabs beneath the Button Bar. Each tab is explained in further detail as this guide proceeds.



NOTE: The Eligibility Assessment will automatically “inherit” all of the current information for that Client. This makes the process of completing the Assessment quicker and easier for re-certifications as most often very little may have changed between re-certifications.

## Main Tab

The Main tab of the Eligibility Assessment shown below is where you will collect key Client information, such as their name, gender, date of birth and social security number:

The screenshot shows a software interface for an Eligibility Assessment. At the top, there is a title bar with the text "Eligibility Assessment : Jane Day ()" and "Virginia Department of Health - Care Services : Peggy Griffith/GTI/ADMIN [06/14/2021]". Below the title bar is a navigation menu with tabs: Main, Demo, Address, Care Team, Household, Income, Adjustments, Income Totals, Benefits, Insurance, Medical, and Services. The "Main" tab is selected. The main content area contains a form with the following fields and values:

Assessment Status	
Provide Client ID	10151
Assessment ID	7C9AFC3A
Source	ADAP
Assessment Type	New Assessment
Urgent Processing Desired Flag?	No
Checked Out?	Yes
Checked Out By	Peggy Griffith
Checked Out Date	06/14/2021
File Status	In Progress
Date Received	* 06/14/2021
Date Due	08/13/2021
Comments	

Fill in the appropriate fields:

- **Provide Client ID** – This will auto-populate with the client’s VA MAP ID.
- **Assessment ID** – This will auto-populate with a new unique Assessment ID number.
- **Source** – This will auto-populate with the source – either “ADAP” indicating an VA MAP Eligibility Worker created it or “Internet” indicating a client entered it through the Virginia MAP Web Site.
- **Assessment Type** – This will auto-populate with the assessment type:
  - New Assessment – Indicates a brand-new VA MAP Client
  - Priority Reassessment – Indicates an existing Client being recertified and the assessment is first entered within 15 days of the Client’s eligibility expiring.
  - Reassessment – Indicates an existing Client being recertified and the assessment is first entered more than 15 days prior to their scheduled expiration date.
  - Reengagement – Indicates an Assessment being entered on a client that was previously enrolled in VA MAP but is currently closed.

**NOTE:** The Assessment Type is designed to help you prioritize the Assessments that you process.

- **Urgent Processing Desired Flag?** - This will default to “No.” Urgent processing requests may be made clicking the “Action” and then “Flag for Urgent Processing” from the button bar above.
- **Checked Out?** – This will default to “Yes” when you first create the Assessment as it will be automatically checked out to you.
- **Checked Out By** – This will default to your name.
- **Checked Out Date** – This will default to the date you started the assessment.
- **Eligibility Assessment Status** – This will default to “In Progress”.
- **Date Received** – This will default to the date the client you created the Eligibility Assessment as we assume you will always start the Assessment when the Client presents to you for processing.
- **Date Due** - 30 days from the day received.
- **Comments** - Add any comments that are needed.

Applicant Identification	
Legal First Name	* Jane
Legal Middle Initial	
Legal Last Name	* Day
Name Suffix	
Date of Birth	* 10/01/1972
Current Age	48
Social Security #	388-00-1544
Current Gender Identity	* Female
Sex Assigned at Birth	* Female
Gender Pronoun	
Client Consent	

- **Legal Last Name** – Enter the client’s legal last name.
- **Legal Middle Initial** – Enter the middle initial of the client.
- **Legal First Name** – Enter the client’s legal First name. Note: If the client’s legal name is William but goes by Bill, please enter William and not Bill.
- **Name Suffix** – Enter any suffix the client wants after their name (Jr., Sr., I, II, etc.).
- **Date of Birth** – Enter the client’s date of birth.
- **Social Security #** – Enter the client’s social security number. Note, only enter full Social Security Numbers and leave blank if the Client does not have one.
- **Current Gender** – Enter the current gender of the client.
- **Gender at Birth** – Enter the gender of the client at birth.
- **Gender Pronoun** – Enter the appropriate gender pronoun for the client.

Notice of Eligibility

Is current NOE on File for Eligibility Proof Documentation? \*

Notice of Eligibility Document(s)

Date	Type	Delete Flag
2016/07/30	Notice of Eligibility	N

- **Client Consent** – A signed client consent form is required at the time of registration, and will appear in this imbedded view.

Client Consent

Client Consent Document(s)

Date	Type	Delete Flag
2021/06/14	Client Consent	N

**NOTE:** If an Eligibility Assessment is created on a currently VA MAP eligible Client more than 30 days prior to the Client’s scheduled eligibility expiration date, the Eligibility Assessment will be flagged as an “Interim” Assessment. This just means that when processed, the Eligibility Assessment will re-compute and reset the Client’s Eligibility and Enrollment but will NOT change the Client’s Eligibility Expiration Date.

## Demo Tab

The Demo tab of the Eligibility Assessment is where all vital demographic data is collected.

Close
 Save
 Checkin Save and Close
 Check In
 Submit
 Create
 View
 Action

Eligibility Assessment : Jane Day ()  
Virginia Department of Health - Care Services : Peggy Griffith/GTI/ADMIN [06/14/2021]

Main Demo Address Care Team Household Income Adjustments Income Totals Benefits Insurance Medical Services

Demographic Data

Race - Check all that apply

- \*  American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

Ethnicity \* Non-Hispanic

Veteran? \* No

Primary Language \* English

Secondary Language \*

Preferred Spoken Language \* English

Preferred Written Communications Language \* English

Marital Status \* Single

Fill in the fields:

- **Race – Check all that apply** – Select all the races the client identifies with.
  - **Note:** If either Asian and/or Native Hawaiian/Pacific Islander are chosen, sub-categories are displayed to further identify. As seen below:

The screenshot shows a form titled "Demographic Data" with a section for "Race - Check all that apply". It is divided into three sub-sections: "Race", "Asian", and "Native Hawaiian Pacific Islander".

- Race:** Includes checkboxes for American Indian/Alaska Native, Asian (checked), Black or African American, Native Hawaiian/Other Pacific Islander (checked), and White.
- Asian:** Includes checkboxes for Asian Indian (checked), Chinese, Filipino, Japanese, Korean, Vietnamese, and Other.
- Native Hawaiian Pacific Islander:** Includes checkboxes for Native Hawaiian, Guamanian or Chamomo, Samoan (checked), and Other Pacific Islander.

- **Ethnicity** – Select the appropriate ethnicity.
  - **Note:** If Hispanic is chosen, sub-categories are displayed to further identify. As seen below:

The screenshot shows a form titled "Ethnicity" with a section for "Ethnicity - Hispanic". It includes checkboxes for Mexican, Puerto Rican, Cuban, and Other.

- **Veteran** – Select “Yes” or “No” if the client was been in the military.
- **Primary Language** – Select the client’s primary language.
- **Secondary Language** – Select the client’s secondary language, if applicable.
- **Preferred Written Communications Language** - Select the client’s primary communication language.
- **Marital Status** – Select the current marital status of the client.



## Address Tab

The Address tab of the Eligibility Assessment is where the residence and mailing address and other contact information is collected.

Main Demo Address Care Team Household Income Adjustments Income Totals Benefits Insurance Medical Services

**Residence**

Housing Type \* Renting and living in an unsubsidized room or house or apartment

Housing Status Stable/Permanent

Street Address \* 555 Daylight St

Apt / Lot / Floor

State \* VA

County \* Richmond City

City \* Richmond

Zip Code \* 55412-\_\_\_\_

**Mailing Address**

Do you consent to receiving mail from the \* Yes

Addressee (Care Of Line) John Day

Street Address \* 555 Daylight St

Apt / Lot / Floor

State \* VA

City \* Richmond

Zip \* 55412-\_\_\_\_

**Telephones**

Primary Phone (414) 577-8445

Primary Phone Type Cell

Primary Phone Message Name Only

Secondary Phone ( ) - -

Secondary Phone Type

Secondary Phone Message

**EMessaging**

Okay to Send Email? \* Yes

Email Address \* johnnd@email.com

Okay to Send Text Messages? \* No

**Proof of Residency**

Proof of Residency Document(s)

Add Scan Document

Date	Type	Delete Flag
2021/06/16	Proof of Residency	N

Fill in the appropriate fields:

- **Housing Type** – Select the current housing type of the client.
- **Housing Status** – will pre-fill dynamically based on the Housing Type selection.
- **Residence Address** –
  - **Street Address** – Enter the house number and street name for the client.
  - **Apt/Lot/Floor** – Enter this field if appropriate.
  - **State** – Select the state of residence for the client.
  - **County** – Select the county of residence for the client.

- **City** – Select the city in which the client lives.
  - **Zip** – Enter the zip code of residence for the client.
- **Does the client consent to receiving mail from the program?** - Select “Yes” or “No.”
  - If “Yes” then also enter the following fields:
    - **Mail Care Of** – If the Client wants their mail sent to a third-party address, then you must enter the name of the individual that the mail will be sent to.
    - **Mail Street Address 1** – Either manually enter the mailing address fields starting here or if the address is the same as their residence address entered above, click the  UI button on Mail Street Address 1 and the rest of the mailing address will be copied from the residence fields.
    - **Mail Street Address 2** – Enter the Unit / Lot/ Floor or PO Box
    - **Mail State** – Enter the State where mail is to be delivered
    - **Mail City** – Enter the City where the mail is to be sent
    - **Mail Zip** – Enter the Zip code or where the email is to be sent.
- **Primary Phone Number** – Enter the client’s primary phone number.
- **Primary Phone Type** – Select if phone number is cell, home, work, family or other.
- **Primary Phone Message** – Select the appropriate choice if phone messages are allowed at this phone number.
- **Secondary Phone Number** – Enter the client’s secondary phone number
- **Secondary Phone Type** – Select if phone number is cell, home, work, family or other.
- **Secondary Phone Message** – Select the appropriate choice if phone messages are allowed at this phone number.
- **EMessaging** – Indicate whether it’s OK to send system-generated messages to:
  - **Okay to send Email** – Select Yes or No
    - If yes, enter Email Address.
  - **Okay to send text message** – Select Yes or No
    - If yes, select cell phone carrier and cell phone number.
- **Proof of Residency Document(s)** – The embedded lists Proof of Residency Scan documents in the Client chart. If new Proof of Residency documentation is provided by the Client, then click the “Add Scan Document” button within the embedded view.

## Care Team Tab

The Care Team tab is where you document the client’s HIV Care Clinic and Physician, their Prescribing Physician, their HIV Case Management Agency and HIV Case Manager, and their Authorized Representative(s), if appropriate.

Main	Demo	Address	Care Team	Household	Income	Adjustments	Income Totals	Benefits	Insurance	Medical	Services
HIV Care Provider											
Primary HIV Care Clinic/Facility/Practice				* (Forest)Bon Secours ID Specialists							
Physician providing HIV Medical Care				* Brooks, James Jr							
HIV Case Manager											
HIV Case Management Agency				* Test Agency							
HIV Case Manager				* MCM2, Test							
Authorized Representatives											
Number of authorized representatives				* 1							
Authorized Representative 1											
Name				*							
Phone				* ( ) - -							

Fill in the appropriate fields:

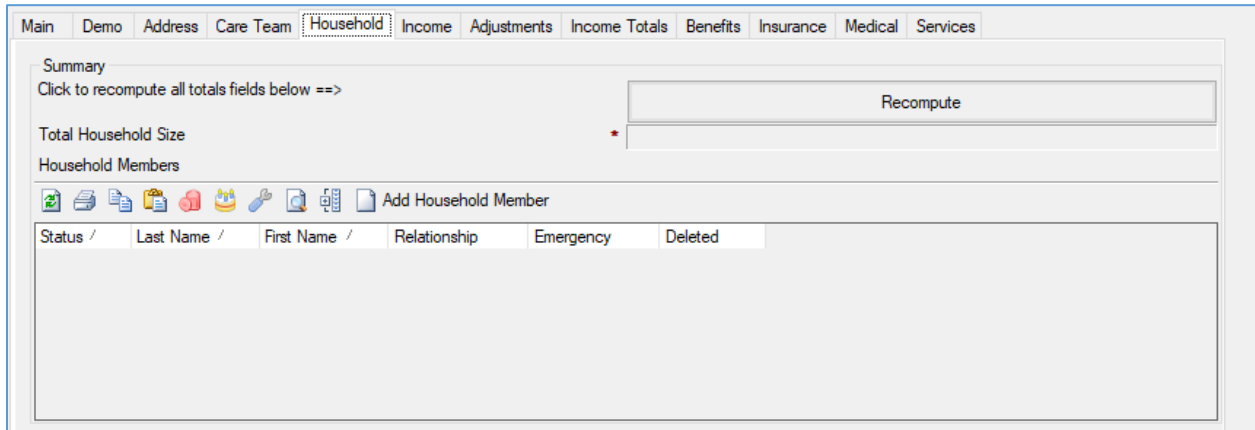
- **Primary HIV Care Clinic/Facility/Practice** – Click the  button and then select the clinic that the client normally goes to for HIV Care. If the clinic is in the directory in Provide, select it otherwise just manually enter the name of the clinic.
- **Physician providing HIV Medical Care** – Click the  button and then select the physician that the client normally goes to for HIV Care. If the physician is in the directory in Provide, select him/her, otherwise just manually enter the physician's name.

**NOTE:** If the HIV Care Physician is not in the directory you can use the “Create\Provider” Button Bar option within the Eligibility Assessment to create a new Provider record and then you can select it using the UI Button.

- **HIV Case Management Agency** - Click the  button and then select the HIV Case Management Agency that the client normally goes to for HIV Case Management services (if they do). If the Agency is in the directory in Provide, select it otherwise just manually enter the Agency Name.
- **HIV Case Manager** - Click the  button and then select the HIV Case Manager that the client normally goes to for HIV Case Management services (if they do). If the Case Manager is in the directory in Provide, select him/her, otherwise just manually enter the Case Manager's Name
- **Number of Authorized Representatives** – Provide will allow you to enter up to three (3) Authorized Representatives for the client.
  - If the client has Authorized Representatives, name and phone number fields will appear based on the number of Representatives indicated.

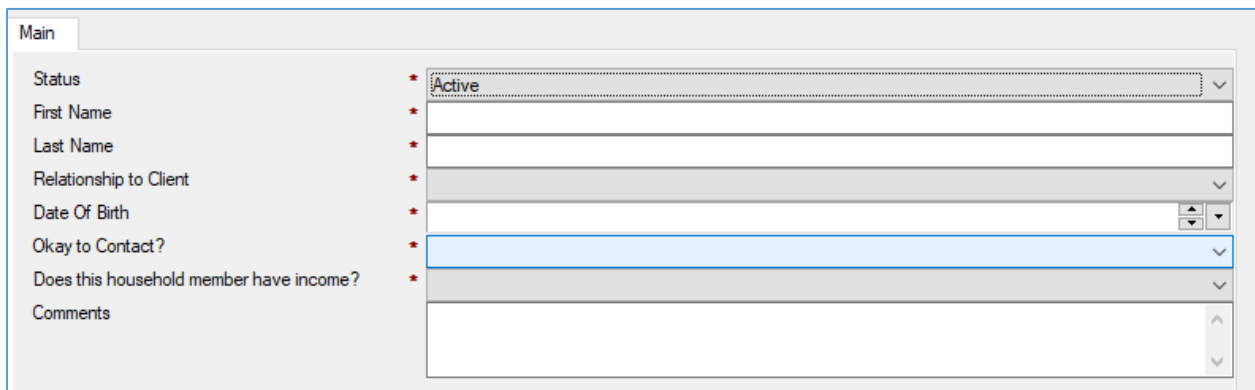
## Household Tab

The Household tab is where you will document the household members and all income and expense sources and amounts for all “legal for tax purposes” household members.



The screenshot shows the 'Household' tab selected in a menu bar. Below the menu, there is a 'Summary' section with a 'Recompute' button. A 'Total Household Size' field is present with a red asterisk. Below this is a 'Household Members' section with a toolbar containing icons for adding, deleting, and editing members, and a table with columns for Status, Last Name, First Name, Relationship, Emergency, and Deleted.

To add a Household member, click on . The following screen will appear.




The screenshot shows the 'Add Household Member' form. It has a 'Main' tab and several fields: Status (dropdown menu with 'Active' selected), First Name, Last Name, Relationship to Client (dropdown menu), Date of Birth (date picker), Okay to Contact? (dropdown menu), Does this household member have income? (dropdown menu), and Comments (text area).

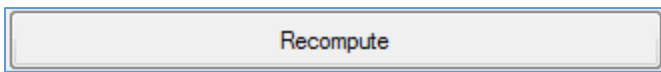
Fill in the appropriate fields:

- **Status** – defaults to “Active.”
- **First Name** – Enter the household member’s first name.
- **Last Name** – Enter the household member’s last name.
- **Relationship to Client** – Select the relationship.
- **Date of Birth** - Enter household member’s date of birth.
- **Okay to Contact?** - Select “Yes” or “No”.
  - If yes, indicate if the household member is an Emergency Contact.

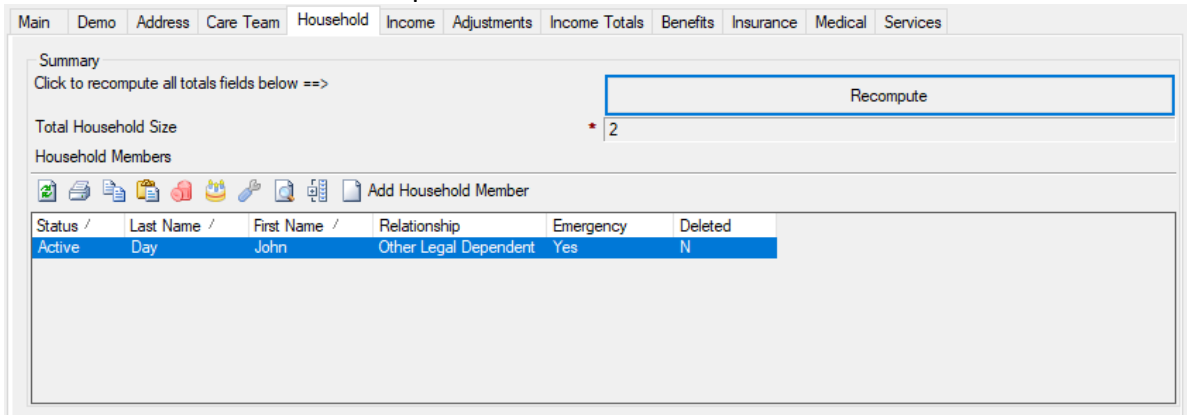
- **Does this household member have income?** – Select “Yes” or “No” to indicate if the person should be counted (and their income and expenses included) in the household as defined for CORE and MAP Eligibility.
  - **Comments** – enter any comments about the household member if applicable.

When the record is completed, click on . Click “Yes” to save the changes.

In order to view the newly added household member on the household tab, click on the  to refresh the screen. After you add all household members or complete any updates to the household member records, you will want to re-compute the household size. Click on



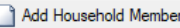
The Household Size will be recomputed as shown below.



Summary  
Click to recompute all totals fields below ==>

Total Household Size \* 2

Household Members



Status /	Last Name /	First Name /	Relationship	Emergency	Deleted
Active	Day	John	Other Legal Dependent	Yes	N

**Note:** Only Household Members that have the “Does this household member have income,” field set to “Yes” are counted in the Household Size.

## Income Tab

Client household income is documented on the Income Tab. Here you will input the total monthly income and income adjustments of the applicant and all legal household members (for tax purposes) in each respective field. Any income or adjustment type listed in all caps is not calculated for Modified Adjusted Gross Income (MAGI). MAGI is important because it is the income used in FPL calculations for determining eligibility for tax credits through the ACA.

Fill in the appropriate fields with each amount.

Main		Demo	Address	Care Team	Household	Income	Adjustments	Income Totals	Benefits	Insurance	Medical	Services
<p><b>Alert</b>            Input the total monthly income of applicant and all legal household members in the respective fields. Any Income type listed in all caps is not calculated for MAGI, but is a required field of entry.            Every field in this section needs to have a value. If you don't have the type of income being asked for then you will need to enter a zero (0) in the field.</p>												
<p>Current Monthly Household Income            Click to Document that the Household Has Zero Income ==&gt;</p>												
Wage Income Calculator						Household Has Zero Income						
Wages, salaries, tips, etc.						Wage Income Calculator						
Taxable interest						\$541.75						
Tax-exempt Interest						\$0.00						
Ordinary Dividends						\$0.00						
Exempt Interest Dividends						\$0.00						
Taxable refunds of state/local income taxes						\$0.00						
Alimony or Other Spousal Support Received						\$0.00						
Business or Self Employed income/loss (Schedule C or C-EZ)						\$0.00						
Capital gain/loss (Schedule D)						\$0.00						
Other gains/losses						\$0.00						
IRA distributions –taxable amount						\$0.00						
Pensions and Annuities						\$0.00						
Rental real estate, trusts (Schedule E)						\$0.00						
Farm income/loss (Schedule F)						\$0.00						
Unemployment Income						\$0.00						
Retirement Income from Social Security						\$0.00						
Social Security Disability (SSDI)						\$0.00						
SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI)						\$0.00						
Other Client Income (Jury Duty Pay, Gambling Winnings)						\$0.00						
CHILD SUPPORT, WORKMAN'S COMPENSATION, OR MONETARY GIFT						\$0.00						

**NOTES:**

Wages, salaries, tips, etc. (Form W-2): Include the total monthly income that the applicant and any legal household members receive from Wages or Salary's (W-2), tip income, and any disability pension benefits received prior to meeting minimum age requirement.

Pensions and Annuities Definition: Include all income both employer-based and Veterans Administration based pensions. Do NOT include disability pension income here when disability pay is received prior to normal pension retirement age.

The Client Household Monthly Wage Income can be manually entered in the field but sometimes it can be complicated to determine what the monthly amount is. To make it easier, the Provide system has a built in Wage Calculator. If you click on the "Wage Income Calculator" button the dialog screen below will open.

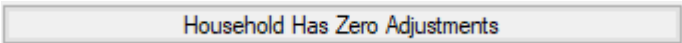
Fill in the appropriate fields:

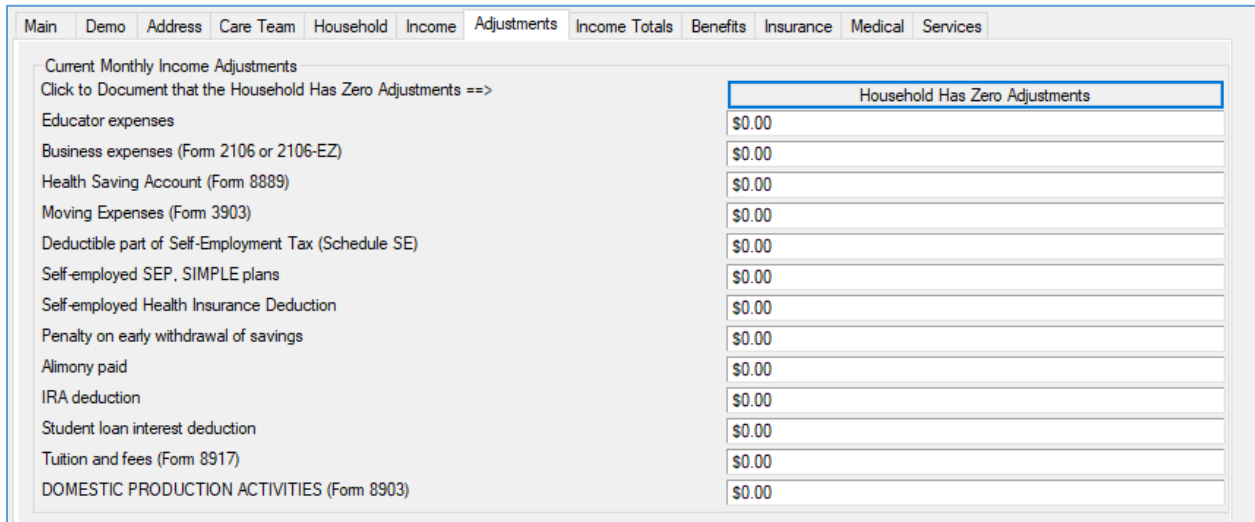
- **Number of Current Jobs** – Enter the number of current jobs. For each Job a series of additional fields will appear that vary based on how you will estimate the current monthly pay from each (Year-to-Date or a series of pay stubs).
- **Other Monthly Wage Income** – Enter any other monthly wages.
- **Self Employed** – Enter estimated monthly self-employed income.

The total household monthly wage income will be calculated. When completed, click on “Ok” to return to the income page. The computed total monthly household Wage Income will then be auto populated on the Income tab.

**NOTE:** The Provide system saves the Wage Calculator data points you entered in a record associated with the Eligibility Assessment so at any time you can come back to the Assessment and click the “Wage Calculator” button and the details of what you entered for the system to have calculated the Wage Income will be displayed for reference.

## Adjustments Tab

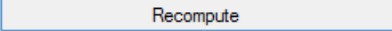
**Current Monthly Household Income Adjustments Section:** Fill in the appropriate fields. If the client has no adjustments, click the  button to populate \$0.00 in all the fields.



Current Monthly Income Adjustments	
Click to Document that the Household Has Zero Adjustments ==>	
	<b>Household Has Zero Adjustments</b>
Educator expenses	\$0.00
Business expenses (Form 2106 or 2106-EZ)	\$0.00
Health Saving Account (Form 8889)	\$0.00
Moving Expenses (Form 3903)	\$0.00
Deductible part of Self-Employment Tax (Schedule SE)	\$0.00
Self-employed SEP, SIMPLE plans	\$0.00
Self-employed Health Insurance Deduction	\$0.00
Penalty on early withdrawal of savings	\$0.00
Alimony paid	\$0.00
IRA deduction	\$0.00
Student loan interest deduction	\$0.00
Tuition and fees (Form 8917)	\$0.00
DOMESTIC PRODUCTION ACTIVITIES (Form 8903)	\$0.00

The Income Adjustments are expenses that the client household may have that qualify as “deductions” against their Gross Income to come up with the Client Household MAGI. These do not in any way impact the Household Gross Income used in determining FPL for VA MAP eligibility.

## Income Totals Tab

Once you have entered the income and adjustments, click on  and Provide will calculate the totals.



Main	Demo	Address	Care Team	Household	Income	Adjustments	Income Totals	Benefits	Insurance	Medical	Services						
Household Income Totals																	
Click to recompute all totals fields below ==>																	
								Recompute									
Household Monthly Gross Income Adjustments								*	\$0.00								
Household Monthly Gross Income								*	\$500.00								
Household Poverty Level %								*	47								
Household Monthly MAGI								*	\$500.00								
Household MAGI Poverty Level %								*	47								
Proof of Income Documentation																	
Attach a copy of current income documents. Examples of current income documents include copies of your most recent last two months of pay stubs, current Social Security award letter, unemployment award letter.																	
Proof of Income Document(s)																	
<table border="1"> <thead> <tr> <th>Date</th> <th>Type</th> <th>Delete Flag</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>												Date	Type	Delete Flag			
Date	Type	Delete Flag															

- **Proof of Income** – If new Proof of Income document is provided by the client, then click the “Add Scan Document” button to upload proof of income documentation.

## Benefits Tab

The Benefits tab is where you can document the client’s Medicare, Medicaid, Low Income Subsidy, and Full Low Income Subsidy, Veterans Medical Services, and Indian Health Services program benefit status.

Main	Demo	Address	Care Team	Household	Income	Adjustments	Income Totals	Benefits	Insurance	Medical	Services	
Alert												
It is critical that applicant report enrollment in health benefits programs. Failure to do so may lead to Permanent Removal from the Medication and/or Premium Assistance Programs.												
Medicare												
Status								*	<input type="text" value=""/>			
Medicaid												
Medicaid Checked?								*	<input type="text" value="No"/>			
Medicaid Status?									<input type="text" value=""/>			
Medicaid ID Number									<input type="text" value=""/>			
Comments									<input type="text" value=""/>			

For Medicare, if Active, other variable data points are asked for as outlined and shown below:

Medicare	
Status	* Active
Effective Date	* <input type="text"/>
Medicare Coverage	* Part A & B
Comments	<input type="text"/>

- If Medicare Status is Active you need to enter:
  - Effective Date – Estimated date when coverage became effective.
  - Medicare Coverage – Type of Medicare coverage the Client has:
    - Part A Only
    - Part B Only
    - Part A & B
    - Part C (Also known as Medicare Advantage)
  - If Medicare Coverage is “Part C” then need to enter:

Carrier Name	* <input type="text"/>
Plan Name	* <input type="text"/>
Includes Pharmacy Benefit?	* <input type="text"/>

- **Carrier Name** – Use the UI button to try to find the Carrier and Plan in the Health Plan Directory in Provide. If it is not in the Directory select “\*Other – Not Listed” and you will be prompted to enter the Carrier and Plan Name manually.
- **Plan Name** – Automatically set when Carrier Name selected.
- **Includes Pharmacy Benefits?** – If “Yes” this means that the Client Medicare Part D benefits are “rolled into” their Medicare Advantage Plan so not Part D information needs to be collected.
- If Medicare Status is Active and Coverage is anything other than Part C that includes pharmacy benefits then you need to also collect Medicare Part D information.

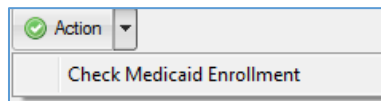
Medicare Prescription Drug Plan (PDP)	
Status	* Active
Effective Date	* <input type="text"/>
Carrier Name	* <input type="text"/>
Plan Name	* <input type="text"/>
Comments	<input type="text"/>

- If Medicare D Status is Active then must collect the following data points:
  - **Effective Date** – Estimated date when Part D coverage first became effective.

- **Carrier Name** – Use the UI button to try to find the Carrier and Plan in the Health Plan Directory in Provide. If it is not in the Directory select “\*Other – Not Listed” and you will be prompted to enter the Carrier and Plan Name manually.
- **Plan Name** – Automatically set when Carrier Name selected.

For Medicare and Medicare D when Status is Active you will also be asked to collect in a Scan document Proof of Coverage documentation. Click the “Create” and “Scan” to scan or upload documents.

Every Client should be checked to see if they are actively enrolled in Medicaid. This can be done with the click of a button from the Eligibility Assessment. Select the option shown below:



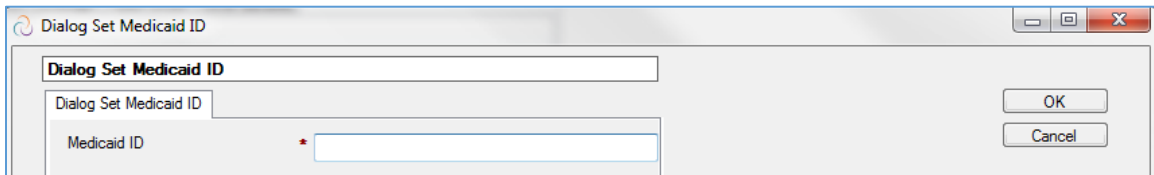
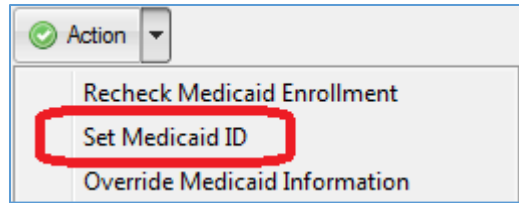
The following fields will appear on the screen filled in depending on if the Client is found to be enrolled in Virginia Medicaid or not and what their “Medicaid Category” is.

Medicaid	
Medicaid Checked?	<input checked="" type="checkbox"/> No
Medicaid Changed?	Yes
Medicaid Status?	Active <input type="checkbox"/>
Date Effective (Active, Applied, Denied)	06/14/2021
Category	HMO
Medicaid ID Number	
Comments	

For the Low-Income Subsidy, Full Low Income Subsidy, VA Medical Services, and Indian Health Services we only collect the Status of each (Active, Applied, or No Benefits).

**NOTE:** The VA Medical Services Status field is only visible and asked for if the Client was flagged as a Veteran on the Demo tab. The Indian Health Services Status field is only visible and asked for if the Client was flagged as “Native American/Alaskan Native” in the Race(s) field on the Demo tab.

After you complete a “Check Medicaid Enrollment”, if you have information and supporting documentation that the Medicaid Enrollment Check is not correct or current, you should set the client’s 10-digit Medicaid ID (if you have the ID).

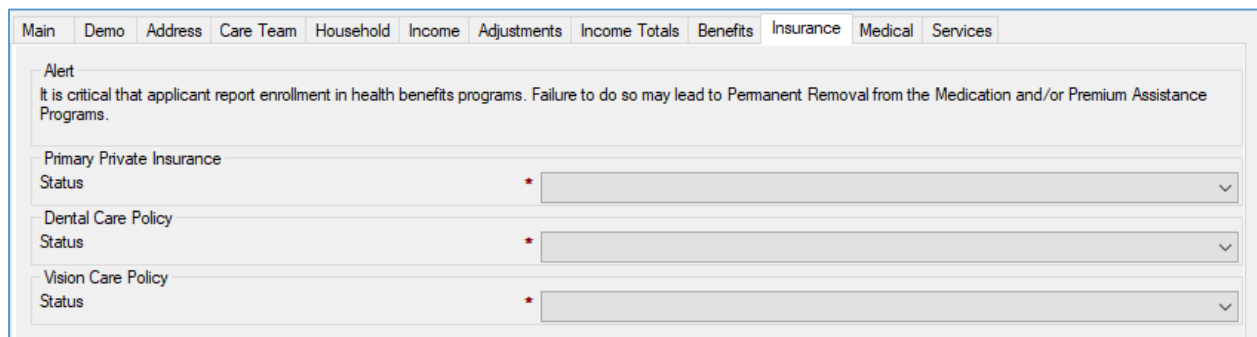


Type the 10-digit Medicaid ID, and click on “OK”.

Then, execute the Action “Recheck Medicaid Enrollment”.

## Insurance Tab

On the Insurance tab, collect and document the Client’s primary private medical insurance plan and primary private dental plan (if a separately paid for plan).



If the Primary Private Insurance Status is set to “Active” the following fields appear:

Primary Private Insurance	
Status	* Active
Effective Date	* <input type="text"/>
Policy Source	* <input type="text"/>
Insurance Company Name	* <input type="text"/>
Insurance Plan Name	* <input type="text"/>
Private Member ID	* <input type="text"/>
Family Plan?	* <input type="text"/>
Medical Coverage?	* No
Mental Health Coverage	* No
Substance Abuse Residential Benefits?	* No
Pharmacy Coverage Included?	* <input type="text"/>
Comments	<input type="text"/>

- Effective Date – Estimated date when coverage became effective.
- Policy Source – How policy was obtained by the Client:
  - ACA Exchange – Through the Federally Facilitated Marketplace
  - Employer – Through and Employer
  - Individual – Purchased by Client through private market
- If an Employer policy currently on COBRA, set the Status to “COBRA” and fill in the COBRA Start and End Dates that appear.
- Insurance Company Name – Click the UI button to get a list of Plans by Carrier that are in the Health Plan Directory in Provide to pick from. The list varies by the Policy Source selected above.
- Insurance Plan Name – Enter the plan name.
- Private Member ID – Enter the member ID found on the insurance card.
- Family Plan – Indicate if this is a family plan? Click “Yes” or “No.”
  - If Yes, indicate if all family members on the plan are HIV+. Click “Yes” or “No.”
- Medical Coverage – Indicate if this policy has medical coverage. Click “Yes” or “No.”
- Mental Health Coverage – Indicate if this policy has mental health coverage. Click “Yes” or “No.”
- Substance Abuse Residential Benefits – Indicate if this policy has substance abuse residential benefits. Click “Yes” or “No.”
- Pharmacy Coverage Included? – Indicate if this policy includes pharmacy coverage. Click “Yes” or “No.”
- Comments

Click the “Add Scan Document” button to scan or upload proof of medical coverage documentation.

If the Dental Care Policy Status is set to “Active” the following fields appear:

The screenshot shows a form titled "Dental Care Policy". On the left side, there are four labels: "Status", "Carrier Name", "Plan Name", and "Comments". To the right of these labels are four input fields. The "Status" field is a dropdown menu with "Active" selected. The "Carrier Name", "Plan Name", and "Comments" fields are empty text boxes. Each input field has a small red asterisk to its left, indicating it is a required field.

- Carrier Name – Enter the name of the insurance Carrier.
- Plan Name – Enter the plan name.
- Comments

If the Vision Care Policy Status is set to “Active” the following fields appear:

The screenshot shows a form titled "Vision Care Policy". On the left side, there are four labels: "Status", "Carrier Name", "Plan Name", and "Comments". To the right of these labels are four input fields. The "Status" field is a dropdown menu with "Active" selected. The "Carrier Name", "Plan Name", and "Comments" fields are empty text boxes. Each input field has a small red asterisk to its left, indicating it is a required field.

- Carrier Name – Enter the name of the insurance Carrier.
- Plan Name – Enter the plan name.
- Comments

## Medical Tab

The Medical tab is where you document key medical related information about the client.

Main Demo Address Care Team Household Income Adjustments Income Totals Benefits Insurance **Medical** Services

HIV Status

Stage of Disease

Estimated Date HIV Diagnosed

Mode(s) of Transmission

- Blood Transfusion
- Hemophilia
- Heterosexual Contact
- Intravenous Drug Use
- Men Who Have Sex with Men
- Mother-at-Risk (Perinatal)
- Other
- Undetermined

Currently taking Antiretroviral Therapy?

Date Antiretroviral Therapy Started

HIV Verification

HIV Verification

Add Scan Document

Date	Delete Flag	Type
2021/06/16	N	Physician Affidavit

Key Lab Results

CD4 and Viral Loads

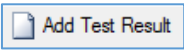
Add Test Result

Test	Date	Result	Source	Scan Doc?
------	------	--------	--------	-----------


Fill in the appropriate fields:

- **Stage of Disease** – Click the button to select the client’s current stage of HIV. NOTE: Once set to AIDS it can only be reset to HIV+ by Central Office staff.
- **Estimated Date HIV Diagnosed** – The estimated date the client was diagnosed with HIV.
- **Date AIDS Diagnosed** – The estimated date the client was diagnosed with AIDS. This field only appears if the Current Disease Stage is set to “AIDS”.
- **Mode(s) of Transmission** – Select all that apply
- **Are you currently on Antiretroviral Therapy** – Select “Yes” or “No”.
  - If “Yes”
    - **Estimated Date Antiretroviral Therapy Started** – If the client is taking at least one ARV medication this date field appears asking for the estimated date of when the client started ARV therapy.
  - If “No”


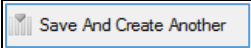
- **Reason not on ARV** – If the client is not on ARV (three or more ARV’s) this field appears asking why the client is not on the ARV. Select a reason why not on ARV.
- **HIV Verification** – The embedded view shows HIV Verification documents. If client is presenting a new HIV verification, click the “Add Scan Document” button to upload HIV documentation.
- **Key Lab Results** – The embedded view shows all CD4 Count Test Results on file from the last year and all HIV-1 Viral Load Test Results from the last six months. If there is at least one of each listed the Client can be enrolled in VA MAP. If not, you will need to obtain a copy of the qualifying lab results and create Test Result records to capture them.


If needed, click on  to create a new Test Result record. A screen like the one below will appear.

Fill in the appropriate fields: (depending on the test, different fields will appear).

- **Test Name** – Click the  button to select the test name.
- **Test Date** - The date will default to the date you are entering the result. However, you can change the date as needed.
- **Test Result Status** - Select the appropriate Status value. Note, for CD4 Count and HIV-1 Viral Load test results the only valid value should be “Final”.
- **Test Result Numeric Value** - Enter the numeric lab result value.
- **Test Result Modifier** – Select the appropriate result modifier from the printed lab result. (=, >, <, <=, >=).
- **Test Result Unit of Measure** - Unit of measure will automatically populate.

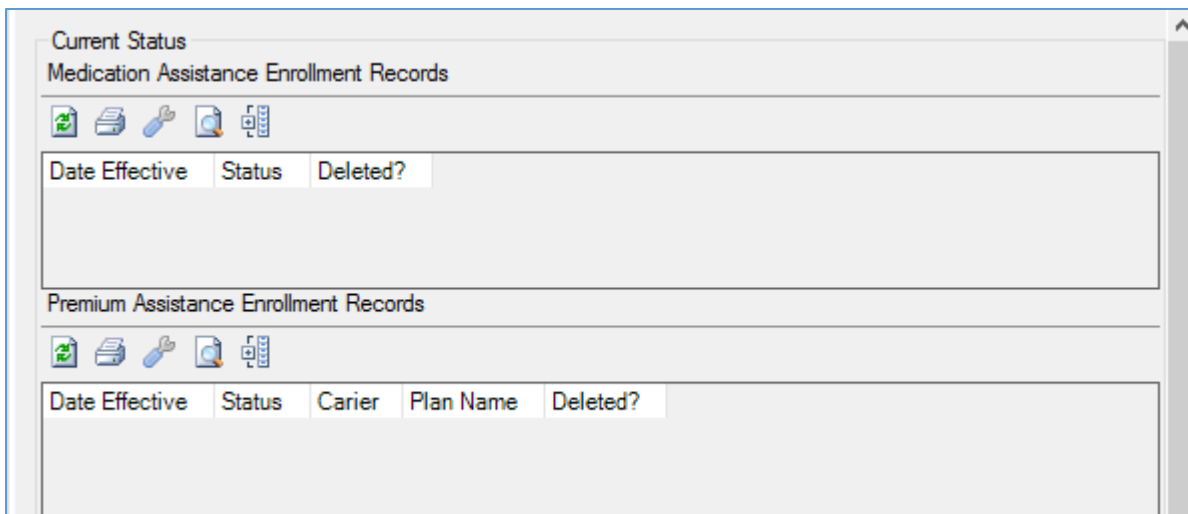


- **Test Facility** - Select or manually enter the testing facility.
- **Test Completed By** - Select or manually enter who completed/order the test.
- **Entry Mode** - If you are entering the results, this will default to Manual.
- **Test Result Comments** - Add any comments to test results as need.
- **Attachments** – Scan or Attach a copy of the Test Result documentation.
- If you click on , it will then prompt you to save or not to save the test record. If you want to add another test record, click on .

Once filled in, click on  and you will be prompted to save the VA MAP Prescription record.

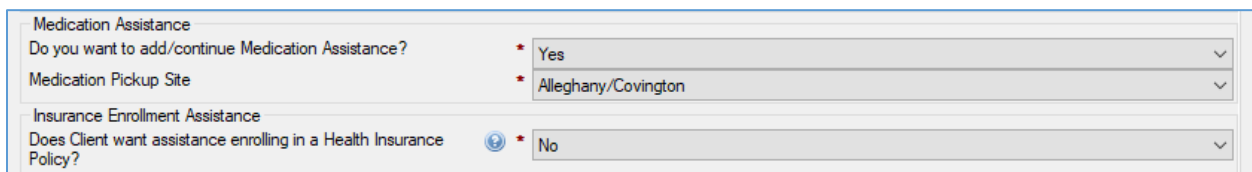
## Services Tab

The Services tab is where you can view the Client’s history of Medication Assistance Enrollment and Premium Assistance Enrollment as shown below:



You may also identify if the client would like to add or continue with medication assistance, and identify the preferred pick-up location.

If the client does not already have private health insurance, the following fields will appear.



The screenshot shows a form with three dropdown menus. The first is "Medication Assistance" with the question "Do you want to add/continue Medication Assistance?" and a dropdown menu showing "Yes". The second is "Medication Pickup Site" with a dropdown menu showing "Alleghany/Covington". The third is "Insurance Enrollment Assistance" with the question "Does Client want assistance enrolling in a Health Insurance Policy?" and a dropdown menu showing "No".

- **Do you want to add/continue Medication Assistance?** Click “Yes” or “No.”

- **Medication Pickup Site** – select the access site where client will be picking up medications.
- **Does Client want assistance enrolling in a Health Insurance Policy?** Click “Yes” or “No.” If “Yes,” then identify the type of policy in which the client would like to enroll. This will flag the client for Benalytics to engage and assist the client.

If the Client has Private Insurance that qualifies for Premium Assistance then the Services tab will also be where you need to document additional information about the policy and premium payments.

The additional data points are shown below.

Primary Private Insurance

Does Client wish to add/continue Premium Assistance on their existing Insurance Policy? \* Yes

Total Premium Amount \* \$254.00

Client Premium Amount \* \$254.00

Is Client receiving Tax Credit? \* Yes

Tax Credit Amount \* \$24.00

Client Policy Billing ID \* 5546799887

Premium Support Notes

Private Insurance Premium Document(s)

Date	Type	Program	Delete Flag
2021/06/16	Premium Documentation	Private Medical	N

Fill in all of the required fields.

If you do have a Premium Statement, be sure to “Add Scan Document” and attach it.

When complete, click on .

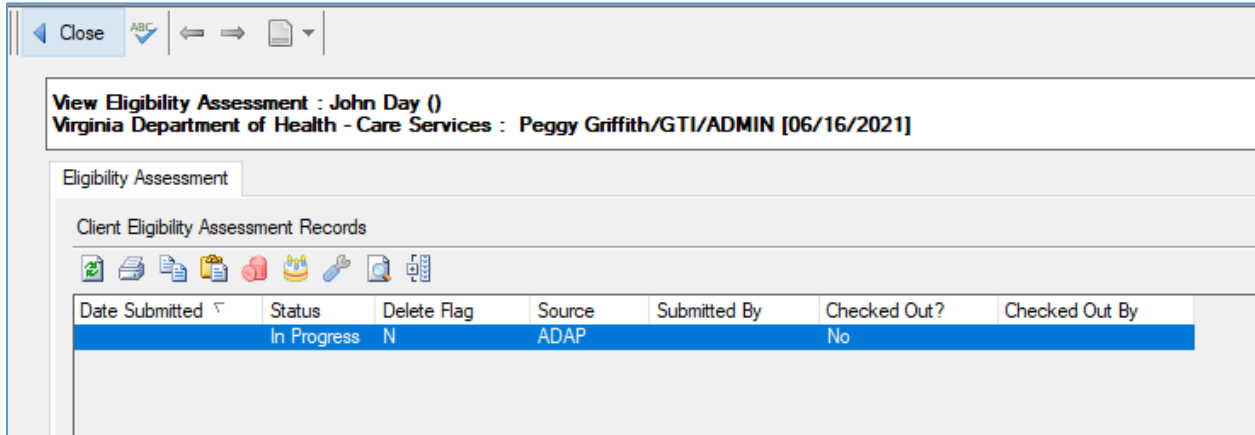
### Saving Eligibility Assessments in Progress

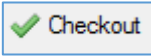
To save an Eligibility Assessment “In Progress”, click on . The Eligibility Assessment will still be “Checked-Out” by you.

If you want to save the Eligibility Assessment “In Progress” and allow another Eligibility Worker to “work” the Assessment, click on .

To open an Eligibility Assessment that has been saved “In Progress”, in the Client Profile click on the “View - Eligibility Assessments” from the Client Profile Button Bar.

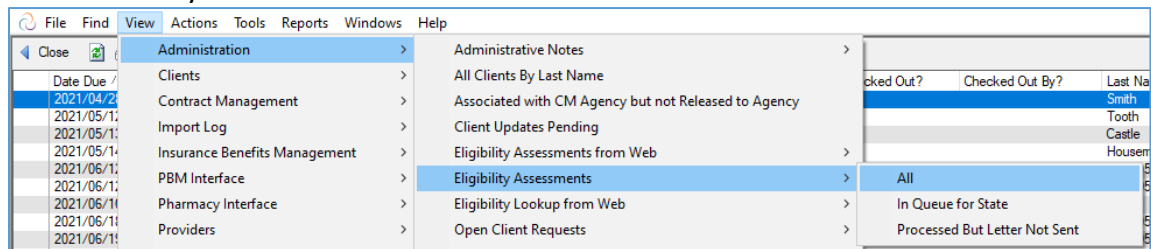
Then, double click on the Eligibility Assessment that is “In Progress.”



If the Eligibility Assessment has “No” for “Checked Out?” you know you can open and then “Check Out” the Eligibility Assessment so you can work it by clicking on the  button.

## Reviewing and Completing an Eligibility Assessment


After an eligibility assessment has been submitted, a supervisor will review the assessment for quality assurance and to approve the request for services. Supervisors will use the View – Administration – Eligibility Assessments from the menu bar to see a list of submitted eligibility assessments ready for review.



Date Due /	Date Received /	Deleted	Status	Type	Urgent?	Interim	Client Flag	Checked Out?	Checked Out By?	Last Name	First Name	MI	Client ID	Assessment ID
2021/04/23	2021/04/23	N	Processed	New Assessment	No	No	Existing Client	No		Smith	Timothy	T	10005	1010
2021/05/12	2021/05/05	N	Processed	New Assessment	No	No	Existing Client	No		Tooth	Johnny		10007	1005
2021/05/13	2021/04/14	N	Processed	New Assessment	No	No	Existing Client	No		Houseman	Jake		10011	1008
2021/05/14	2021/04/15	N	Submitted	New Assessment	No	No	Existing Client	No		Client0514B	Test		10116	F365F4F9
2021/06/12	2021/05/14	N	Processed	New Assessment	No	No	Existing Client	No		Client0514	Test		10115	95072698
2021/06/16	2021/06/08	N	Submitted	Priority Reassessment	No	No	Existing Client	No		Griffey	Kenneth	F	10124	236F0771
2021/06/18	2021/05/20	N	Processed	New Assessment	No	No	Existing Client	No		Client0520	Test		10124	E67C4E45
2021/06/19	2021/05/21	N	Processed	New Assessment	No	No	Existing Client	No		Client0521	Test		10126	9DB325F8
2021/06/22	2021/05/24	N	Processed	New Assessment	No	No	Existing Client	No		Issue Tester	Income		10127	21E8B94E
2021/06/22	2021/05/24	N	Processed	New Assessment	No	No	Existing Client	No		Client	Test		10128	258296AD
2021/06/26	2021/05/28	N	Processed	New Assessment	No	No	Existing Client	No		Houseman	Lisa		10133	D74ECBED
2021/06/28	2021/04/29	N	Processed	Priority Reassessment	No	No	Existing Client	No		Smith	Test	Y	10000	1011
2021/07/03	2021/05/04	N	In Progress	New Assessment	No	No	Existing Client	No		Tooth	Jonathon		10061	1012
2021/07/03	2021/06/08	N	Processed	New Assessment	No	No	Existing Client	No		Castle	Penny		10143	622F5871
2021/07/10	2021/05/11	N	Processed	New Assessment	No	No	Existing Client	No		Koffeman	Max		10149	B0074B23
2021/07/10	2021/06/11	N	Processed	New Assessment	No	No	Existing Client	No		Warbucks	Patrick		10150	AB48F917
2021/07/13	2021/06/14	N	Processed	New Assessment	No	No	Existing Client	No		Day	Jane		10151	AB32EB42
2021/07/15	2021/06/15	N	Processed	Reengagement	No	No	Existing Client	No		Tooth	Mark			BEF0B358
2021/07/15	2021/06/16	N	Submitted	New Assessment	No	No	Existing Client	Yes	Peggy Griffith	Day	John		10158	E6F5934C
2021/06/13	2021/06/14	N	In Progress	New Assessment	No	No	Existing Client	Yes	Peggy Griffith	Day	Jane		10151	7C9AFC3A

Double-click on the submitted eligibility assessment that you are ready to review and complete.















































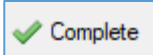
Click the  from the button bar. Navigate through the tabs and check for accuracy and completion. On tabs that require scanned documentation, a new question appears asking if the existing documentation is sufficient. Select “Yes” or “No.”

Client Consent

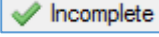
Is existing documentation sufficient?

Client Consent Document(s)


                                              

When all information is complete, click  from the button bar. This will place the completed eligibility assessment in the queue for the state to process.

## Marking an Eligibility Assessment Incomplete

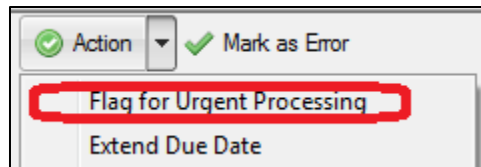
If the assessment is incomplete, you will need to click on .

## Rejecting an Eligibility Assessment

If assessment has been incomplete for an extended period of time, you would reject the assessment. You will need to click on  to reject the assessment.

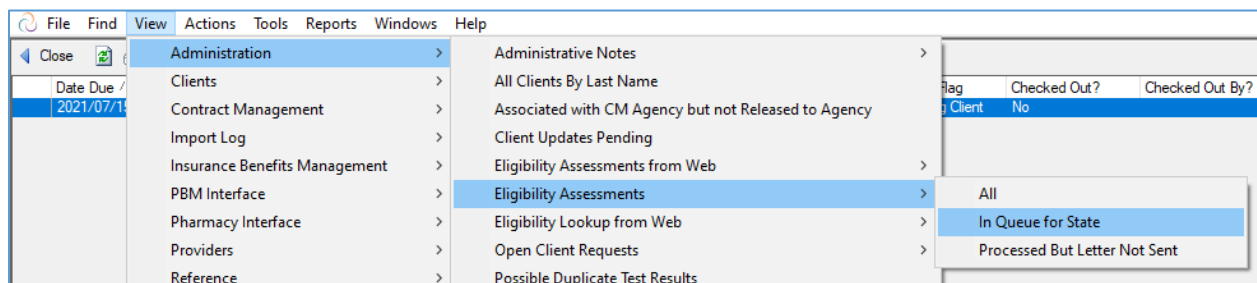
## Flagging an Eligibility Assessment for Urgent Processing

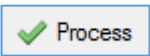
If the assessment needs to be processed urgently, you can select the flag for urgency processing.



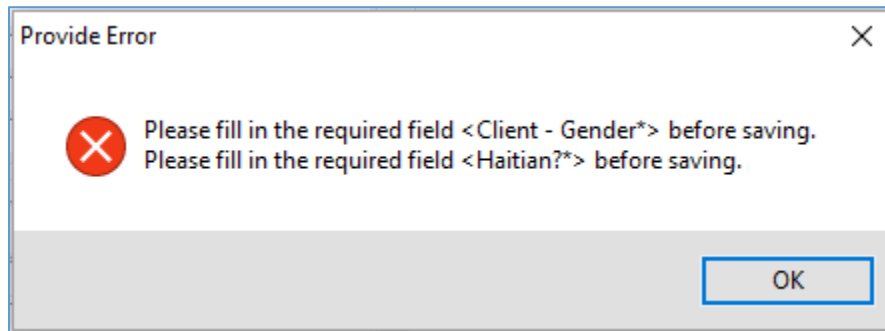
## Processing an Eligibility Assessment

Virginia Department of Health will use the View – Eligibility Assessments – In Queue for State to see completed eligibility assessments that are ready for processing. Double-click to open the eligibility assessment.

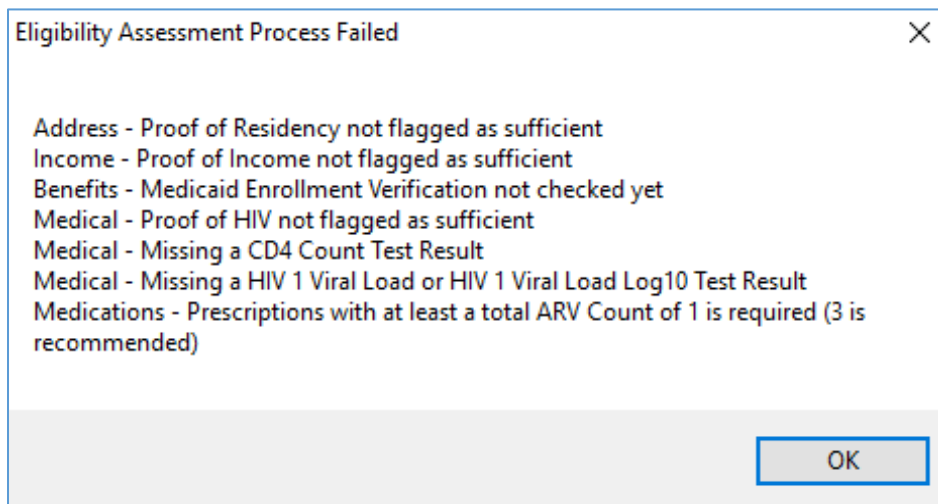


After reviewing the information completed in each of the tabs, and everything looks correct to you, click on the  button.

If any of the required data points were not entered, Provide will notify you which fields are currently missing with a pop-up message like the one below.

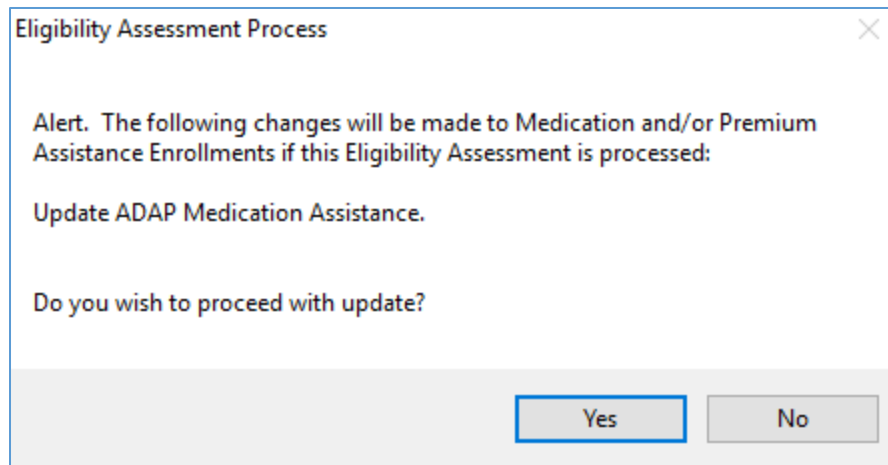


You will need to enter each missing field and click on "Process" again when done. If you did not mark the scanned documents sufficient, you will also receive a notice like the one below:



After addressing each of the notices, you can then try to Process the Assessment again.

When marking an Eligibility Assessment Processed and the system has authorized Medication Assistance and, if appropriate, Premium Assistance, you will receive a prompt similar to the one below letting you know of the change to the Medication Assistance Enrollment and Premium Assistance Enrollment.

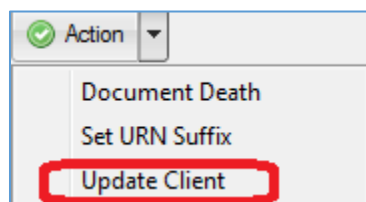


Click on “Yes” to proceed with the update. When an eligibility assessment is processed, the updated information will be pushed to the client profile overnight. However, if you want the information to be pushed to the client profile immediately, in the client profile, click on “Action – Update Client”. (Discussed in the next section)

## Update Client

When you Process an Eligibility Assessment the new information collected about the Client in the Eligibility Assessment does not immediately flow back to and update the Client Profile record. Instead, you can either apply the changes immediately as outlined below or let the system automatically apply the changes at night.

To apply the changes immediately, open the Client Profile. Click the “Edit” button to place the record in edit mode and then click on the “Action\Update Client” Button shown.



This will apply all of the changes to the Client Profile that were made in the Eligibility Assessment.

## Eligibility Determination/Background

A completed Eligibility Assessment establishes the eligibility for the client and is good for up to six months. If during the six-month period a client has his/her Address, Income or Health Benefits change, the client eligibility settings may be modified but the renewal date for recertification will remain the same.

The effective start date of Eligibility is always set to the date when the Eligibility Assessment is completed. The expiration Date for Eligibility is always set to the last day of the sixth month after the effective start date of the Eligibility Assessment.

The logic used to calculate the eligibility is as follows:

When an Eligibility Assessment is processed it calculates the client's eligibility according to the following rules:

- 1) The following factors must be true to be considered Eligible
  - a. Client must reside in the in the State of Virginia
  - b. Client must be HIV+ or have an AIDS diagnosis
  - c. Client household gross income must be under 500% of FPL.
- 2) The client must also have the following to be eligible for services:
  - a. A signed consent form
  - b. A current Proof of Residency
  - c. A Proof of Income
  - d. A Proof of HIV diagnosis

NOTE: The client will be **ineligible** for services if the client has:

- i. Full Medicaid benefits
- ii. A family health insurance plan if all members of the family are not HIV positive

## Initial VA MAP Enrollment

If enrollment eligible and:

- 1) If client has Medicare C with a Pharmacy Benefit or Medicare D, then enrolled in MPAP.
- 2) If client has an individual health insurance plan, then:
  - a. If Pharmacy Coverage is not included, then the client will be enrolled in Direct Dispense.
  - b. If Plan meet criteria for Premium Assistance, then client will be enrolled in ICAP.
  - c. If Plan does not meet criteria for Premium Assistance or Copay/Deductible Assistance, then the client will be enrolled in Direct Dispense.
- 3) If client has ACA Marketplace Plan:
  - a. If Plan is a state sponsored ACA Plan, then client will be enrolled in HICAP.



- 4) If client does not have any of the above plans, then enrolled in Direct Dispense.

If not eligible, the eligibility assessment will be flagged as “Not Eligible.”

If eligible, but denied enrollment, the enrollments will be created with the status of denied and the reason(s) denied.

### **Recertification of Existing Client**

The same criteria outlined above for the initial eligibility assessment is the same for the recertification. If at the recertification does not meet guidelines outlined above, the client will no longer be eligible for services and the following will occur:

- 1) The reassessment will be denied.
- 2) The client will be closed to VA MAP and noted as “Not Eligible.”
- 3) The medication and premium enrollments will be terminated and noted as “Not Eligible.”

### **Client Updates During Period of Eligibility**

The following outlines client updates during period of eligibility that can impact the client’s eligibility.

- 1) If the client’s Eligibility Expires:
  - a. Client is no longer eligible. The effective date will be the date the client’s eligibility expires.
  - b. The client’s enrollment(s) in Medication and Premium Assistance will be terminated.
  - c. The client will close to VA MAP.
- 2) If the client moved out of State or into Prison or Inpatient Care Facility:
  - a. Client is no longer eligible. The effective date will be the date the client’s address changes (current or future dated).
  - b. The client’s enrollment(s) in Medication and Premium Assistance will be terminated.
  - c. The client will close to VA MAP.
- 3) If the client is deceased:
  - a. Client is no longer eligible. The effective date will be the deceased date.
  - b. The client’s enrollment(s) in Medication and Premium Assistance will be terminated.
  - c. The client will close to VA MAP.
- 4) If the client’s household gross income becomes > 500% FPL:
  - a. Client is no longer eligible. The effective date will be the date the client’s address changes (current or future dated).

- b. The client's enrollment(s) in Medication and Premium Assistance will be terminated.
  - c. The client will close to VA MAP.
- 5) If the client obtains full Medicaid:
  - a. The client is no longer eligible for VA MAP.
  - b. The client's enrollment(s) in Medication and Premium Assistance will be terminated.
  - c. The client will close to VA MAP.
- 6) If the client's health plan was terminated and premiums were being covered by VA MAP:
  - a. The client's eligibility will not change.
  - b. The client's enrollment in Premium Assistance will be terminated.
  - c. The client will be enrolled in Direct Dispense.
  - d. The client's VA MAP status will remain open.

## Closing

1. Copies of this user guide and all other Provide User Guides are available in the View\Reference\Documentation\By Type view in Provide database.
2. Policy questions should be directed to your VA MAP Consultant.
3. Problems accessing Provide should be directed to your internal IT support team.
4. Questions about how to use Provide should be directed to the Provide Help Desk at [provide.help@groupstech.com](mailto:provide.help@groupstech.com) or 414-454-0161 x191. The best way to receive a quick response and resolution to your question or problem is to send an email and be sure to include:
  - a. Your Name and Contact Information (Email and Phone).
  - b. As much detail about the nature of your problem. For example, the name of the report you are running or the screen or view you are working in.
  - c. Be sure to not include any client identifying information in your email to the Provide Help Desk. You can use the VA MAP Client ID field from the Profile tab of the Client Profile to identify an individual client if needed.