

Good Morning

Roll Call - Everyone Present Needs to:

**Place your full name and the
name of your organization in
the chat.**

Virginia Medication Assistance Program (VA MAP)

Quarterly Call
July 28, 2023

Opening Remarks

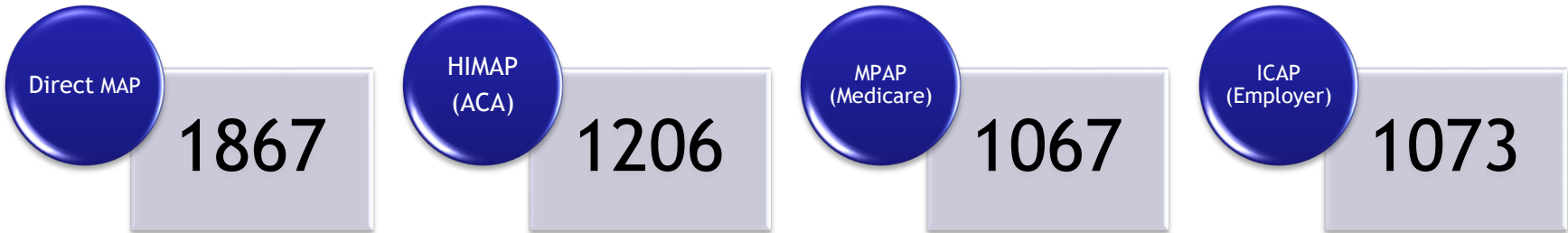
- Please communicate one-at-a-time.
- Please make comments relevant to the present.
- Please communicate with the intent of building up relationships, problem solving and promoting collaboration.

Agenda

- VA MAP client numbers
- Cerberus folder access
- Medicaid Unwinding
- Provide system training for subrecipient new hires
- New assessment vs profile update
- Provide system and unified eligibility reminders
- 2024 open enrollment
- SEAMLESS program

VA MAP Numbers

Total Enrollment
5213



Cerberus folder access

- The process to gain access to Cerberus has changed. Tina Gorman (crystina.gorman@vdh.virginia.gov) is still the contact for this access. If you need to receive email notifications or set up access for Cerberus, please email Tina and include the following information:
 - Name
 - Email
 - Title
 - Phone number
 - Supervisor's name

Cerberus folder access

- Tina will put in a ticket with our VDH IT portal. It may take several business days to receive a confirmation that you have been added to your agency folder.
- Items in the folders drop off the server seven (7) days after they are uploaded to protect PHI and PII. This time frame is set by VDH and cannot be adjusted.
- Folders will show the date that action last occurred meaning the date that a file was uploaded and then the date that the file dropped off or was removed.

Medicaid Unwinding

- Virginia Medicaid began its 12-month unwinding process in March 2023 (first mailings).
 - Renewal clients should be on the lookout for mail that is labeled **“Open Immediately: Application Enclosed”**
- The renewal process begins two (2) months before the Medicaid enrollee's case renewal month.
 - To help clients find their renewal dates, subrecipients can check the DMAS online Medicaid portal (Medicaid Enterprise System, MES) <https://vamedicaid.dmas.virginia.gov/#gsc.tab=0>, call the Cover Virginia Call Center or set up an account on <https://commonhelp.virginia.gov/>
- Medicaid has authorized a 90-day “grace period” to complete and provide required renewal documents.

Medicaid Unwinding

- **What if my client is no longer eligible at renewal?** If your client's Medicaid/FAMIS is canceled, s/he will receive a Notice of Action via mail from the local DSS that indicates the date that coverage will end, and the reason for the termination. If a client is terminated due to no longer being eligible for Medicaid/FAMIS (e.g., having an income above the limit), s/he may be able to obtain health insurance through:
 - His/her employer, or a spouse's or parent's employer. Most employers offer a 60-day window to sign up for coverage for someone who loses Medicaid/FAMIS.
 - The Health Insurance Marketplace. Financial help is available to most Virginians who buy their insurance through the Marketplace.
 - The Marketplace has opened a Special Enrollment Period for those who lose Medicaid between March 2023 - July 2024. They simply need to attest to having lost Medicaid coverage during that window, and they will be allowed to apply and select a plan through the Marketplace at any time. They are not required to go to the Marketplace within 60 days of losing their Medicaid; they can apply at any time between March 2023 and July 2024.

Medicaid Unwinding and Provide Assessments

- If clients are within their Eligibility End Date (EED), only a Health Benefits Update (HBU) needs to be submitted to VDH.
- If clients are new to RW or have an expired EED, submit a new assessment.
- Do not submit assessments or HBUs with the assumption that their Medicaid has been terminated.
 - Clients should have a coverage termination letter, that includes a termination date.

Provide System Training for Subrecipient New Hires

- Training Resources are on the VA MAP website. Please utilize these tools for training new hires as well as a refresher for current employees.
 - <http://www.providecm.com/VA/Training/2021%20Trainings/2021Menu.aspx>
 - [Provide TA Session Overview](#)
 - [Frequently Asked Questions-Provide](#)
- VDH Provide Support/Questions can be emailed to vaprovide@vdh.virginia.gov

New Assessment vs. Profile Update

- Check the Eligibility tab to verify eligibility end date (EED) prior to submitting an assessment.
 - Full assessments (i.e., recertifications) are only due every 24 months
- If there is a change in client income, address, insurance, etc., do not create a new assessment-only a profile update is required.

Provide System - Queue Definitions

- **Date Received:** The date the assessment was created by RWB Agency.
- **Date Submitted:** The date the assessment was submitted to VDH.
- **Date Completed:** The date the assessment was completed by RWB Agency or VDH staff for further review.
- **Date Due:** Fourteen (14) days after the assessment was submitted to VDH.
- **Date Processed:** The date the assessment has been finalized by VDH staff or RWB Agency.

Provide System and Unified Eligibility Reminders

- If the client qualifies for Medicaid, the client needs to apply. Benalytics can assist with applying.
- Contact Benalytics with any insurance changes. This includes premium changes for ACA plans.
- Ramsell Cards cannot be uploaded into the Provide System.
- Be sure to include SSNs for those individual assigned one.

Provide System and Unified Eligibility Reminders

- The client/dispensing pharmacy should contact Ramsell Help Desk at (888) 311-7632 before the Call Center for any Ramsell card processing issues.
- Make sure to ask whether the client wants to receive mail.
 - If the client elects not to, be sure the client understands that vital programmatic updates related to eligibility will be missed. The ability to send texts or emails to clients is not yet functional.
- Assessments in the “In Progress” queue for more than 30 days will be deleted by VDH staff.

Provide System and Unified Eligibility Reminders

- Medication Exception Forms are only for designated medications on the VA MAP Formulary only.
 - [VA_ADAP_formulary_April2023_FINALNVM1-1.pdf](#)
[\(virginia.gov\)](#)
- Review the Supportive Documentation Checklist for Unified Client Eligibility to ensure it supportive documentation is acceptable.
 - [VA-RWHAP-B-Unified-Client-Eligibility-Documentation-checklist_5.2022_FINAL.pdf](#)
[\(virginia.gov\)](#)

Provide System and Unified Eligibility Reminders

- Faxes - Eligibility documentation should not be faxed to VA MAP.
- Information should be uploaded into the clients' profile or placed in Cerberus for retrieval.

2024 Open Enrollment Preparation

- 2024 Medicare Open Enrollment
October 15 - December 7
- 2024 Affordable Care Act (ACA) Open Enrollment
November 1, 2023 - January 15, 2024
- All enrollment assistance should go through Benalytics.
 - (855) 483-4647 and myvmap.com (website)
- Confirm clients' address and phone numbers are up-to-date when completing profile updates.

SEAMLESS

- SEAMLESS aims to link justice-involved individuals living with HIV with access to a 30-day supply of medication from the VA MAP formulary through DPS upon release from DOC, regional and local jails.
- The goal of Care Coordination is to expedite enrollment into VA MAP for eligible clients and/or facilitate enrollment into health insurance (ACA) or Medicaid for sustained medication access and to address other medical needs.

SEAMLESS Process

- A completed application is submitted to VA MAP from DOCs, local and regional jails, CHARLII, or case managers from Ryan White community partners.
- A prescription associated with the application or 181 drug form should be faxed to the DPS - (804) 371-0236.
 - **Prescriptions should not be faxed to VA MAP.**
- If application is complete and accurate, VA MAP will review it and approve or deny within 2 business days.

SEAMLESS Contact

- Any questions regarding the SEAMLESS application process or the status, contact Jasmine Christine Ford, LPN, the HCS Clinical Coordinator at 804-356-3259 or jasmine.ford@vdh.virginia.gov
- May also contact the Eligibility and Medication Call Center at 855-362-0658.

Question and Answer Session