



Provide Enterprise

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Eligibility Assessments

Provide Enterprise User Guide

Virginia Department of Health

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Introduction & Creating an Eligibility Assessment

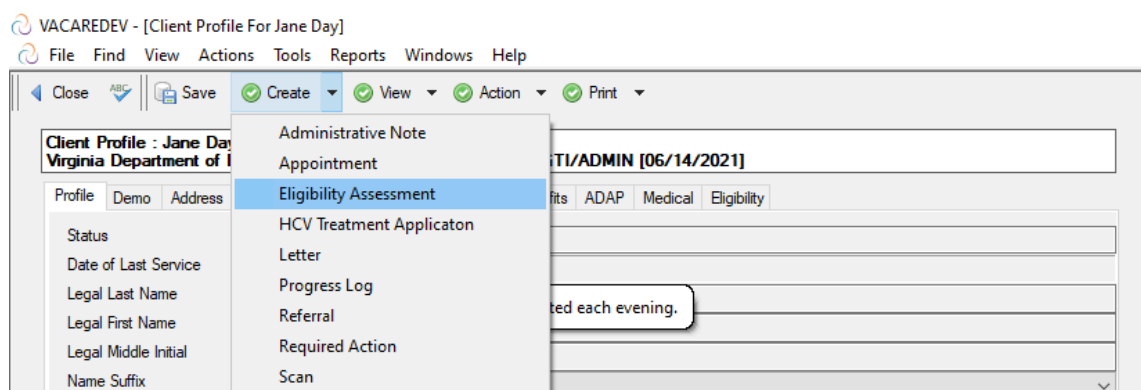
The Eligibility Assessment in Provide is used to determine a client's eligibility to receive services from the Virginia Care Services program and, if eligible, to enroll the Client in Medication Assistance with the appropriate Benefit Level and to request enrollment in Premium Assistance if appropriate. 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.

When a client is registered, they are eligible for Early Intervention Services and Psychosocial Services for 1 month, which will allow time to complete a full 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.

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]

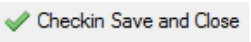
Main Demo Address Care Team Household Income Adjustments Income Totals Benefits Insurance Medical Services

Assessment Status

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.

Saving an Eligibility Assessment in Progress

To save an Eligibility Assessment “In Progress”, click on  Save. 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.”

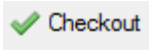
Close Save Checkin Save and Close Check In Submit Create View Action

View Eligibility Assessment : John Day ()
Virginia Department of Health - Care Services : Peggy Griffith/GTI/ADMIN [06/16/2021]

Eligibility Assessment

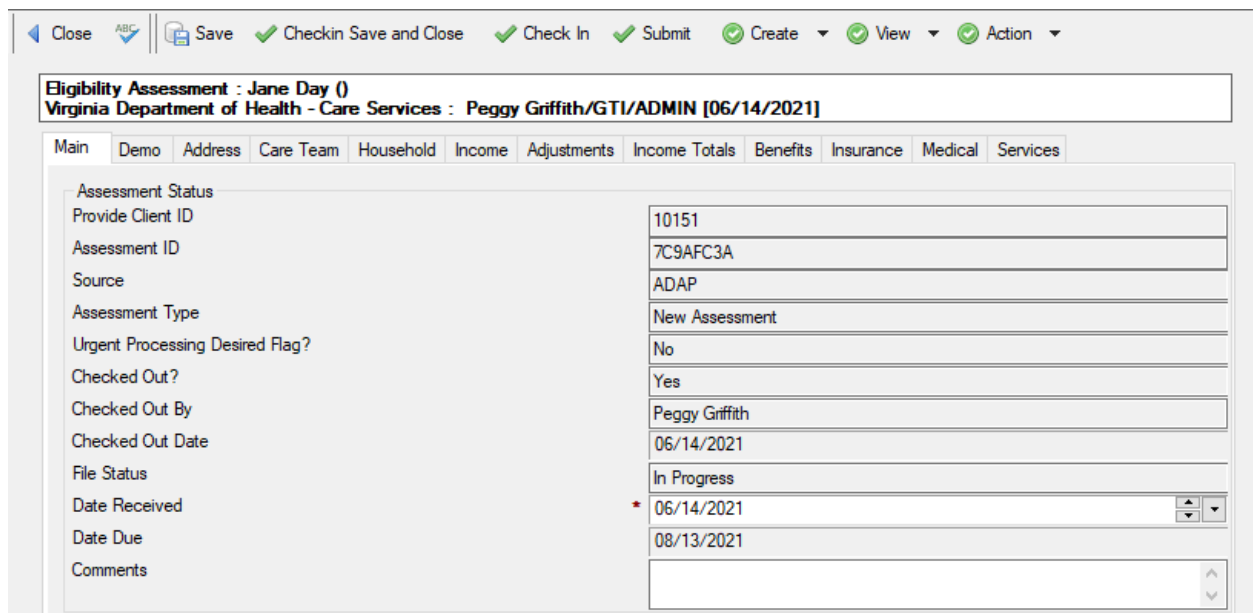
Client Eligibility Assessment Records

Date Submitted	Status	Delete Flag	Source	Submitted By	Checked Out?	Checked Out By
	In Progress	N	ADAP		No	

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.

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 web application interface for an Eligibility Assessment. At the top, there is a header bar with navigation links: Close, Save, Checkin Save and Close, Check In, Submit, Create, View, and Action. Below the header, the title bar reads "Eligibility Assessment : Jane Day ()" and "Virginia Department of Health - Care Services : Peggy Griffith/GTI/ADMIN [06/14/2021]". The main content area is divided into tabs: Main, Demo, Address, Care Team, Household, Income, Adjustments, Income Totals, Benefits, Insurance, Medical, and Services. The "Main" tab is selected, displaying a form with the following fields and values:

Field	Value
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:
 - o New Assessment – Indicates a brand-new VA MAP Client
 - o Priority Reassessment – Indicates an existing Client being recertified and the assessment is first entered within 15 days of the Client’s eligibility expiring.
 - o Reassessment – Indicates an existing Client being recertified and the assessment is first entered more than 15 days prior to their scheduled expiration date.

o 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.

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	

- **Client Consent** – A signed client consent form is required at the time of registration, and will appear in this embedded view.
- **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.

Client Consent

Is existing documentation sufficient? Yes

Client Consent Document(s)

      Add Scan Document

Date	Type	Delete Flag
2024/12/03	Client Consent	N

NOTE: If an Eligibility Assessment is created on a currently Ryan White 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.
 - o **Note:** If either Asian and/or Native Hawaiian/Pacific Islander are chosen, sub-categories are displayed to further identify. As seen below:

Demographic Data

Race - Check all that apply

	<input type="checkbox"/> American Indian/Alaska Native <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
Asian	<input checked="" type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other
Native Hawaiian Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input checked="" type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander

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

Ethnicity	Hispanic
Ethnicity - Hispanic	<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> 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		johnd@email.com															
Okay to Send Text Messages?		* No															
Proof of Residency																	
Proof of Residency Document(s)																	
Add Scan Document																	
<table border="1"> <thead> <tr> <th>Date</th> <th>Type</th> <th>Delete Flag</th> </tr> </thead> <tbody> <tr> <td>2021/06/16</td> <td>Proof of Residency</td> <td>N</td> </tr> </tbody> </table>												Date	Type	Delete Flag	2021/06/16	Proof of Residency	N
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.”



- o 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:
 - o **Okay to send Email** – Select Yes or No
 - If yes, enter Email Address.
 - o **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.
- **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.

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 marked with a red asterisk. Below this is a 'Household Members' section with a toolbar containing icons for adding, deleting, and editing members. A table with columns 'Status /', 'Last Name /', 'First Name /', 'Relationship', 'Emergency', and 'Deleted' is shown below the toolbar.

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


The screenshot shows the 'Add Household Member' form. It has a 'Main' tab and a list of fields on the left: Status, First Name, Last Name, Relationship to Client, Date Of Birth, Okay to Contact?, Does this household member have income?, and Comments. Each field has a corresponding input area on the right, marked with a red asterisk. The 'Status' field is a dropdown menu with 'Active' selected. The 'Relationship to Client' field is a dropdown menu. The 'Date Of Birth' field has a date picker. The 'Okay to Contact?' field is a dropdown menu. The 'Does this household member have income?' field is a dropdown menu. The 'Comments' field is a text area.

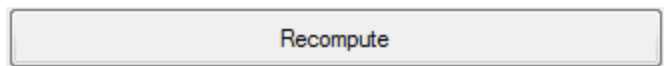
Fill in the appropriate fields:

- **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.

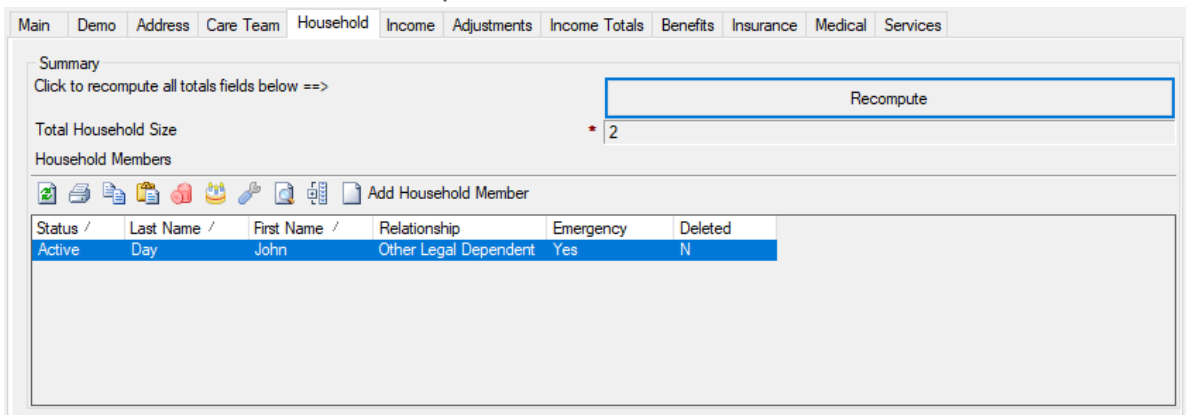
- **Does this household member have income?** – Select “Yes” or “No” to indicate if the person should be counted (and their income and expenses included) in the household as defined for CORE and MAP Eligibility.
 - **Comments** – enter any comments about the household member if applicable.

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.



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
------	------	---------	-----------	-----------	--------	-------------	---------------	----------	-----------	---------	----------

Alert
 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.

Current Monthly Household Income
 Click to Document that the Household Has Zero Income ==>

Household Has Zero Income	
Wage Income Calculator	
Wages, salaries, tips, etc.	\$541.75
Taxable interest	\$0.00
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 Salaries (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).
- **Job – Pay Frequency:** Select whether the client gets paid monthly, weekly, bi-weekly, 2x month or year to date. This will determine what happens next.
 - Monthly: Will ask for one paystub.
 - Weekly: Will ask for four paystubs.
 - Bi-Weekly: This means that the client gets paid once every other week. Will ask for two paystubs.
 - 2x Month: This means that the client gets paid twice per month. Will ask for two paystubs.
 - Year To Date: Will ask for Start Date and Thru Date. Enter Year To Date Amount.
- **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

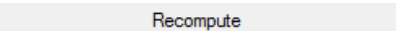
 button to populate \$0.00 in all the fields.

Main	Demo	Address	Care Team	Household	Income	Adjustments	Income Totals	Benefits	Insurance	Medical	Services
Current Monthly Income Adjustments Click to Document that the Household Has Zero Adjustments ==>							Household Has Zero Adjustments				
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.



- **Proof of Income** – If a new Proof of Income document is provided by the client, then click the “Add Scan Document” button to upload proof of income documentation.
- **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.

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.

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

A screenshot of a web form for Medicare information. The form has a light gray background. On the left, there is a vertical list of labels: 'Medicare', 'Status', 'Effective Date', 'Medicare Coverage', and 'Comments'. To the right of these labels are input fields. The 'Status' field is a dropdown menu with 'Active' selected. The 'Effective Date' field is a date picker with a calendar icon. The 'Medicare Coverage' field is a dropdown menu with 'Part A & B' selected. The 'Comments' field is a text area with a scroll bar. Each input field has a red asterisk to its left, indicating it is a required field.

- If Medicare Status is Active you need to enter:
 - o Effective Date – Estimated date when coverage became effective.
 - o 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)
 - o If Medicare Coverage is “Part C” then need to enter:

A screenshot of a web form with three input fields. The labels on the left are 'Carrier Name', 'Plan Name', and 'Includes Pharmacy Benefit?'. Each label has a red asterisk to its left. The 'Carrier Name' field is a text input with a search button (magnifying glass icon) on the right. The 'Plan Name' field is a text input. The 'Includes Pharmacy Benefit?' field is a text input. The form has a light gray background.

- **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.
- **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.
- o 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:

Carrier Name:

Plan Name:

Comments:

- o If Medicare D Status is Active then must collect the following data points:
 - **Effective Date** – Estimated date when Part D coverage first became effective.
 - o **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.
 - o **Plan Name** – Automatically set when Carrier Name selected.
 - o **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.

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:

Action

Check Medicaid Enrollment

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?: No

Medicaid Changed?: Yes

Medicaid Status?: Active

Date Effective (Active, Applied, Denied): 06/14/2021

Category: HMO

Medicaid ID Number:

Comments:

For 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.

Insurance Tab

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

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.

Primary Private Insurance
Status * [Dropdown]

Dental Care Policy
Status * [Dropdown]

Vision Care Policy
Status * [Dropdown]

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

Primary Private Insurance

Status * Active [Dropdown]

Effective Date * [Date Picker]

Policy Source * [Dropdown]

Insurance Company Name * [Text Field]

Insurance Plan Name * [Text Field]

Private Member ID * [Text Field]

Family Plan? * [Dropdown]

Medical Coverage? * No [Dropdown]

Mental Health Coverage * No [Dropdown]

Substance Abuse Residential Benefits? * No [Dropdown]

Pharmacy Coverage Included? * [Dropdown]

Comments [Text Area]

- Effective Date – Estimated date when coverage became effective.
- Policy Source – How policy was obtained by the Client:

- o ACA Exchange – Through the Federally Facilitated Marketplace
- o Employer – Through and Employer
- o Individual – Purchased by Client through private market
- If an Employer policy is 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.”
 - o 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
- **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.

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:

Dental Care Policy	
Status	<div> <div>Active</div> <div>▼</div> </div>
Carrier Name	<div> <div></div> <div></div> </div>
Plan Name	<div> <div></div> <div></div> </div>
Comments	<div> <div></div> <div></div> </div>

- 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:

Vision Care Policy	
Status	* Active
Carrier Name	* <input type="text"/>
Plan Name	* <input type="text"/>
Comments	<input type="text"/>

- 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 * HIV Positive Not AIDS

Estimated Date HIV Diagnosed * 06/01/2021

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? * Yes

Date Antiretroviral Therapy Started * 06/01/2021

HIV Verification









HIV Verification

         Add Scan Document

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


Key Lab Results

CD4 and Viral Loads

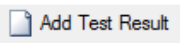
        Add Test Result

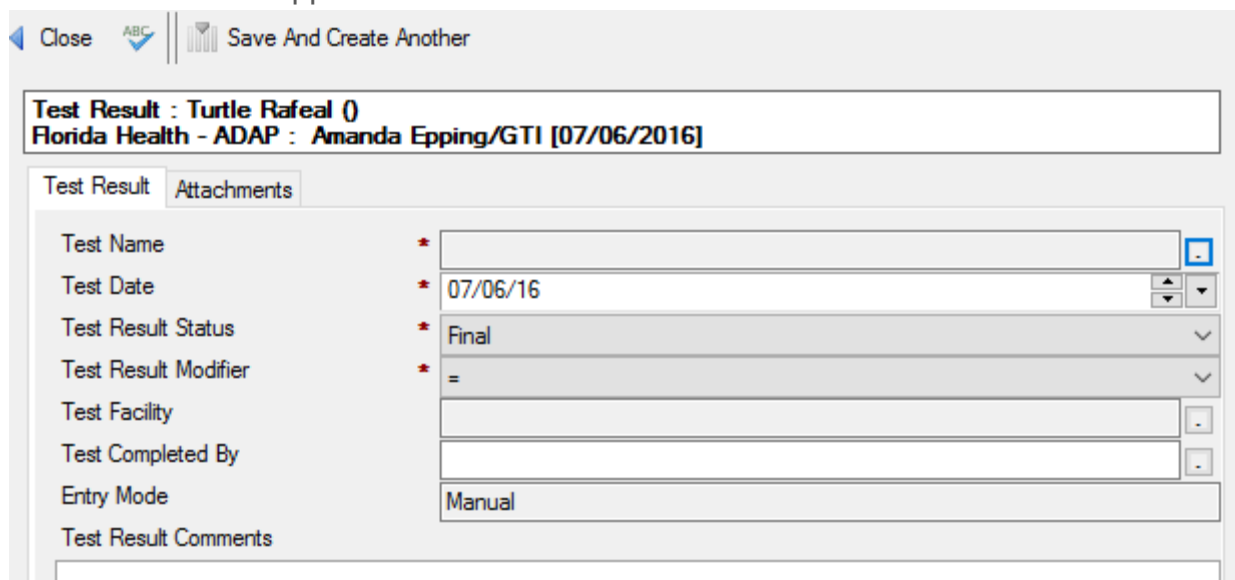
Test /	Date ▾	Result	Source	Scan Doc?
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Fill in the appropriate fields:

- **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.
- **Is existing documentation sufficient?** - Select Yes or No - this attests that you have reviewed the attached document and confirmed that it meets Ryan White and VDH proof requirements.
- **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.





Close  Save And Create Another


Test Result : Turtle Rafeal ()
Florida Health - ADAP : Amanda Epping/GTI [07/06/2016]


Test Result Attachments


Test Name * 

Test Date * 07/06/16 

Test Result Status * Final 

Test Result Modifier * = 


Test Facility 


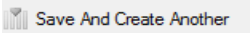
Test Completed By 

Entry Mode Manual

Test Result Comments

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

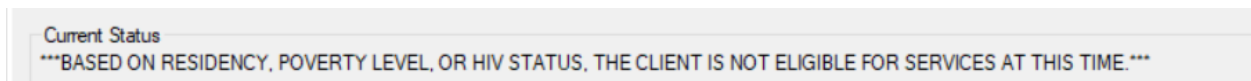
- **Test Name** – Click the  button to select the test name.
- **Test Date** - The date will default to the date you are entering the result. However, you can change the date as needed.
- **Test Result Status** - Select the appropriate Status value. Note, for CD4 Count and HIV-1 Viral Load test results 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 Test record.

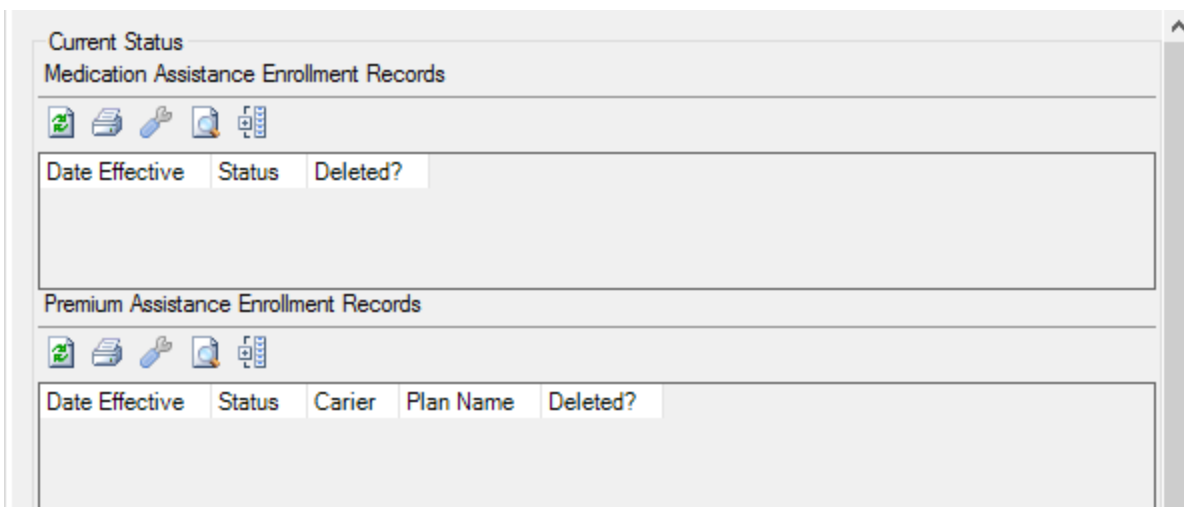
Services Tab

If a client is not eligible for Ryan White services due to residency, poverty level or HIV status, the following message will appear at the top of the Services tab.



Go back and check your entries. ***Hint - make sure you have entered gross MONTHLY income, not annual income.*

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



Medication Assistance Enrollment Records		
Date Effective	Status	Deleted?

Premium Assistance Enrollment Records				
Date Effective	Status	Carrier	Plan Name	Deleted?

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.

Medication Assistance	
Do you want to add/continue Medication Assistance?	* Yes
Medication Pickup Site	* Alleghany/Covington
Insurance Enrollment Assistance	
Does Client want assistance enrolling in a Health Insurance Policy?	* No

- **Do you want to add/continue Medication Assistance?** Click “Yes” or “No.”
- **Medication Pickup Site** – select the access site where the 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 .

Reviewing and Completing the Eligibility Assessment

Eligibility Assessments for Ryan White Only (No VA MAP)

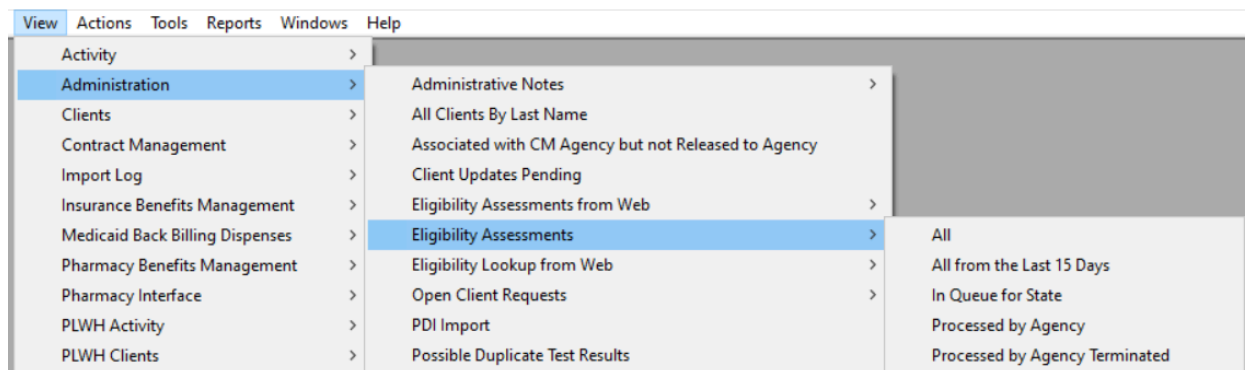
If the eligibility assessment has not requested VA MAP assistance or is not changing current VA MAP assistance, then the agency can complete the eligibility assessment.

To do this, a user at the agency with permissions to complete an eligibility assessment should review the assessment for quality assurance. Once reviewed, click  from the button bar. This will process the eligibility assessment, and show the client as eligible for Ryan White services for 2 years.

Eligibility Assessments with VA MAP

If the eligibility assessment has requested VA MAP services or is making a change to current VA MAP assistance, then the assessment will be routed to the VA MAP team to review and approve.

VA MAP users will use the **View – Administration – Eligibility Assessments - In Queue for State** from the menu bar to see a list of submitted eligibility assessments ready for review.



- All - all eligibility assessments in all statuses.

- All from the Last 15 Days - all eligibility assessments that were processed in the last 15 days.
- In Queue for State - all eligibility assessments that either request or make a change to a client's VA MAP services.
- Processed by Agency - all eligibility assessments that were processed by an agency (no VA MAP)
- Processed by Agency Terminated - all eligibility assessments that were processed by an agency where VA MAP was terminated.

Date Due /	Date Received /	Deleted	Status	Type	Urgent?	Interim	Client Rag	Checked Out?	Checked Out By?	Last Name	First Name	MI	Client ID	Assessment ID
2021/04/28	2021/04/01	N	Processed	New Assessment	No	No	Existing Client	No		Smith	Test	Y	10000	1010
2021/05/12	2021/05/05	N	Processed	New Assessment	No	No	Existing Client	No		Tooth	Timothy	T	10005	1013
2021/05/13	2021/04/14	N	Processed	New Assessment	No	No	Existing Client	No		Castle	Johnny		10007	1005
2021/05/14	2021/04/15	N	Submitted	New Assessment	No	No	Existing Client	No		Housemn	Jake		10011	1009
2021/06/12	2021/05/14	N	Processed	New Assessment	No	No	Existing Client	No		Client0514B	Test		10116	F366F4F9
2021/06/12	2021/05/14	N	Processed	New Assessment	No	No	Existing Client	No		Client0514	Test		10115	96072B9B
2021/06/16	2021/06/08	N	Submitted	Priority Reassessment	No	No	Existing Client	No		Griffey	Kenneth	F		236F0771
2021/06/18	2021/05/20	N	Processed	New Assessment	No	No	Existing Client	No		Client0520	Test		10124	E57C4E45
2021/06/19	2021/05/21	N	Processed	New Assessment	No	No	Existing Client	No		Client0521	Test		10126	90B325F9
2021/06/22	2021/05/24	N	Processed	New Assessment	No	No	Existing Client	No		Issue Tester	Income		10127	21E3B9AE
2021/06/22	2021/05/24	N	Processed	New Assessment	No	No	Existing Client	No		Client	Test		10128	25B296AD
2021/06/26	2021/05/28	N	Processed	New Assessment	No	No	Existing Client	No		Houseman	Lisa		10133	074ECBED
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	2021/06/11	N	Processed	New Assessment	No	No	Existing Client	No		Kelleman	Max		10149	8D074B23
2021/07/10	2021/06/11	N	Processed	New Assessment	No	No	Existing Client	No		Warbucks	Patrick		10150	A849F917
2021/07/13	2021/06/14	N	Processed	New Assessment	No	No	Existing Client	No		Day	Jane		10151	A832EB42
2021/07/15	2021/06/15	N	Processed	Reengagement	No	No	Existing Client	No		Tooth	Mark			BEF6B358
2021/07/15	2021/06/16	N	Submitted	New Assessment	No	No	Existing Client	Yes	Peggy Griffith	Day	John		10158	6F5F53AC
2021/08/13	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.

Client Consent

Is existing documentation sufficient?

Client Consent Document(s)

Date ▾

Type ▾

Delete Flag ▾

2021/06/16 Client Consent N

Documentation must be marked as sufficient in order to complete an eligibility assessment. The following tabs must be reviewed and completed.

- Main
- Address
- Income Totals
- Benefits
- Insurance
- Medical

On the Services Tab, complete the required fields to authorize a client's enrollment in either Medication Assistance or Primary Private Insurance Premium Assistance.

The screenshot displays two sections of a form. The first section, titled "Medication Assistance", contains four fields: "Do you want to add/continue Medication Assistance?" (Yes), "Medication Assistance Authorized?" (Yes), "Medication Assistance Benefit Level" (10072 - VA ACAIC), and "Medication Assistance EffectiveDate" (06/16/2021). The second section, titled "Primary Private Insurance", contains seven fields: "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), and "Premium Assistance Authorized?" (Yes). A "Premium Support Notes" field is also present but empty.

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

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

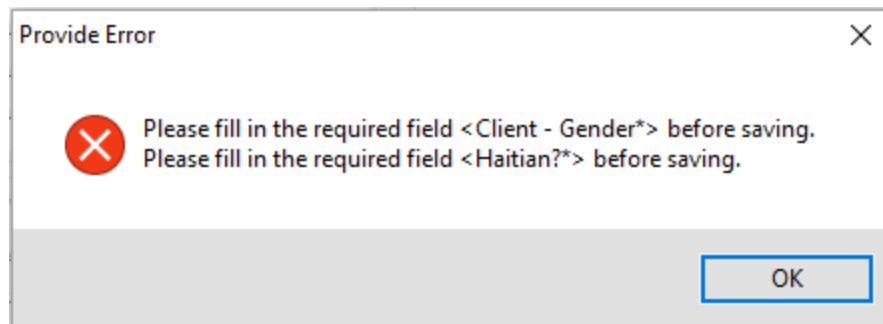
If the assessment needs to be processed urgently, you can select the flag for urgency processing.

The screenshot shows a dropdown menu with the "Action" label. The menu is open, displaying three options: "Flag for Urgent Processing" (highlighted with a red rectangle), "Extend Due Date", and "Mark as Error".

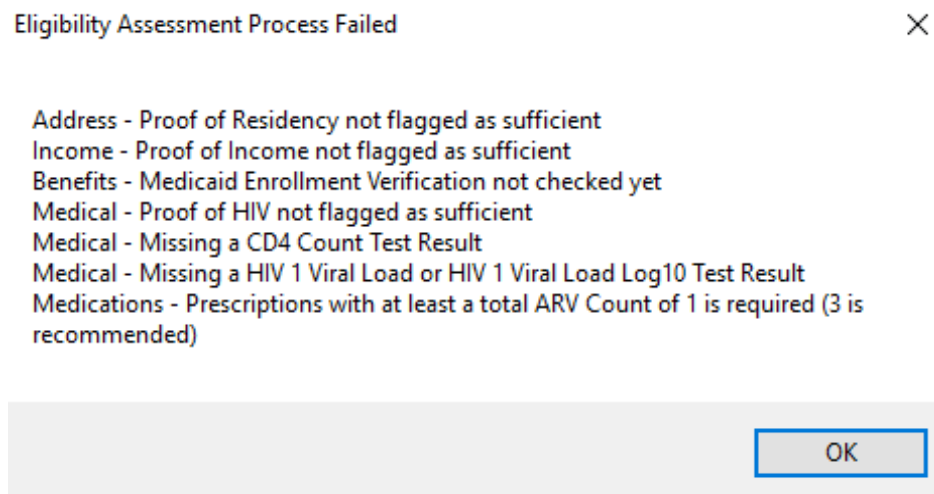
Processing the Eligibility Assessment

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

Eligibility Assessment Process



Alert. The following changes will be made to Medication and/or Premium Assistance Enrollments if this Eligibility Assessment is processed:

Update ADAP Medication Assistance.

Do you wish to proceed with update?

Yes

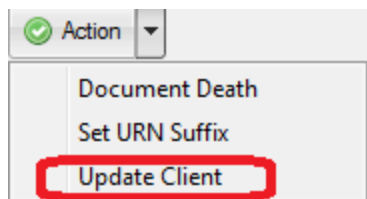
No

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.

Working with VA MAP Enrollments

ADAP Tab

The ADAP Tab on the Client Profile shows links to all ADAP enrollment records as well as historical Client Notes. Permissions related to updating any VA MAP enrollments are limited to the VA MAP team.

The screenshot displays the ADAP Tab interface with the following sections:

- Medication Assistance Enrollment Records**: A table with columns: Date Effective, Date End, Status, Benefit Level, Medication Pickup Site, Deleted? / .

Date Effective	Date End	Status	Benefit Level	Medication Pickup Site	Deleted? /
2021/08/02		Enrolled	10072 - VA ACAIC	Accomack	N
2021/07/01	2021/08/01	Terminated	10000 - VA Uninsured	Accomack	N
- Premium Assistance Enrollment Records**: A table with columns: Date Effective, Date End, Status, Policy Type, Carrier, Plan Name, Deleted? / .

Date Effective	Date End	Status	Policy Type	Carrier	Plan Name	Deleted? /
2021/08/01		Enrolled	Private Medical	Anthem HealthKeepers	Anthem HealthKeepers Bronze X 5500	N
- Enrollment Links**: A table with columns: Status, Date Linked, Date Terminated, Primary, Secondary, Deleted?.
- HCV Treatment Applications**: A section with a 'Create Application' button and a table with columns: Start Date, Status.
- ADAP Client Notes**: A section with an 'Add ADAP Client Note' button and a table with columns: Deleted, Date, Note Type, Program, Entered By.

Deleted	Date	Note Type	Program	Entered By
N	2021/08/17	Premium		Peggy Griffith

Medication Assistance Enrollment Records

An embedded view shows all prior and current enrollments in direct or co-pay ADAP. To view any record, double-click on the record to open the detail.

Date Sent	Status
2021/08/11	1

Changing the Enrollment Record

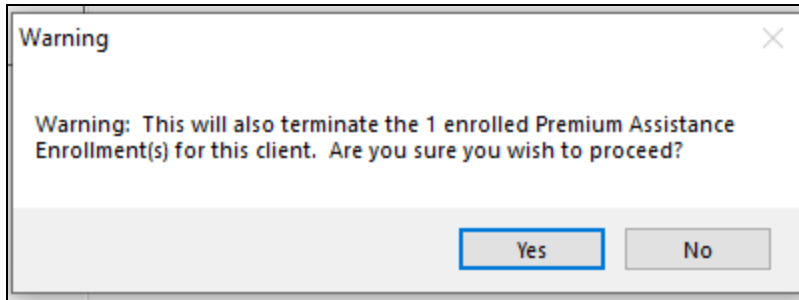
Click the Change button to change either the Benefit Effective Date, Benefit End Date, or Pickup Location for the enrollment record.

Terminating the Enrollment Record

Click the **Terminate** button to terminate the enrollment.

Enter the effective date of the termination, and the reason for termination. Then click OK.


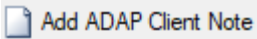
If the client also has a Premium Assistance enrollment, you will receive a warning message which will alert you that the Premium Assistance enrollment will also be terminated.



Premium Assistance Enrollment Records

An embedded view shows all prior and current enrollments in premium assistance (MPAP, ICAP, HIMAP).

Other embedded views on this tab include:

- **Enrollment Links** – embedded view allows you to link another client who is covered under the same family insurance policy.
- **HCV Treatment Applications** – embedded view shows all prior and current applications for HCV treatments. To create a new application record, click the  button to submit a new application.
- **ADAP Client Notes** – embedded view shows historical note entries. ADAP Client Notes are available only to ADAP users to view, add, and edit notes. To add a new note, click the  button.

To view any record, double-click on the record to open the detail.

ADAP Premium Assistance Enrollment		Premium Payments	Documentation	Enrollments	Historic Data
Status	Enrolled				
Enrollment Type	New Enrollee				
Date Enrolled	08/02/2021				
Policy Type	* Private Medical				
Policy Source	* ACA Exchange				
County of Residence	Accomack				
Health Plan Carrier	* Anthem HealthKeepers				
Plan Name	* Anthem HealthKeepers Bronze X 5500				
Billing ID	* 0802202103				
Is Client receiving tax credit?	No				
...Why is Client not receiving tax credit?	Does not file taxes				
...Tax Credit Notes					
Policy Coverage Effective Date	07/01/2021				
Premium Assistance Coverage Start Date	08/01/2021				
Client Premium Amount	\$250.00				
Premium Amount	\$250.00				
Payment Cycle	Monthly				
Maximum Out of Pocket Amount	\$1,000.00				
Support Notes					

Change Premium Information

To update premium or Maximum Out of Pocket Information, click on Change > Premium Information.

Dialog Change Premium Information

Set Premium Information

Policy Type

Policy Source

Is Client receiving tax credit?

... Why is Client not receiving tax credit?

... Tax Credit Notes

Policy Coverage Effective Date

Client Premium Amount

Premium Amount

Payment Cycle

Maximum Out of Pocket Amount

Support Notes

Private Medical

ACA Exchange

Does not file taxes

07/01/2021

\$250.00

\$250.00

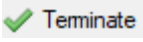
Monthly

\$1,000.00

OK

Cancel

Terminating the Enrollment Record

Click the  **Terminate** button to terminate the enrollment.

Dialog ADAP Premium Assistance Termination

Dialog ADAP Premium Assistance Termination

Date Terminated Effective

Reason Terminated

12/02/2024

Other Payer Source

OK

Cancel

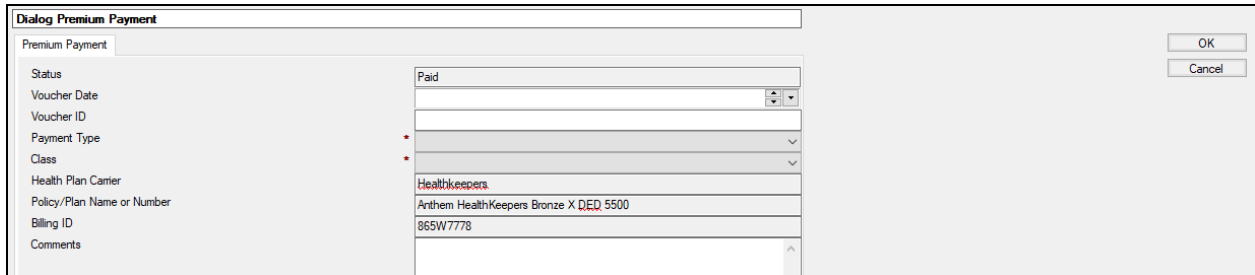
Enter the effective date of the termination, and the reason for termination. Then click OK.

Create Button

Users with appropriate permissions may use the Create button to create additional records as needed.

Create Paid Premium Payment

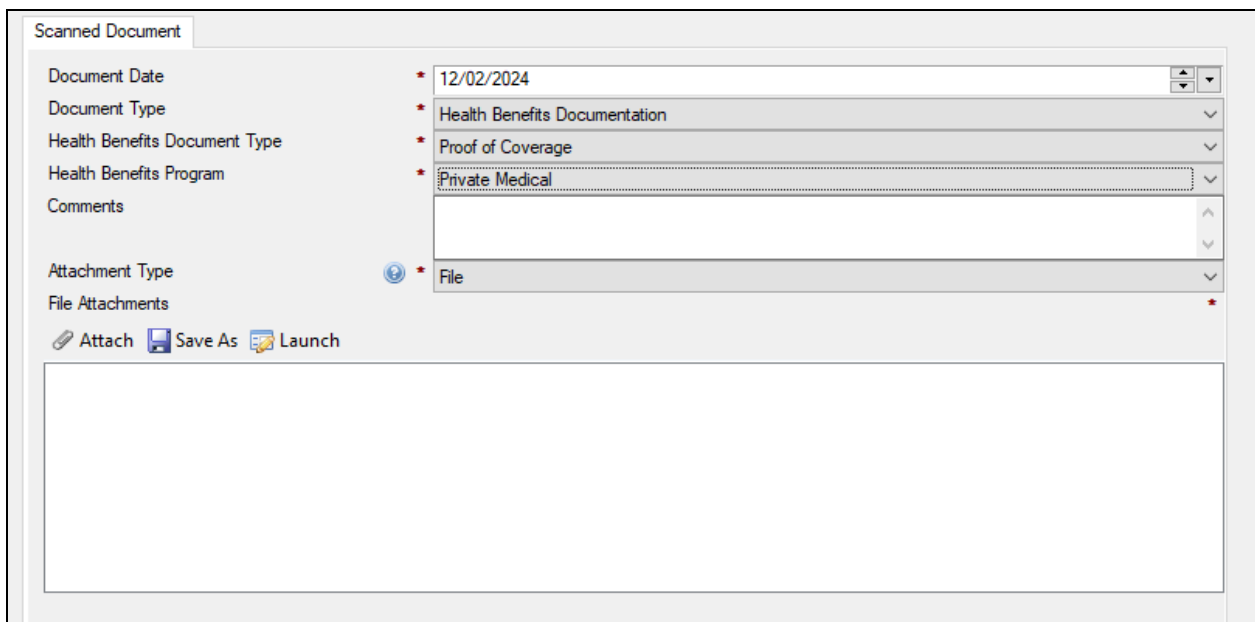
This button allows a user to create a premium payment record. This may be needed in cases where a binder payment is made outside the Benalytics process.



The 'Dialog Premium Payment' form is a standard Windows-style dialog box. It features a title bar at the top with the text 'Dialog Premium Payment'. Below the title bar is a tabbed interface with a single tab labeled 'Premium Payment'. The form is divided into two main sections. The left section contains a list of labels for data entry: Status, Voucher Date, Voucher ID, Payment Type, Class, Health Plan Carrier, Policy/Plan Name or Number, Billing ID, and Comments. The right section contains the corresponding input fields. The 'Status' field is a dropdown menu currently set to 'Paid'. The 'Voucher Date' field is a date picker showing '12/02/2024'. The 'Voucher ID' field is a text box. The 'Payment Type' field is a dropdown menu with a red asterisk next to it. The 'Class' field is a dropdown menu with a red asterisk next to it. The 'Health Plan Carrier' field is a text box containing 'Healthkeepers'. The 'Policy/Plan Name or Number' field is a text box containing 'Anthem HealthKeepers Bronze X DEQ 5500'. The 'Billing ID' field is a text box containing '865W7778'. The 'Comments' field is a text box. At the bottom right of the dialog are 'OK' and 'Cancel' buttons.

Create Scan Document

This button allows a user to create a Scan Document and attach it to the client profile.



The 'Scanned Document' form is a standard Windows-style form. It features a title bar at the top with the text 'Scanned Document'. Below the title bar is a tabbed interface with a single tab labeled 'Scanned Document'. The form is divided into two main sections. The left section contains a list of labels for data entry: Document Date, Document Type, Health Benefits Document Type, Health Benefits Program, Comments, Attachment Type, and File Attachments. The right section contains the corresponding input fields. The 'Document Date' field is a date picker showing '12/02/2024'. The 'Document Type' field is a dropdown menu with a red asterisk next to it, currently set to 'Health Benefits Documentation'. The 'Health Benefits Document Type' field is a dropdown menu with a red asterisk next to it, currently set to 'Proof of Coverage'. The 'Health Benefits Program' field is a dropdown menu with a red asterisk next to it, currently set to 'Private Medical'. The 'Comments' field is a text box. The 'Attachment Type' field is a dropdown menu with a red asterisk next to it, currently set to 'File'. The 'File Attachments' field is a text box. At the bottom of the form are three buttons: 'Attach', 'Save As', and 'Launch'. Below these buttons is a large empty text area.

Premium Payments

The Premium Payments tab displays any Premium Payments or Refunds that have been made by Benalytics for this enrollment.

Documentation

This tab displays any insurance-related information (premium statement or proof of insurance).

Eligibility Determination Background

A completed Eligibility Assessment establishes the eligibility for the client and is good for up to two years. If during the eligibility 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 24th 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 VA MAP 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 a 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 the Plan meets criteria for Premium Assistance, then the 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 the plan is a state sponsored ACA Plan, then the client will be enrolled in HICAP.
- 4) If the client does not have any of the above plans, then the client will be 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 the 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 be closed 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 be closed 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 be closed 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 income changes (current or future dated).
 - b. The client's enrollment(s) in Medication and Premium Assistance will be terminated.
 - c. The client will be closed 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 be 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.