

DEPARTMENT OF MEDICAL  
ASSISTANCE SERVICES

# HIPP PROGRAMS

Operational Procedures and ORACLE  
Manual

# REVISION HISTORY

Version	Date	Description	Author
1.0	11/30/2012	Version 1	Tiaa Lewis
2.0	07/25/2013	Version 2	Tiaa Lewis
3.0	07/31/2014	Version 3	Tiaa Lewis
4.0	04/1/2015	Version 4	Tiaa Lewis
5.0	10/1/2015	Version 5	Tiaa Lewis

<b>TABLE OF CONTENTS</b> .....	
<b>1.0 Introduction</b> .....	<b>6</b>
1.1 Purpose.....	6
1.2 HIPP Program Overview .....	6
1.3 Staffing Overview .....	8
1.4 Job Descriptions.....	9
1.4.1 HIPP Program Manager .....	9
1.4.2 HIPP Unit Supervisor.....	9
1.4.3 Senior HIPP Analyst .....	9
1.4.4 HIPP Analyst.....	9
1.4.5 Program Tech .....	9
<b>2.0 Oracle Access</b> .....	<b>10</b>
2.1 Purpose: .....	10
2.2 Procedure:.....	10
<b>3.0 Program Tech Support</b> .....	<b>15</b>
3.1 Purpose: .....	15
3.3 Policy:.....	15
3.4 Procedure:.....	15
3.4.1 Paystubs – Received by All Methods - Posting .....	15
3.4.2 Paystubs - Received by U. S. Postal Service or Hand Delivered .....	18
3.4.3 Paystub Received by Email or RightFax - Posting .....	18
3.4.4 Paystubs Received by Right Fax - Uploading .....	18
3.4.5 Paystubs Received by Email - Uploading .....	21
3.4.6 All other correspondence - received by Email or RightFax related to Ongoing Cases. ....	23
3.4.7 Response to email senders who want confirmation of receipt.....	23
3.4.8 Correspondence – Received by Right Fax.....	23
To open ‘RightFax’ click on the fax icon located on the far right of the Start menu as shown below. ....	23
3.4.9 RightFax – Folder Creation/Modification: .....	26
3.4.10 Applications - received by U.S. Mail, Fax, Email or RightFax:.....	30
3.4.11 Applications – Filtering cases .....	32
3.4.12 Applications – Create – Initial Entry .....	34
3.4.13 Applications – Intake .....	38
3.4.14 Applications – Determine Eligibility .....	39
3.4.15 Applications – Pended.....	45
.....	51
3.4.16 Renewal Notifications – Create and Generate .....	52
3.4.17 Office Equipment Maintenance .....	56
3.4.18 Cloud – Retrieve Archived Emails.....	57
<b>4.0 HIPP Analyst Procedures</b> .....	<b>58</b>
4.1 Purpose: .....	58
4.2 Policy:.....	58

4.3	Procedures: .....	58
4.3.1	Applications – Processing Time Standards .....	58
4.3.2	Applications - change status to CE Evaluation:.....	58
4.3.3	Applications - change Status to Denied:.....	60
4.3.4	Applications - change status to Approved:.....	61
4.3.5	Analyst – Case Management – Application Approval .....	66
4.3.6	Analyst – Case Management – Case Creation .....	67
4.3.7	Analyst – Case Management – Approval Letter .....	70
4.3.8	Case Management – Changes .....	76
4.3.9	Case Management – Annual Renewal .....	77
4.3.10	Case Management – Annual Renewal – Retirees.....	78
4.3.11	Case Management – Suspension.....	80
4.3.12	Case Management – Suspension - School Employees (10/11 Month).....	80
4.3.13	Case Management – Cancellation Reasons.....	86
4.3.14	Case Management – Third Party Liability (TPL).....	87
4.3.15	Case Management - Monthly Payment Processing.....	91
4.3.16	Case Management – Payment Processing - Review Cases.....	101
<b>5.0</b>	<b>Financial Procedures .....</b>	<b>104</b>
5.1	Purpose: .....	104
5.2	Policy:.....	104
5.2.1	Time Frame for Stop/Void checks submitted to Fiscal:.....	104
5.3	Procedures: .....	104
5.3.1	Check - Reconciliation Notices: .....	104
5.3.2	Check - Stop/Void Process.....	104
5.3.3	Check - Void Process.....	107
5.3.4	Check - Research of Financial institution.....	107
5.3.5	Check - Returned as Non-Deliverable.....	108
5.3.6	Check - Possible Forged:.....	108
<b>6.0</b>	<b>Cost Sharing for HIPP for Kids .....</b>	<b>109</b>
6.1	Purpose.....	109
6.2	Policy .....	109
6.3	<i>Procedures</i> .....	110
6.3.1	Cost Sharing – Checklists returned for lack of information:.....	110
6.3.2	Cost Sharing – Requests not returned for lack of information:.....	110
6.3.3	Cost Sharing –MMIS payment entry:.....	116
6.3.3	Cost Sharing – Decision Letters: .....	118
6.3.5	Cost Sharing – Tracking Quarterly Payments: .....	119
6.3.5	Cost Sharing – Guidelines and Medical Expense Record .....	121
7.0	Re-Evaluation Procedures .....	123
7.1	Purpose: .....	123
7.2	Policy:.....	123
7.3	Procedure:.....	123
7.3.1	Annual Renewals Notifications - Sent.....	124

<b>8.0 Appeals Procedures .....</b>	<b>126</b>
8.1 Purpose:.....	126
8.2 Policy: .....	126
8.3 Procedure: .....	126
8.3.1 Appeal – Time Standards .....	126
8.3.2 Appeal – Deadline.....	126
8.3.3 Appeal – Appeal Division Notification .....	127
8.3.4 Appeal – Create for Application/Ongoing Case .....	127
8.3.5 Appeal – Received from Appeals Division .....	128
8.3.6 Appeal – Termination – Case Reinstated.....	128
<b>9.0 Reasons (Administrator only) .....</b>	<b>129</b>
9.1 Purpose:.....	129
9.2 Policy: .....	129
9.3 Procedure: .....	129
<b>10.0 Phone Tickets.....</b>	<b>134</b>
10.1 Purpose .....	134
10.2 Policy:.....	134
10.2.1 Phones - Calls from anyone other than Payee or Spouse: .....	134
10.3 Procedure:.....	134
10.3.1 Phones – Calls received by HIPP Analyst .....	135
<b>11.0 Reports .....</b>	<b>138</b>
11.1 Purpose: .....	138
11.2 Policy:.....	138
11.3 Procedure:.....	138
11.3.1 Reports – ECM .....	138
11.3.2 Reports – Oracle.....	144
11.3.2.1 Reports – Oracle – 60 Day Age Bracket Change Report .....	146
<b>12.0 Quality Assurance .....</b>	<b>151</b>
12.1 Purpose:.....	151
12.2 Policy: .....	151
12.3 Procedure.....	151
<b>13.0 Recipient Audit Unit.....</b>	<b>152</b>
13.1 Purpose:.....	152
13.3 Procedure:.....	152
<b>14.0 FAMIS .....</b>	<b>153</b>
14.1 Purpose:.....	153

14.2 Policy: .....	153
14.3 Procedure:.....	153
<b>15.0 Manager (Administrator access only) .....</b>	<b>154</b>
15.1 Purpose:.....	154
15.2 Policy:.....	154
15.3 Procedure:.....	154
15.3.1 Remittance Advice Message- Create.....	154
15.3.2 Manager Functions – Application and HIPP Management.....	156
<b>16.0 Forms: .....</b>	<b>158</b>
16.1.1 Forms – Notice of Action – Approval HFK .....	158
16.1.2 Forms – Advanced Notice of Proposed Action – .....	158
Cancellation – No renewal docs .....	158
<b>17.0 Contacts .....</b>	<b>160</b>
17.3.1 <i>Contacts – HIPP program</i> .....	160
17.3.2 <i>Contacts – HIPP Staff</i> .....	160
17.3.3 Contacts – Buy-In Staff .....	160
17.3.4 Contacts – Eligibility Staff.....	160
17.3.3 Contacts – Building .....	160
17.3.3 Contacts – Building.....	161
<b>18.0 Supplies .....</b>	<b>162</b>
<b>19.0 Equipment Repair .....</b>	<b>163</b>
<b>20.0 Procurement .....</b>	<b>164</b>
<b>21.0 Glossary .....</b>	<b>165</b>
<b>22.0 Acronyms .....</b>	<b>167</b>
<b>23.0 APPENDIX .....</b>	<b>168</b>
23.1 Appendix A HIPP Rates .....	168
Appendix A .....	1

# 1.0 Introduction

## 1.1 Purpose

This manual specifies the policies and procedures of the Commonwealth of Virginia's Department of Medical Assistance Services Health Insurance Premium Payment Programs (HIPP). Each task is detailed to facilitate effective and efficient service delivery to all participants.

## 1.2 HIPP Program Overview

The Department of Medical Assistance Services (DMAS) administers two Medicaid programs that may reimburse part or a participant's entire share of employer sponsored group health insurance premiums.

The HIPP Program was established under Section 1906 of the Social Security Act, with changes to the program effective October 1, 2009, as directed by the Virginia 2009 Appropriation Act, Chapter 781, Item 306AAA.

The HIPP for Kids program was established under Section 1906A of the Social Security Act and 2010 Appropriations Act, Chapter 874 Item 296 L.

Information regarding the HIPP program is available on the DMAS website at [http://dmasva.dmas.virginia.gov/Content\\_pgs/rcp-hipp.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/rcp-hipp.aspx) or by calling 804-225-4236 or toll-free 800-432-5924.

HIPP program applicants and participants recipients are protected by Medicaid federal and state confidentiality regulations, 42 CFR 431.300 and 12VAC30-20-90. These regulations were established to protect the rights of clients to confidentiality of their Medicaid information.

### Release of Participant Information:

Except as otherwise indicated, no person shall obtain, disclose or use, authorize, or permit the use of any participant information that is directly or indirectly derived from the records, files or communications of the agency, except for purposes directly connected with the administration of the Medicaid HIPP program, which includes but is not limited to:

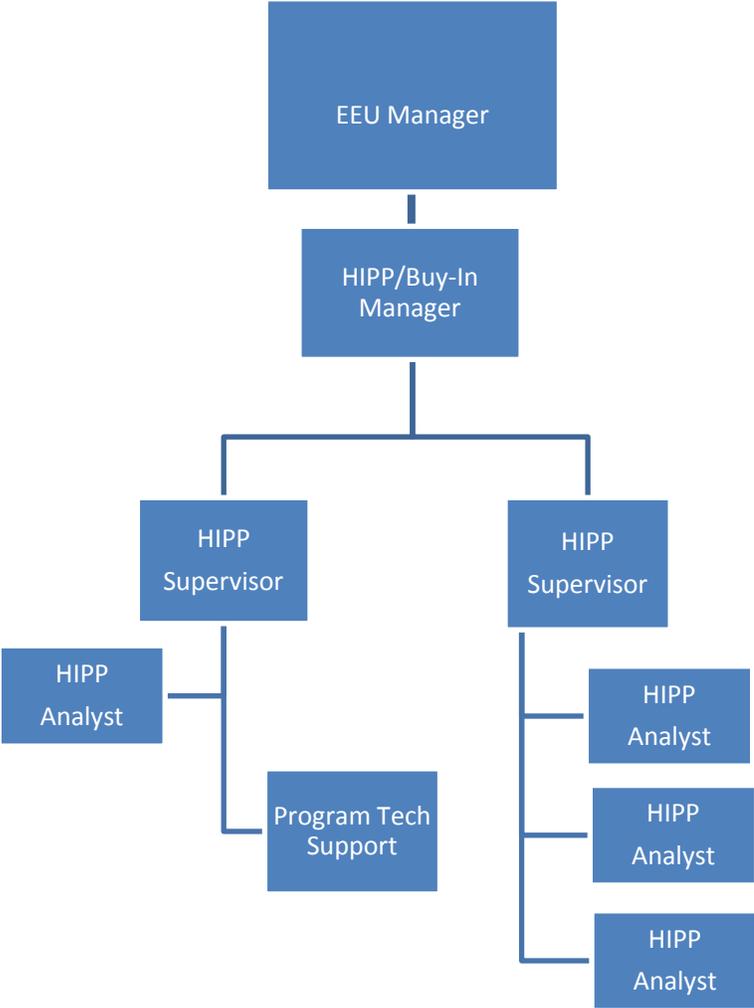
- establishing eligibility,
- determining the amount of premium subsidy assistance, and,
- conducting or assisting in an investigation, prosecution or a civil or criminal proceeding related to the administration of the program.

### Release to Authorized Representatives:

Individuals not determined to be incapacitated by a court can designate whomever they choose to be their authorized representatives. The designation must be in writing, with the applicant or participant specifying the information to be released to the authorized representative. It is not sufficient to indicate that any information in the case record may be released; the designation must state the specific information to be released (i.e. notices, the ability to make application or provide information necessary to determine eligibility, and what, if any, other information can be released to the authorized representative). The authorized representative designation is valid for the life of the application.

This guide is for internal use only. Any information shared is strictly for training and developmental purposes for internal Department of Medical Assistance Services employees.

# 1.3 Staffing Overview



## 1.4 Job Descriptions

### 1.4.1 HIPP Program Manager

Eligibility & Enrollment Manager-Oversees the day to day operation of the Eligibility and Enrollments Unit, which consists of the HIPP, Buy-in and Enrollment Units. The manager is involved in the research, development and implementation of regulations and policy; holds authority for approval of unit policy and procedures, business decisions and personnel issues. The manager reports directly to the Division Director on matters that require approval of administration and unit activities.

### 1.4.2 HIPP Unit Supervisor

The HIPP Unit Supervisor oversees the daily operations for the HIPP/BUY IN units. Researches regulations and policy, oversees personnel issues, develops and controls all system ISRs and provides back-up for staffing vacancies. Reports directly to and works with the Eligibility and Enrollment Manager regarding program issues.

### 1.4.3 Senior HIPP Analyst

The Senior HIPP Analyst reviews applications to determine program eligibility, handles case management of assigned cases and HIV premium assistance cases in accordance with established guidelines. This position is also responsible for statistical reporting, responds to staff and participant questions, monthly payment processing, trains staff on procedures and Oracle database, identifies, conduct UAT assists with development of technical guides and is responsible for quarterly updates of these guides, conducts Q/A desk audits and report findings to supervisor to ensure quality.

### 1.4.4 HIPP Analyst

The HIPP Analyst reviews applications to determine program eligibility and performs case management of assigned cases to include processing of premium reimbursements on a monthly basis to HIPP and HIPP for Kids participants in accordance with established guidelines and also responds to written and verbal participant questions. The analyst may also assist with development of program forms, UAT for Oracle and MMIS and other program related business.

### 1.4.5 Program Tech

The Program Tech is responsible for posting, scanning, and uploading incoming premium payment documentation, re-evaluations, new applications and correspondence. The technician may also assist with other program and division related business.

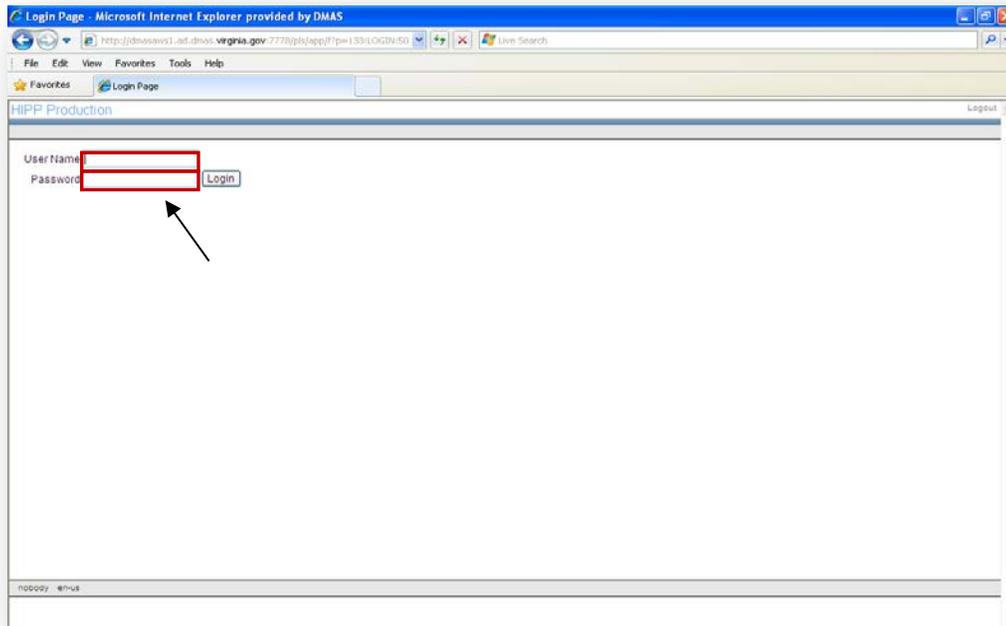
## 2.0 Oracle Access

### 2.1 Purpose:

To demonstrate the procedure followed for Login and Logout to the DMAS, Health Insurance Premium Payment database (Oracle).

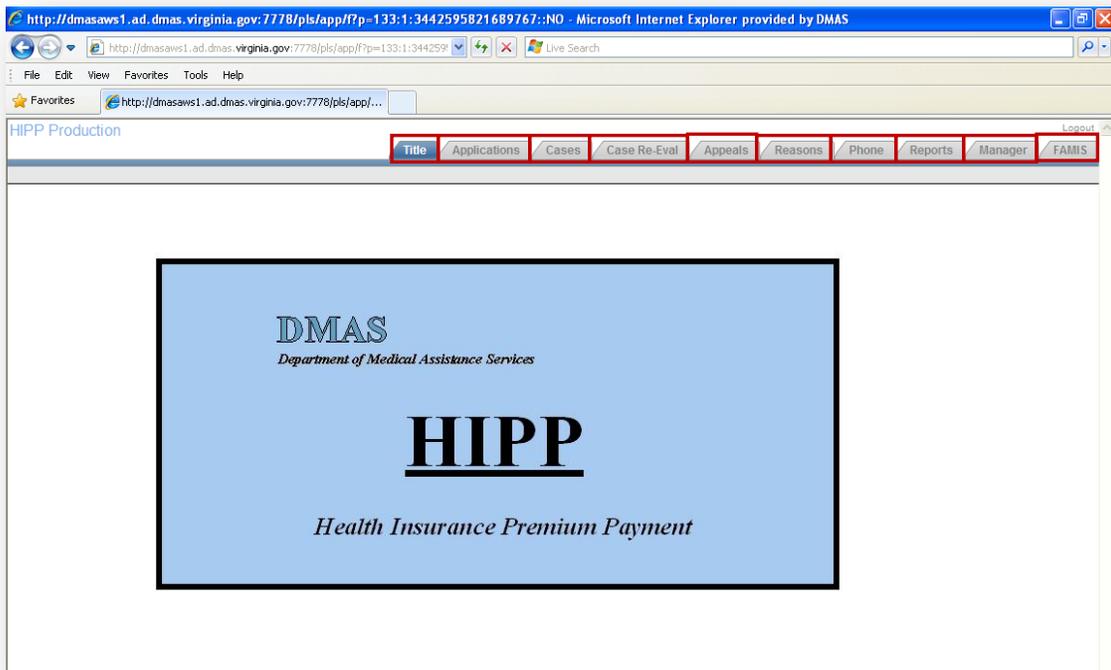
### 2.2 Procedure:

- 14) Enter url: <http://dmasaws1.ad.dmas.virginia.gov:7778/pls/app/f?p=133:1:506803389568433> into the internet provider search field
- 15) When the **HIPP Production** window below displays, enter assigned User Name and Password in the appropriate data fields. Then click the 'Login' button.

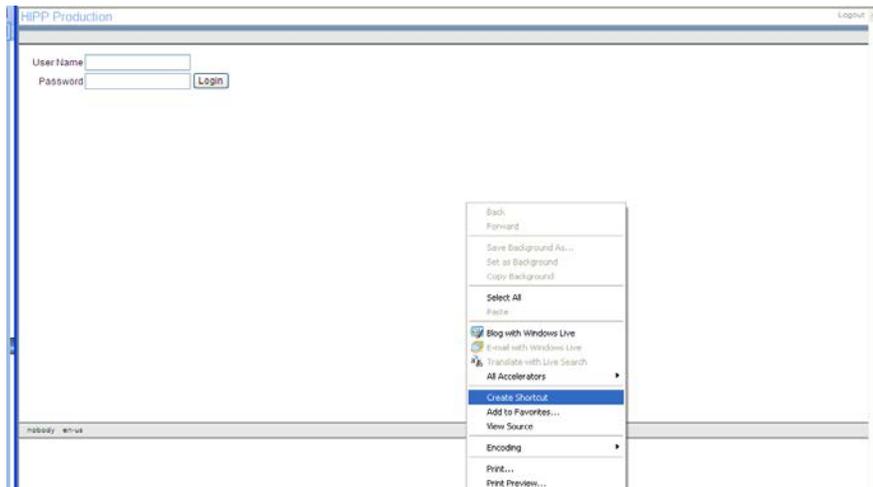


There are 8-10 tabs available for access, depending on the level of access granted. Individuals with “user” level permission have access to the first 8 tabs listed below. Individuals with “administrator” level permission have access to all tabs.

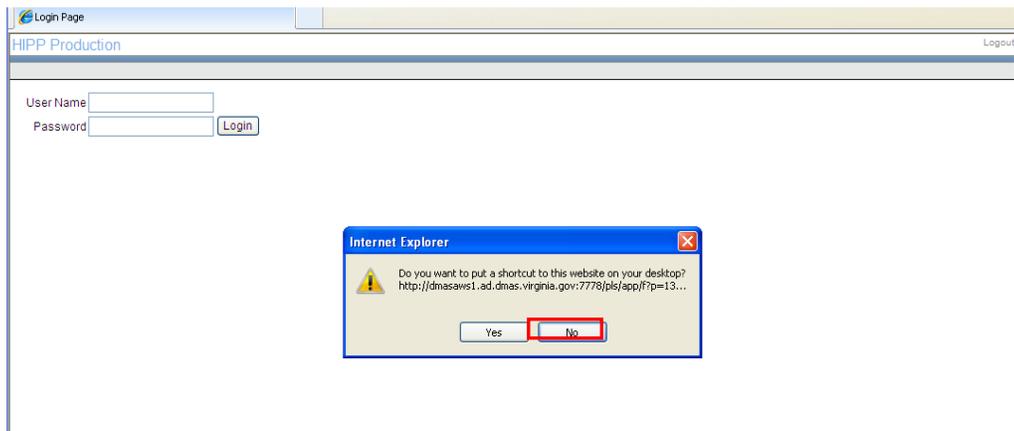
1. **Title**
2. **Applications**
3. **Cases**
4. **Case Re-Eval**
5. **Appeals**
6. **Phone**
7. **Reports**
8. **FAMIS**
9. **Reasons** (*administrator only*)
10. **Manager** (*administrator only*)



- 16) To save the link to the desktop right click in a blank area on the Log-in screen. When the option window opens select 'Create Shortcut' as shown below.



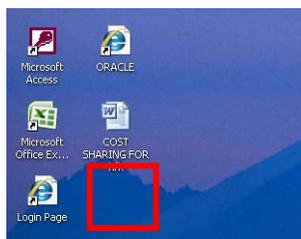
- 17) Select yes when the Internet Explorer window displays as shown below.



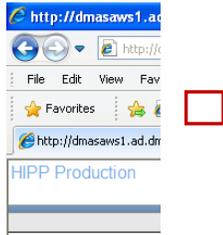
- 18) To view the shortcut on your desktop, click on the desktop icon located on your start menu bar as shown below.



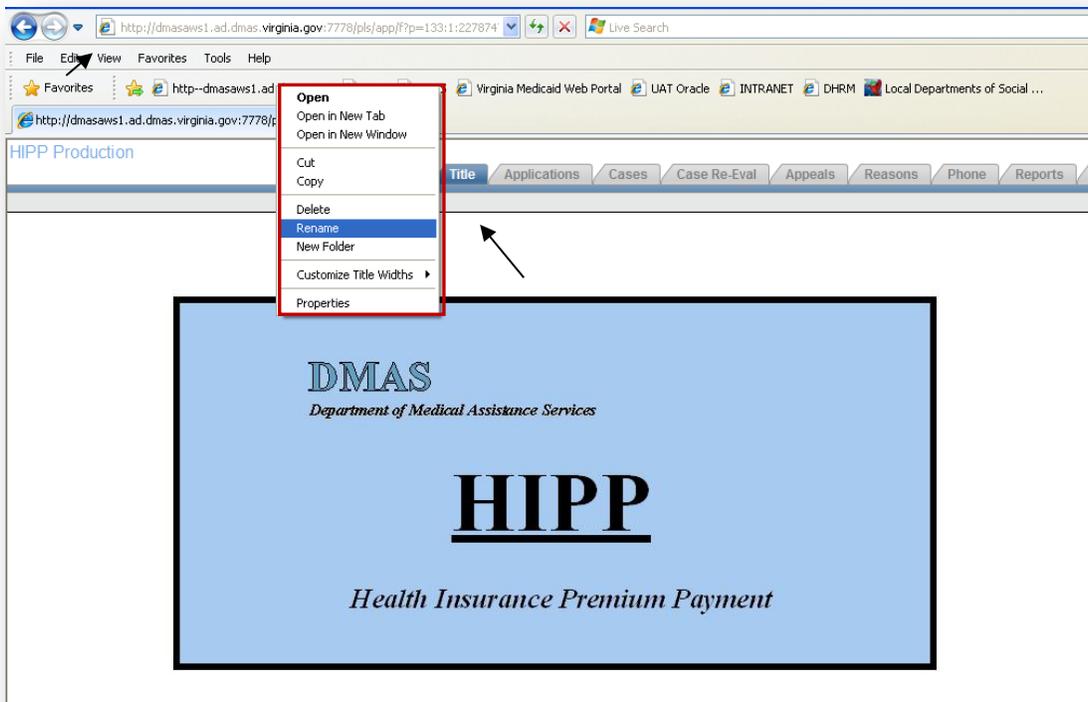
- 19) The shortcut will appear on your desktop as shown below.



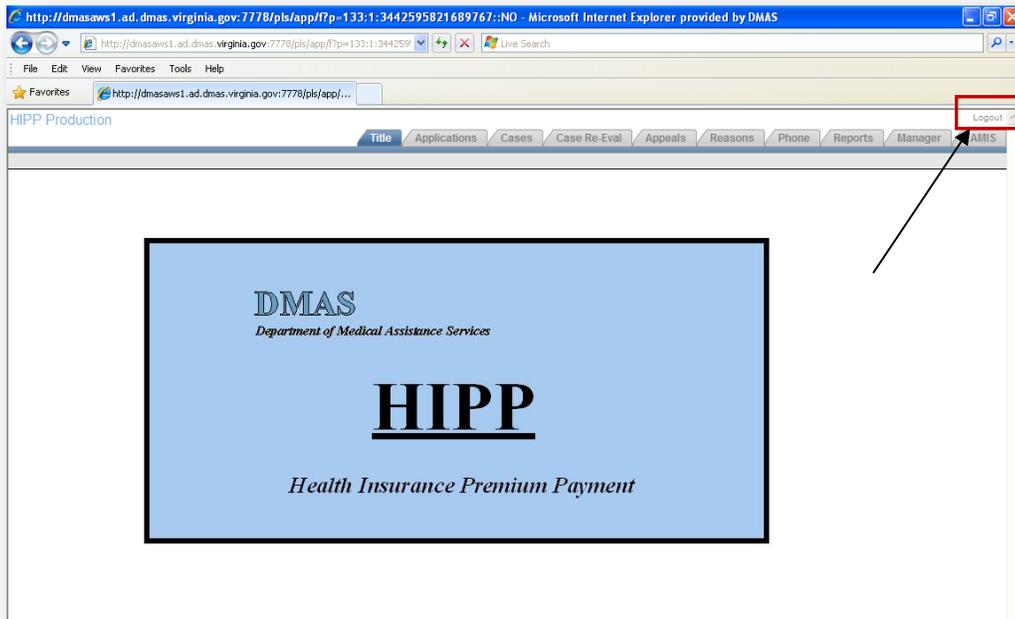
20) The URL link can also be saved to Microsoft Internet Explorer favorite's toolbar by clicking on the save favorites  icon as shown below.



21) Once the URL link is saved and a more familiar name is desired, right click on the link and once the option box appears select 'Rename' and a user friendly name can be assigned to the icon.



22) To Log-Out of the Oracle application click on the text 'Logout' located in the upper right corner of the screen as shown below



# 3.0 Program Tech Support

## 3.1 Purpose:

To demonstrate the procedure for handling all incoming mail.

## 3.3 Policy:

To move toward paperless office all incoming documents must be scanned if not received electronically. Once in electronic format all documents must be uploaded to the Oracle database system.

## 3.4 Procedure:

Documentation is received in one of four methods: Email; Fax; U.S. Postal Service; and Hand delivery. The method of delivery determines the manner by which the documentation is handled. All documentation must be scanned and the Oracle Database. The process for uploading all incoming documents may vary depending on the type of document(s) received. The process for handling all documents is detailed in this section depending on the document and how it is received by this unit. For example applications and renewals are handled differently than paystubs

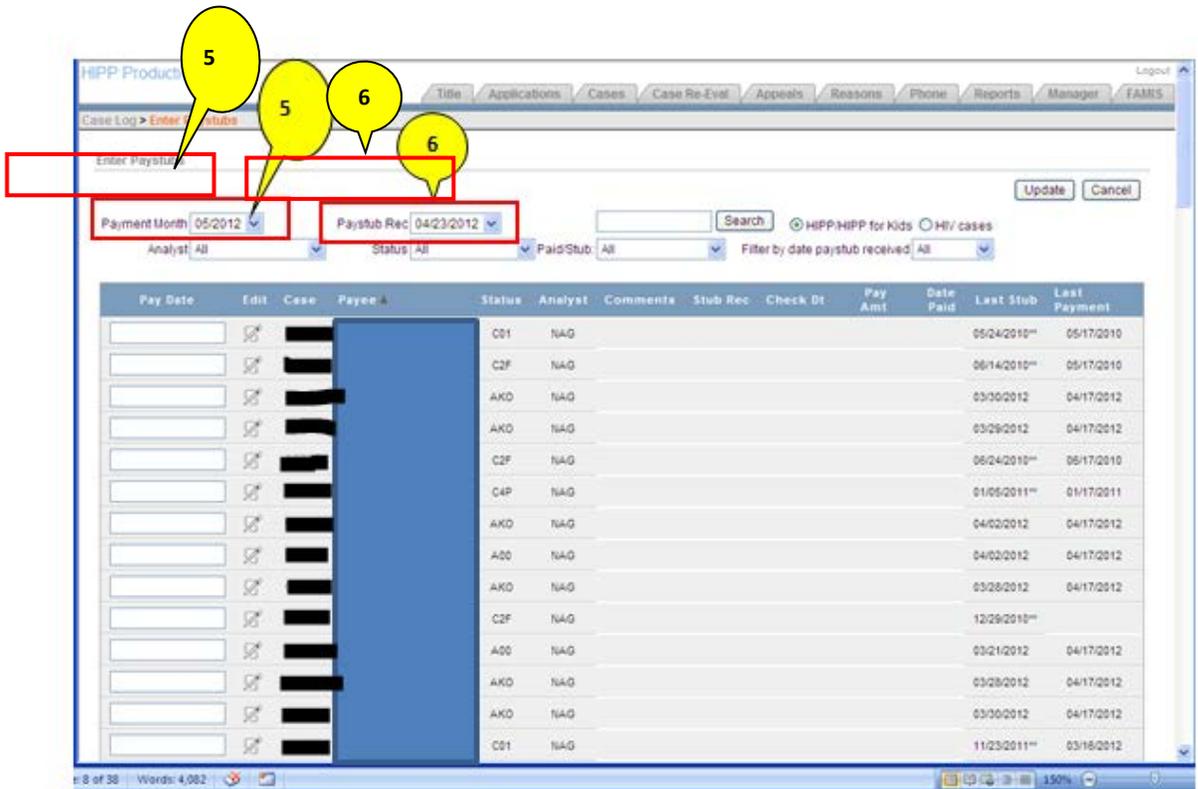
### 3.4.1 Paystubs – Received by All Methods - Posting

All paystubs received in the HIPP unit by ALL methods must be posted and uploaded to the Oracle database within 48 business hours of receipt.

23) Notate every paystub with the HIPP # as shown below.



24) Each individual paystub is posted to the Oracle Enter Paystub Screen as displayed below.



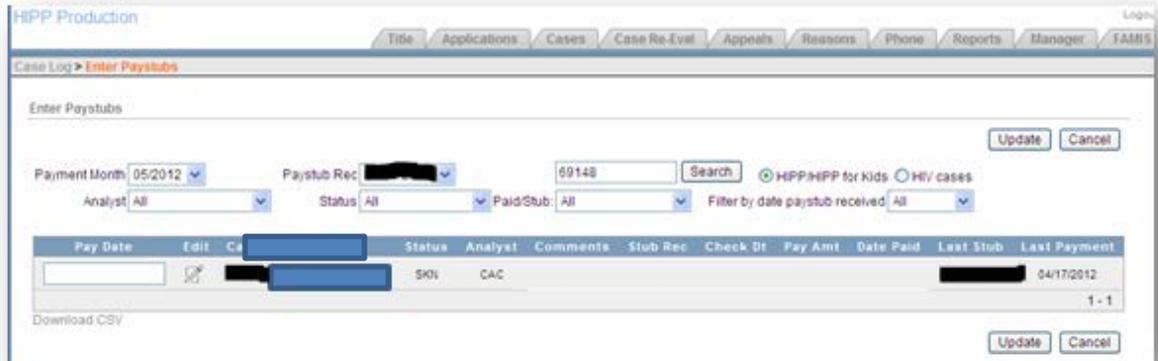
25) To post one paystub select the down arrow ▾ beside the Paystub Rec date and select the date that was date stamped or date received by fax or email as displayed below.



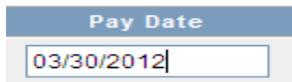
26) Next, type the HIPP # into the 'search' field and hit enter or the  as shown below.



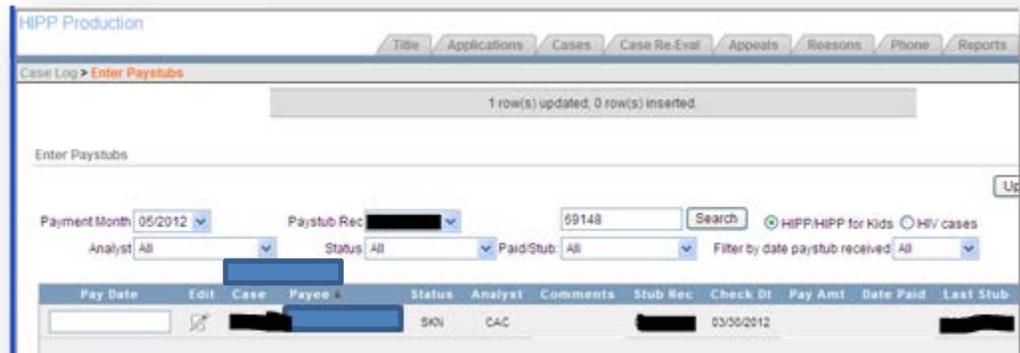
27) The following results will be displayed as shown below.



28) Next, type in the check/paid date that is on the check into the 'Pay Date' field and hit 'Update' button as displayed below.



29) The result showing that the paystub was posted is displayed below.



30) Next, the paystub is scanned to HIPP customer service for uploading to the Oracle case management file.

### 3.4.2 Paystubs - Received by U. S. Postal Service or Hand Delivered

When mail is received by U. S. postal service (USPS) or hand delivered each document is date stamped with the date that the mail was received in the HIPP Unit. The documents may include paystubs with applications and/or renewals which then separated based on the content, i.e. Paystubs; and all other documentation

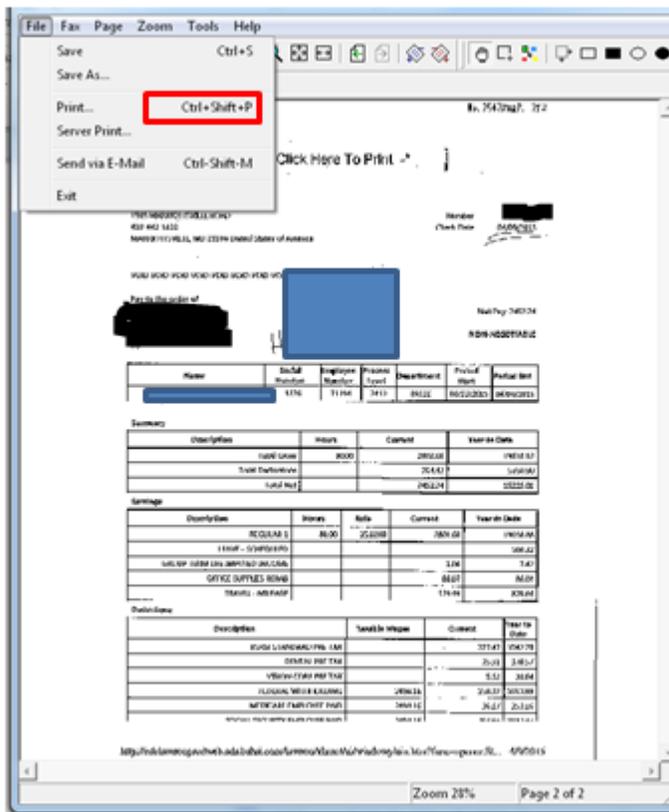
### 3.4.3 Paystub Received by Email or RightFax - Posting

If a paystub is imbedded in the email or RightFax with other documents the Paystub page(s) should be printed off and scanned separately to HIPP customer service for uploading and posting. To post proceed to Section 3.2.1. *Paystub – Post and Scan* and follow Steps 2) thru 8).

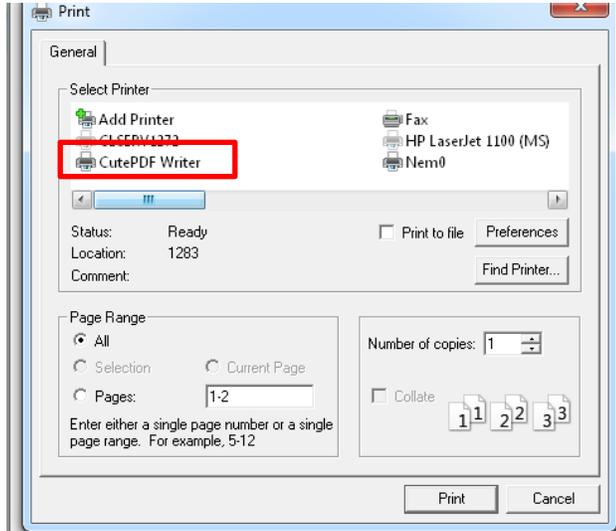
### 3.4.4 Paystubs Received by Right Fax - Uploading

After each paystub(s) is posted, which is detailed in Section 3.2.1. *Paystub – Post and Scan*, it must then be uploaded to Oracle as follows.

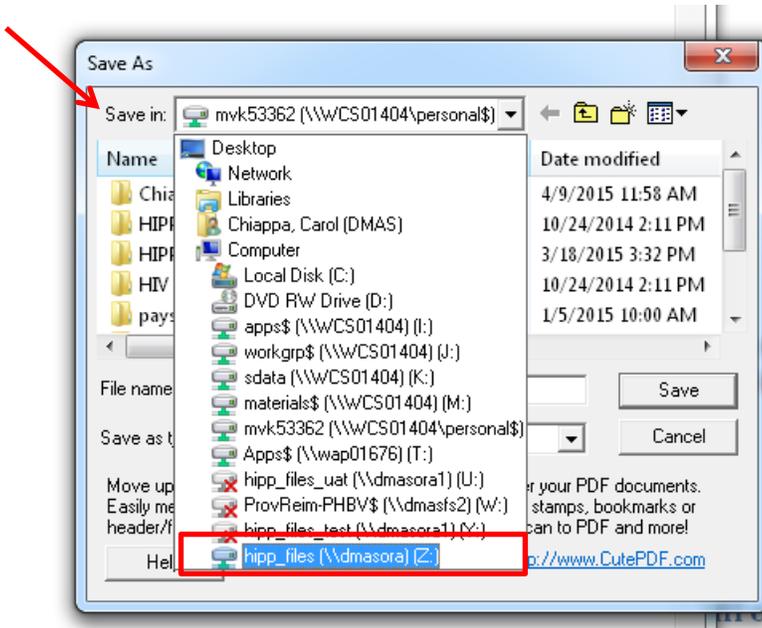
- 1) While paystub is open in Right Fax as displayed below. Click on File and select option – Print as displayed below.



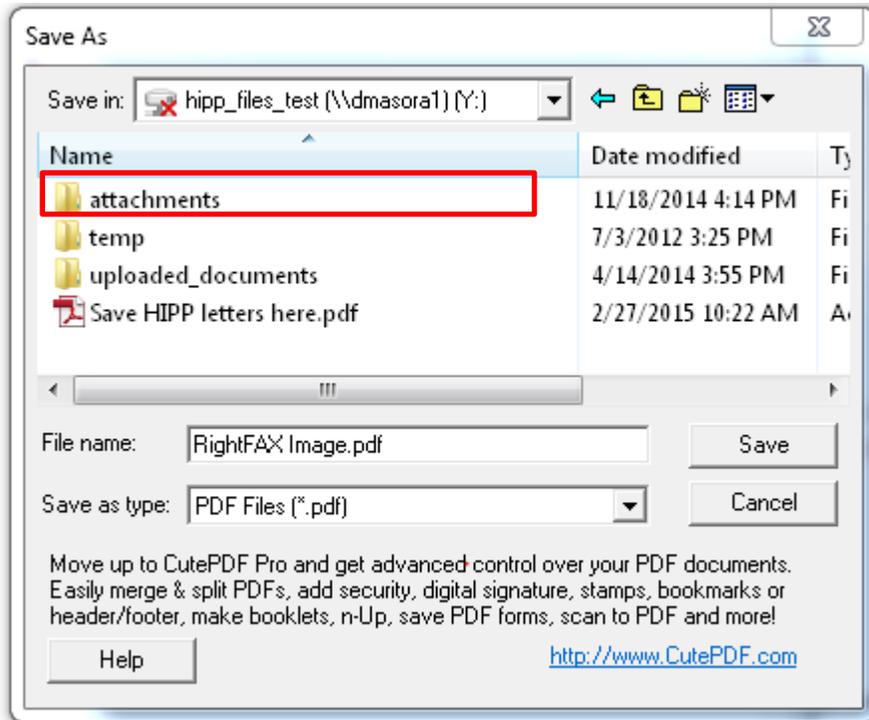
2) Next, Select the option 'CutePDF Writer' as displayed below.



3) Next, when the 'Save As' pop-up window appears select the drive from the 'Save in:' field where the document will be temporarily stored z:\ as displayed below.

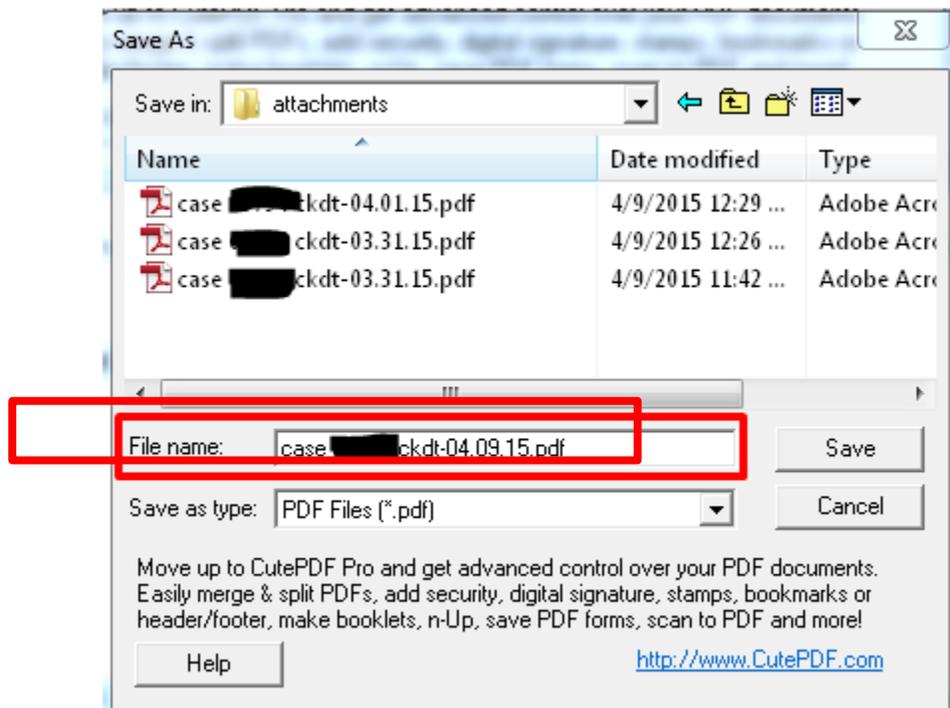


- 4) Next, select the 'attachments' folder from the list of folders as displayed below:

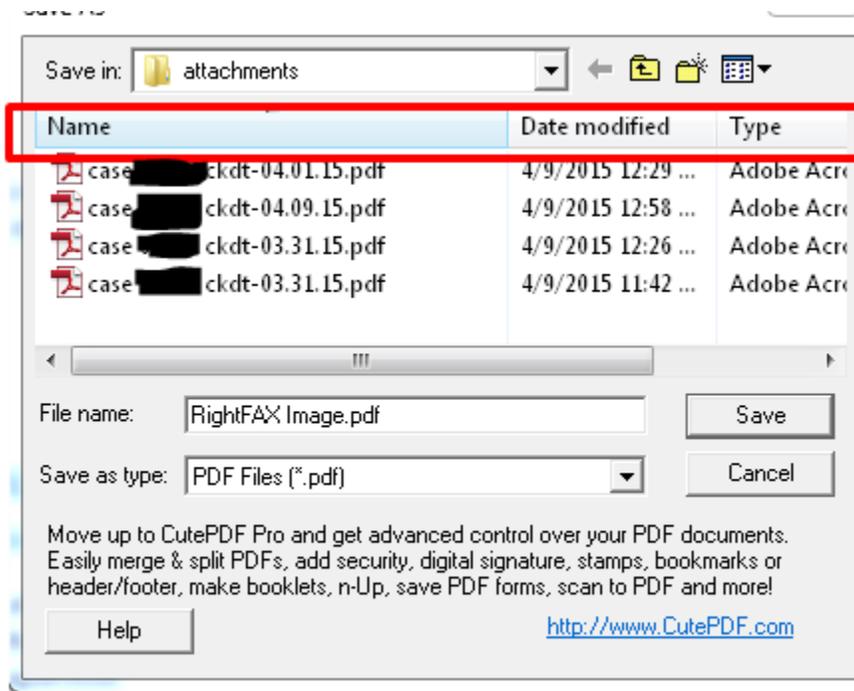


- 5) Next, enter in the File name field the name of this document using the naming convention below and as displayed below.

**case [HIPPA#] ckdt-[mm/dd/yy].pdf**



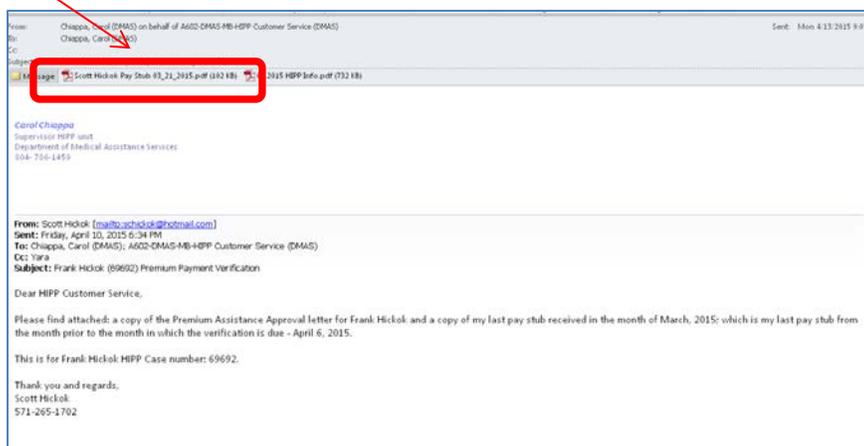
- 6) Next, once the save button is clicked and the pop-up window will disappear, but the file has been saved to the folder as displayed below.



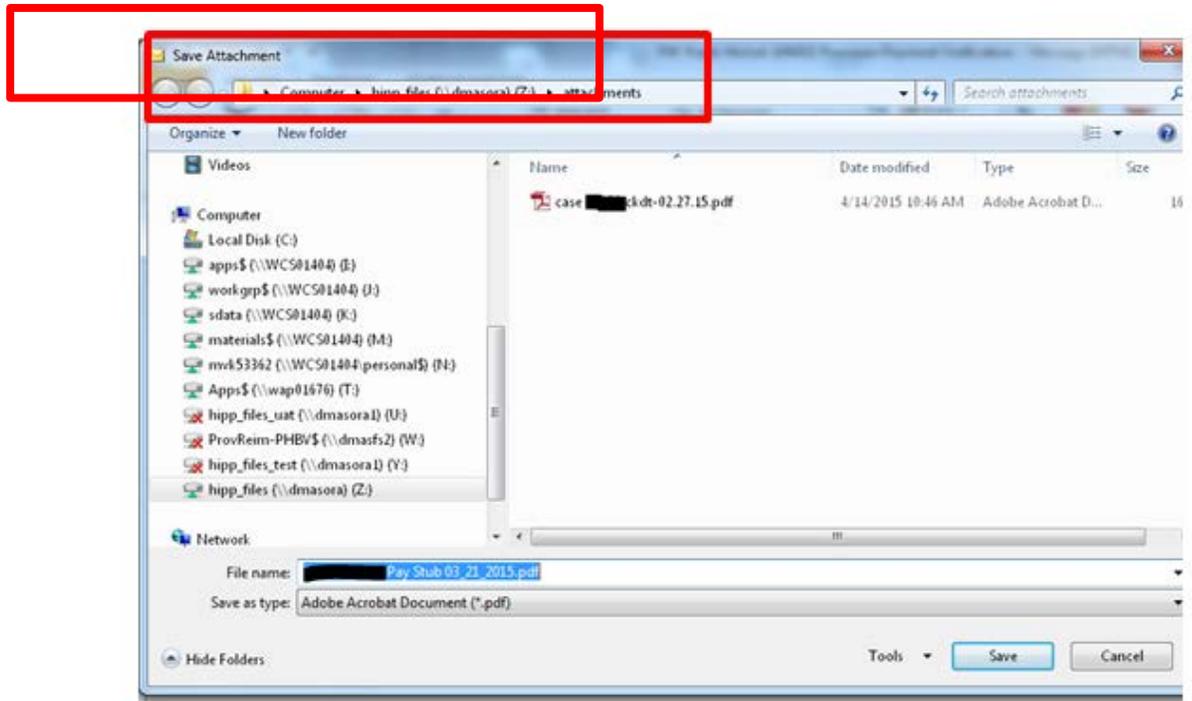
### 3.4.5 Paystubs Received by Email - Uploading

If the paystub is embedded in an attachment with other documents then print off the paystub page and scan to HIPPcustomerservice and then proceed with the steps listed as follows. If the paystub is in an attached document by itself it can be uploaded to the Oracle as follows:

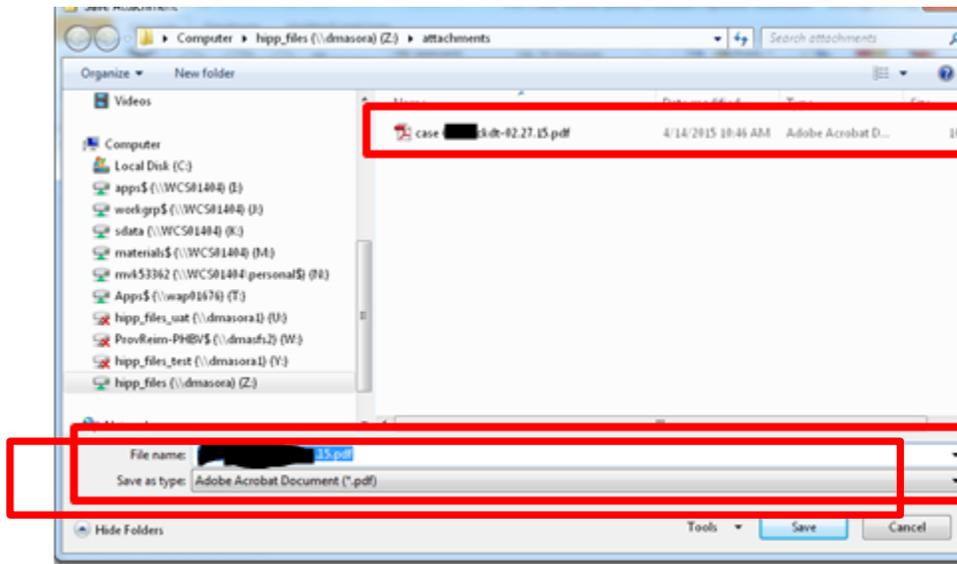
- 7) Open HIPP Mailbox – HIPPCS (DMAS) in outlook and click on Inbox and click on the email and when it opens select the paystub attachment as displayed below.



- 8) Next, right click on the paystub with the mouse and the option window will pop-up then select 'Save As' drive z:\attachments as displayed below.



- 9) Next, enter the name of the file in the field 'File Name' as displayed below and hit save and the document will be saved as displayed below.



### 3.4.6 All other correspondence - received by Email or RightFax related to Ongoing Cases.

If the email is other correspondence related to an ongoing case, the email is forwarded to the case analyst for further action. If the correspondence is received in RightFax the file should be moved to the assigned analyst folder. If the correspondence is for a new application the program tech should proceed to section 3.3.8 *Applications - received by U.S. Mail, Fax, Email or RightFax*. If the tech doesn't understand the content of the email or RightFax forward it to a team lead or supervisor.

### 3.4.7 Response to email senders who want confirmation of receipt

Program Tech support staff can respond to these request by sending the following email:

“Your email came through fine. You may send a **read receipt** request from your computer to verify when your emails have been read. This function must be performed on your computer. For example, from my email application on my computer select the ‘read receipt’ box from the options menu. Then once your email goes out the recipient will be prompted to check a box to return a message to you verifying that your email has been read”

### 3.4.8 Correspondence – Received by Right Fax

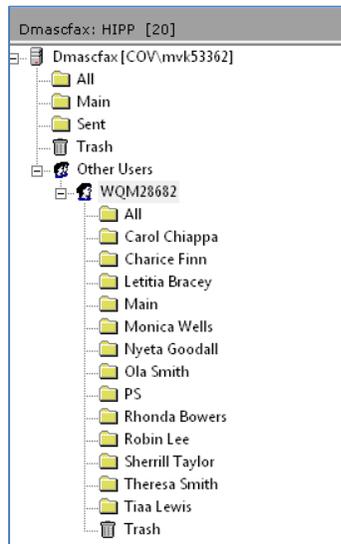
To open ‘RightFax’ click on the fax icon located on the far right of the Start menu as shown below.



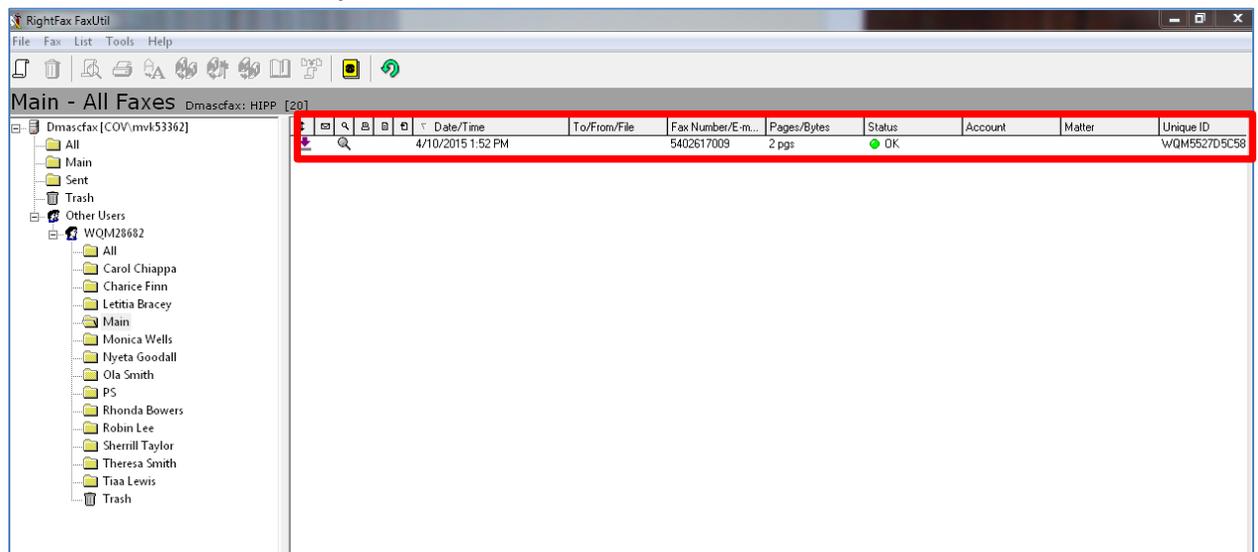
10) Next, select FaxUtil from the menu as displayed below.



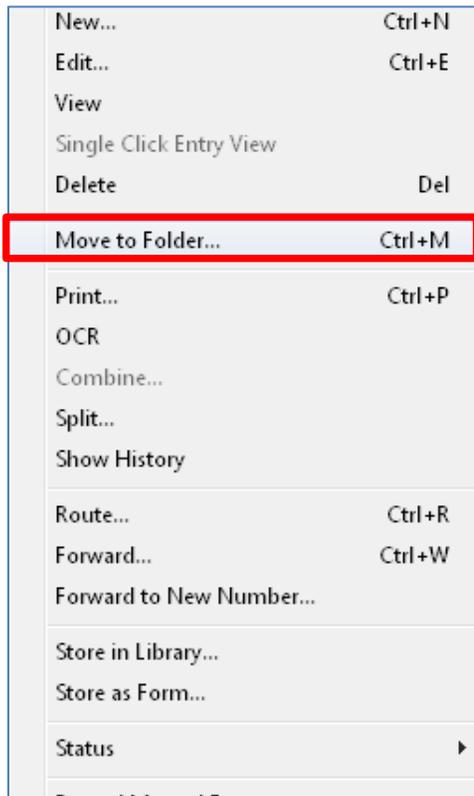
11) Next each Analyst is assigned a folder.



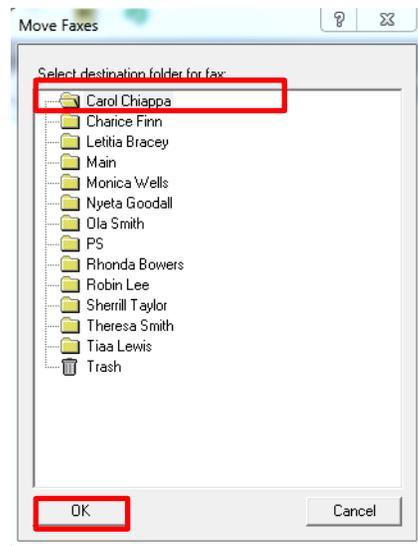
12) Next, click on the assigned folder for you to display contents and then highlight the fax that you want to move to another analyst folder.



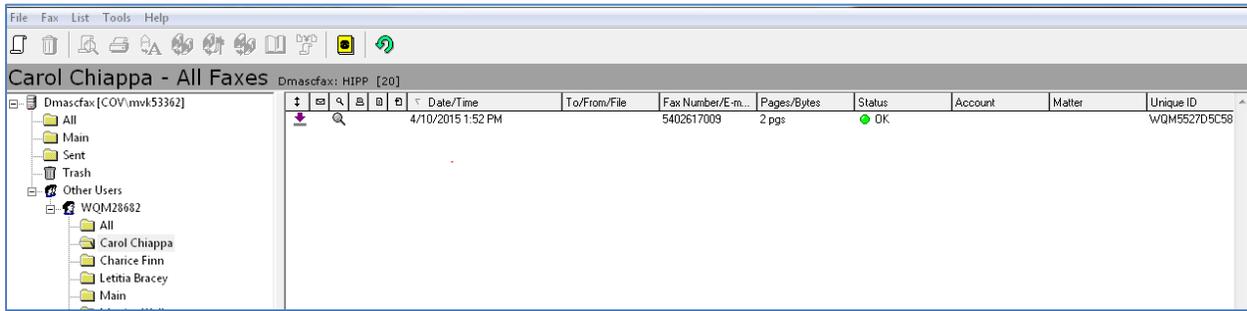
13) Next, right click on the file that is to be moved and select the 'Move To Folder' option as displayed below.



14) When the Move Faxes window pops up select the folder where the file should be moved and the folder will open and then click ok at the bottom of the window as displayed below.

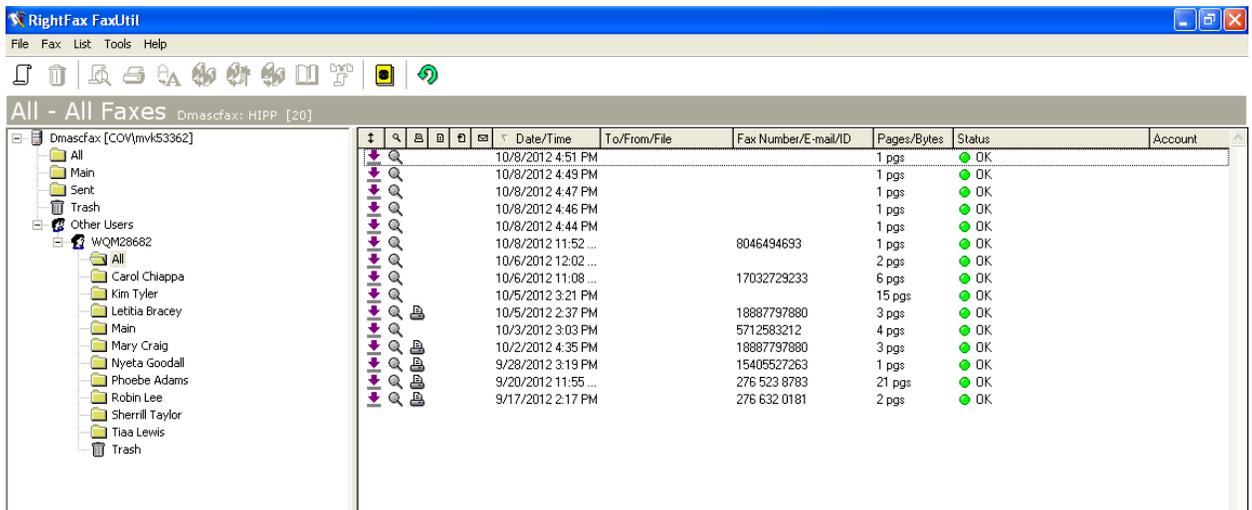


15) Finally, the file now appears in the analyst folder as displayed below.

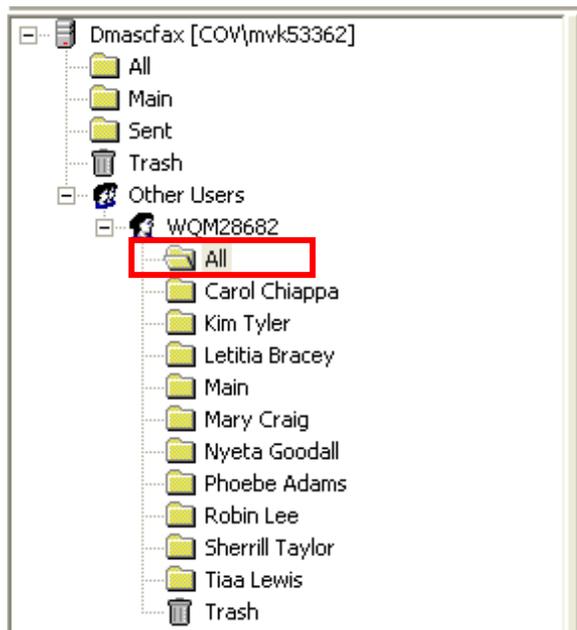


### 3.4.9 RightFax – Folder Creation/Modification:

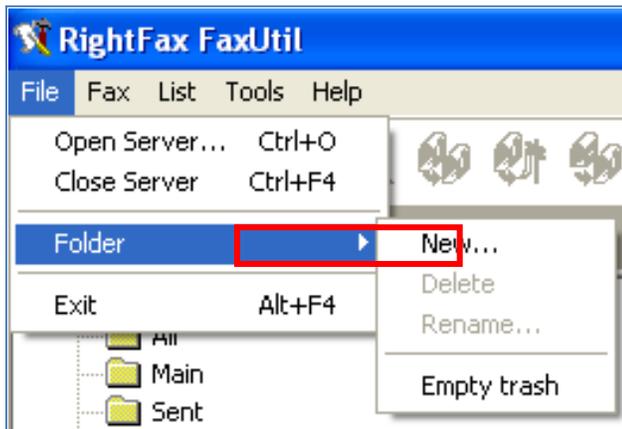
16) Open Right Fax FaxUtil as displayed below.



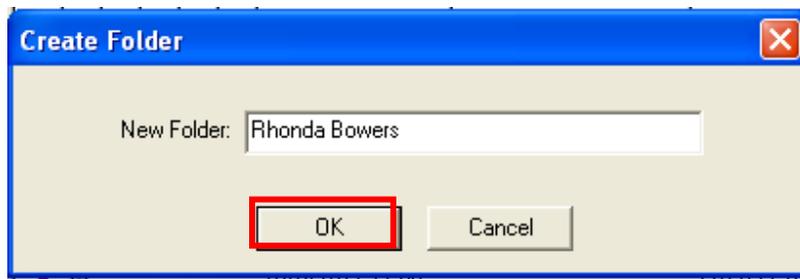
17) Click on the 'All' folder under the Group labeled 'WQM28682' as displayed below.



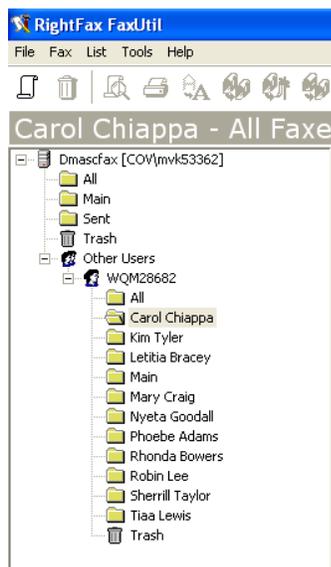
18) Next, Click on File>Folder>New as displayed below.



19) Next, when 'Create Folder' pop-up window displays enter the New Folder Name and click the OK button as displayed below.

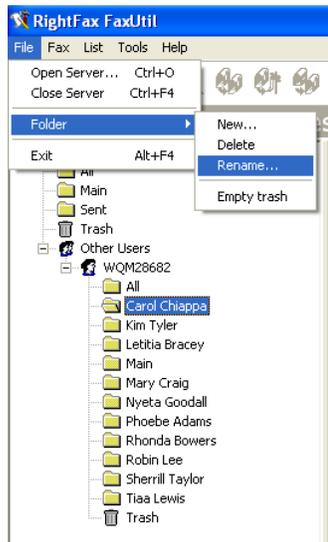


20) And the new folder will appear in the list of folders as displayed below.

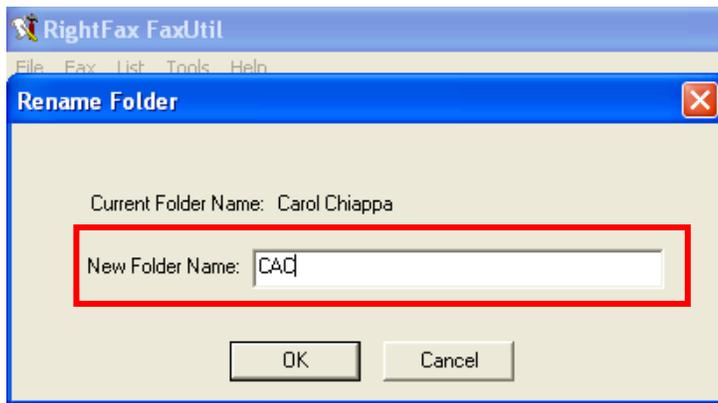


**To rename a folder:**

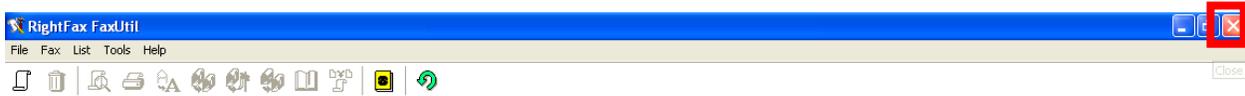
21) Click on folder to be renamed then click on File>Folder>Rename as displayed below.



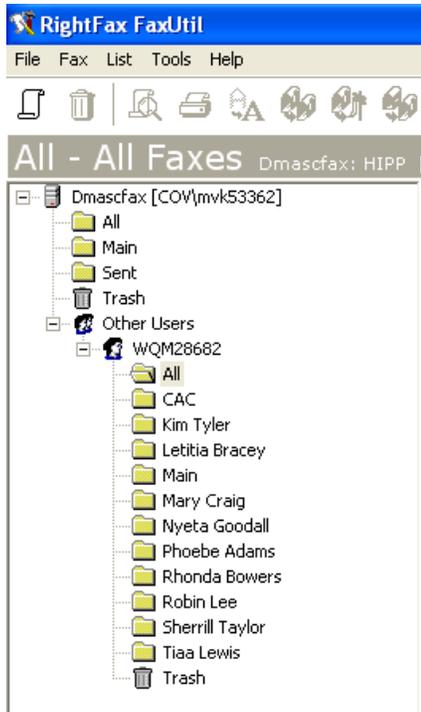
1. Then type in the new name and click the 'OK' button as displayed below.



2. Next, close application by clicking on the 'X' in far right upper corner of the screen as displayed below.

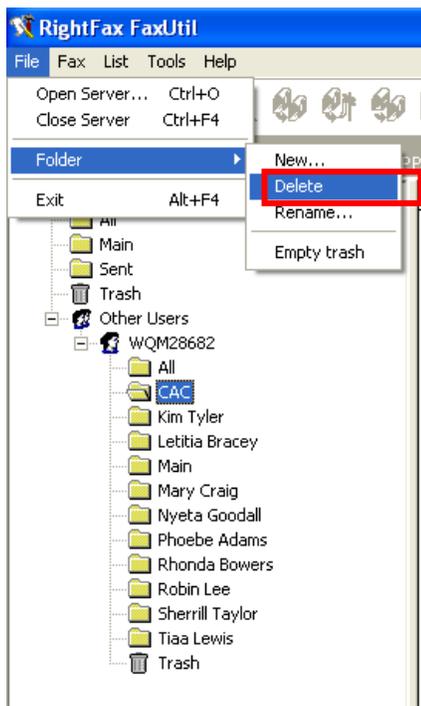


3. Next, Re-open RightFax FaxUtil and the folder is renamed in the list as displayed below.



**To delete a folder:**

1. Click on the folder to be deleted then click on File>Folder>Delete as displayed below.



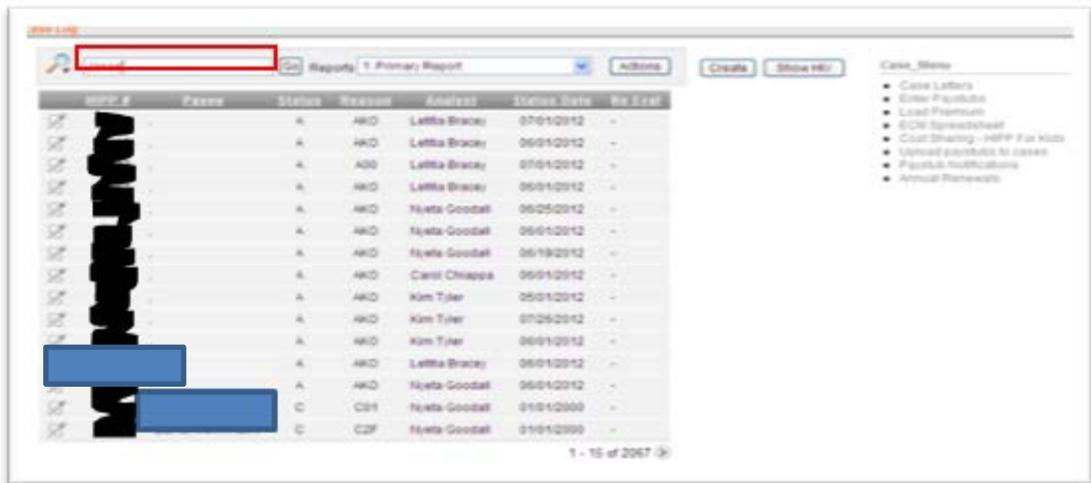
2. Finally, the folder will be deleted as displayed below.



### 3.4.10 Applications - received by U.S. Mail, Fax, Email or RightFax:

- 1) Be sure the documents are not associated with an ongoing case. Click on 'Case Management' tab and enter the last name of the employee into the search field as displayed below and click on the 'Go' button or hit the enter key.

GO button or hit the enter key.



- 2) Next, all those cases with the same last name will display. Then verify that the documents received are not for an Active case by searching the list of all cases with the same last name as displayed below.

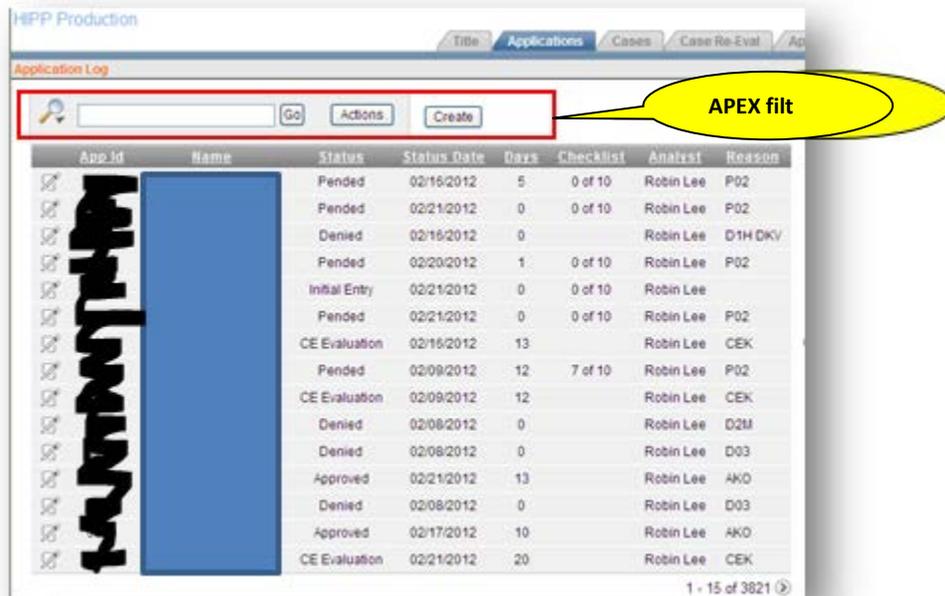
HPP #	Case	Status	Reason	Analyst	Status Date	Re Eval
		A	AKD	Letitia Bracey	07/01/2011	08/05/2011
		S	SK1	Letitia Bracey	01/01/2011	02/09/2012
		S	SK1	Letitia Bracey	04/01/2012	-
		C	C2M	Letitia Bracey	12/31/2011	10/26/2011
		C	C4E	Letitia Bracey	02/28/2011	12/19/2011
		C	C4P	Letitia Bracey	07/14/2009	-
		C	C2F	Letitia Bracey	01/01/2000	-
		A	AKD	Letitia Bracey	10/01/2010	01/26/2012
		C	C02	Letitia Bracey	01/01/2000	-
		C	C07	Letitia Bracey	05/24/2009	-
		A	A00	Letitia Bracey	07/01/2012	04/20/2012
		C	C4E	Letitia Bracey	03/01/2012	04/13/2012
		C	C03	Letitia Bracey	04/23/2009	-
		A	AKD	Carol Chiappa	02/01/2012	-

- 3) If the documents are not associated with an Active ongoing case, then verify that there is not already an established new application on the 'Application' tab as displayed below.
- 4) If yes, there is an established case or an established application, then scan, email and/or deliver the documents to the assigned case analyst.
- 5) If no, and the documents are not associated with an Active case or established new application then deliver the documents to the assigned case analyst.

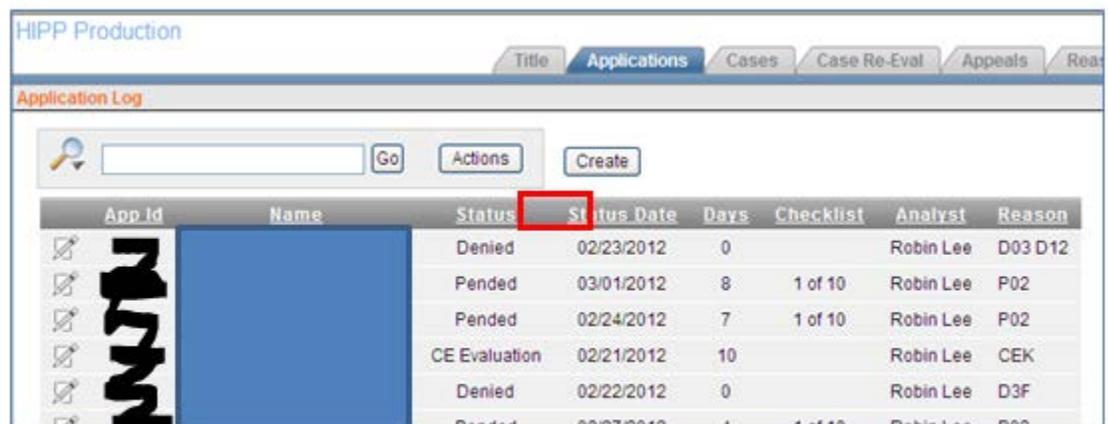
### 3.4.11 Applications – Filtering cases

Filtering is a useful way to see only the data that you want displayed. You can use filters to display specific records, or to print only certain records. By applying a filter, you are able to limit the data in the results.

The filter available on the Oracle application log is the Oracle APEX filter. Each user maintains their own filters and they may be changed at anytime. Exiting and re-entering the application will not affect the HIPP filters. However, unless saved, Oracle APEX filters are lost upon exit.



- 6) To create a simple filter such as searching for applications assigned to a specific analyst using the Oracle APEX filter using the column headings. For example suppose a report is needed to reflect all applications that have been denied. Click on the column heading 'Status' as show below.



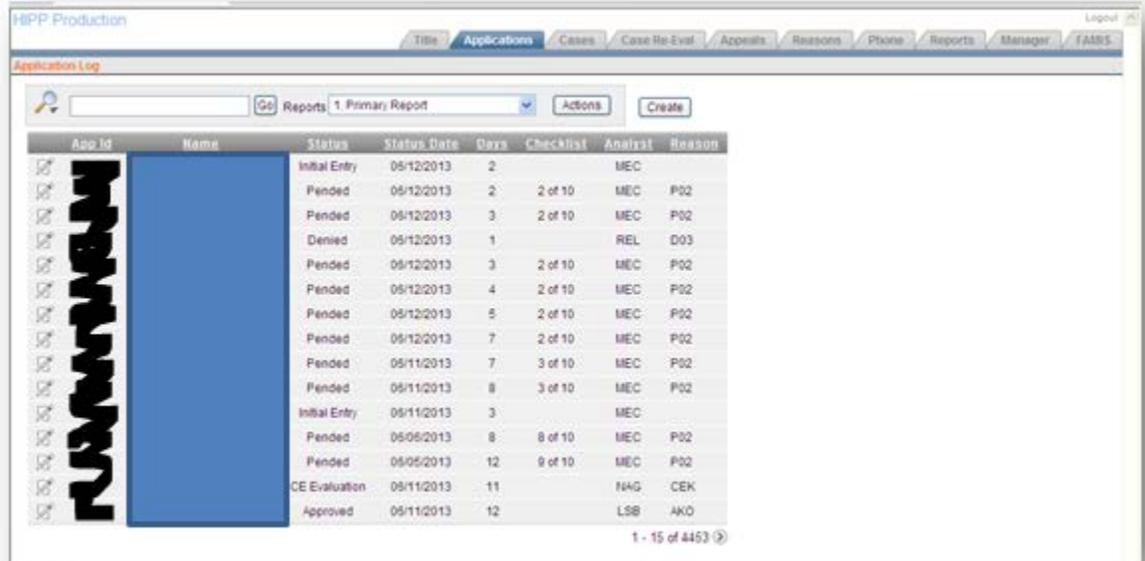
- 7) Next, the drop down box with the status codes will appear and select the 'Denied' status as shown below.
  
- 8) Once the denied status is selected the results will be displayed on the screen as shown below.'

**Filtered by Denied**

### 3.4.12 Applications – Create – Initial Entry

All new applications must be entered into the oracle database by creating an ‘Initial Entry’

- 1) Click on the tab ‘Applications’ and the Application Log screen will be displayed as shown below.



- 2) Next, click on the ‘Create’ button. NOTE: Fig. I for a detailed description the data fields.

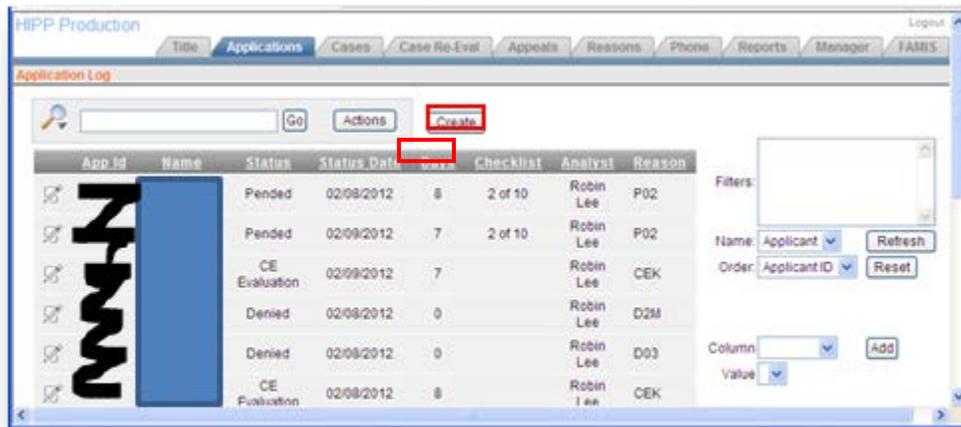


Fig. I

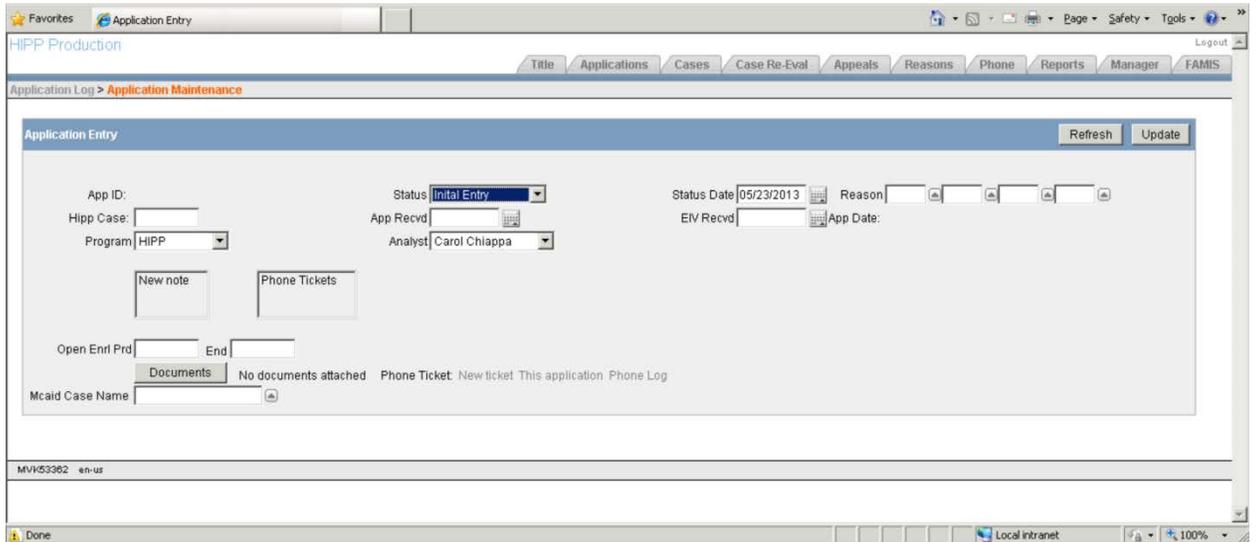
Table with description of columns on the Application Log Screen

Data Field	Description
------------	-------------

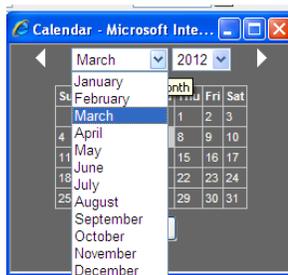
<b>App ID</b>	Identification number assigned by the Oracle database system for the application.
<b>Name</b>	HIPP Program policyholder's name
<b>Status</b> <b>*Fig. II</b>	The current standing assigned to the application
<b>Status Date</b>	The date the application and/or EIV received and revised to the date application is approved or denied.
<b>Days</b>	The number of days since the completed application was received
<b>Checklist</b>	The number of days the applicant has to respond to the request for more information
<b>Analyst</b>	The analyst responsible for processing the application
<b>Reason</b> <b>*Fig. III</b>	The code used to indicate the current disposition of the application

\* See Fig. # For further details

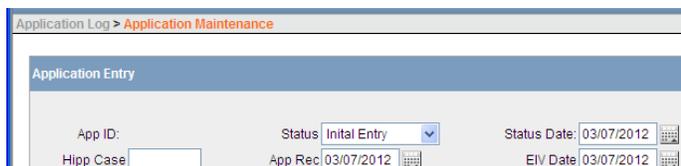
- 3) Next, the application maintenance screen will open with most fields blank as displayed below. The status field will automatically default to 'Initial Entry'. And the status date will default to today's date.



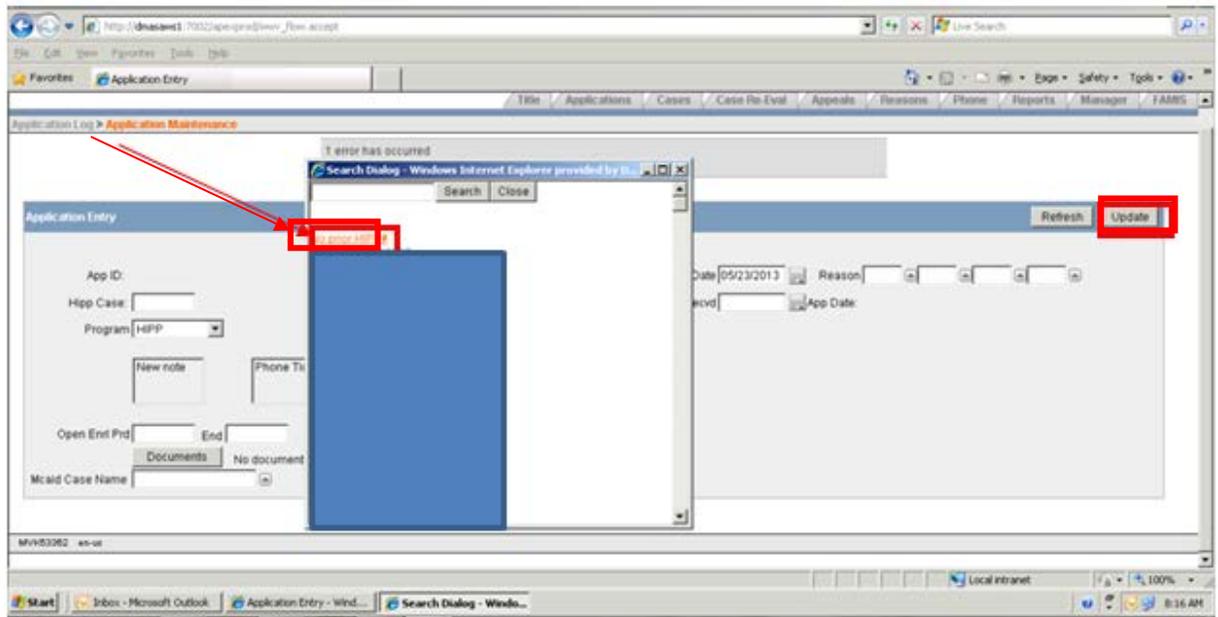
- 4) **If only one** of the required documents is received i.e. Application or EIV then click on the calendar button beside the related field: 'App Rec' or 'EIV Date' and select the month/day/year from the calendar as shown below. Once you select the month/day/year the date will populate the 'App Rec' data field as shown below. The date can also be entered into the field using your keyboard numeric keypad.



- 5) **If both documents are received** enter the date(s) in both of the 'App Rec' and the EIV Date fields and screen will be displayed as below.



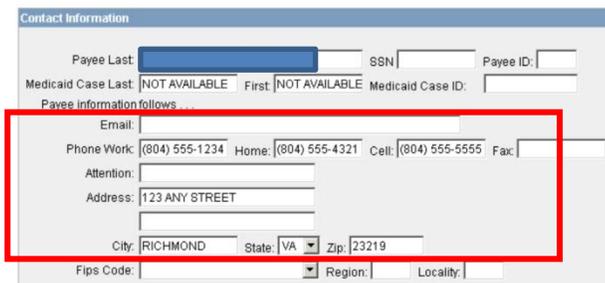
- 6) Next, select the down arrow to right of the Medicaid Case Name as displayed below and pop-up window labeled 'Search Dialog' will be displayed below.
- 7) Next, select 'No prior HIPP#'.



- 8) )
- 9) Next, hit the 'update' button.
- 10) Next another section of the screen labeled 'Contact information' will display along with two error messages saying Payee is required as displayed below.
- 11) Next, enter the Employee/policyholder's Last name and First name from the Application or EIV then hit the update button.



- 12) Next, enter all the other 'Payee (employee/policyholder) information' from the Application or EIV as displayed below.



### 3.4.13 Applications – Intake

All applications submitted to the HIPP program must be accompanied by additional documentation and forms. To track this information an application intake form can be completed

- 1) First, complete the application intake form as displayed below based on the documents that were originally submitted. For now, enter the Employee’s name, Application ID (from Application screen); Rcvd dates that each document (Application, EIV, Insurance Cards, Ins Summary, Paystub, Self-employment, Other forms/documents).

Analyst \_\_\_\_\_  
 Date: \_\_\_\_\_

**HIPP APPLICATION INTAKE FORM**

App ID: \_\_\_\_\_

Employee's Name \_\_\_\_\_

Medicaid Case Name(s) \_\_\_\_\_

Parent Name on Case \_\_\_\_\_

Medicaid Case Number(s) \_\_\_\_\_

A/C \_\_\_\_\_ Fips \_\_\_\_\_ Locality \_\_\_\_\_ Region \_\_\_\_\_

Old HIPP # \_\_\_\_\_ Cancel Reason \_\_\_\_\_

Old AppID \_\_\_\_\_ Denied Reason \_\_\_\_\_

**Review and verify the following information**

Documents Received	Received Date	Checklist Sent Date	Checklist Received Date
Application			
EIV			
INS Card			
INS Summary			
Paystub			
Other forms received			
Other forms requested			
Comments:			

### 3.4.14 Applications – Determine Eligibility

To qualify for the HIPP program applicants must have at least one household member receiving full Medicaid benefits. The information that will be captured on the Application Intake form as displayed below will include the Medicaid Case Name(s); Parent Name on Case (if applicable) Medicaid Case Number(s); Aid Category(AC) of the Medicaid recipient(s) Old HIPP # and Cancel Reason (if applicable); Old AppID and Denied Reason (if applicable). To obtain the information proceed to Step 1) below.

Analyst \_\_\_\_\_  
Date: \_\_\_\_\_

**HIPP APPLICATION INTAKE FORM**

App ID: \_\_\_\_\_

Employee's Name \_\_\_\_\_

Medicaid Case Name(s) \_\_\_\_\_

Parent Name on Case \_\_\_\_\_

Medicaid Case Number(s) \_\_\_\_\_

A/C \_\_\_\_\_ Fips \_\_\_\_\_ Locality \_\_\_\_\_ Region \_\_\_\_\_

Old HIPP # \_\_\_\_\_ Cancel Reason \_\_\_\_\_

Old AppID \_\_\_\_\_ Denied Reason \_\_\_\_\_

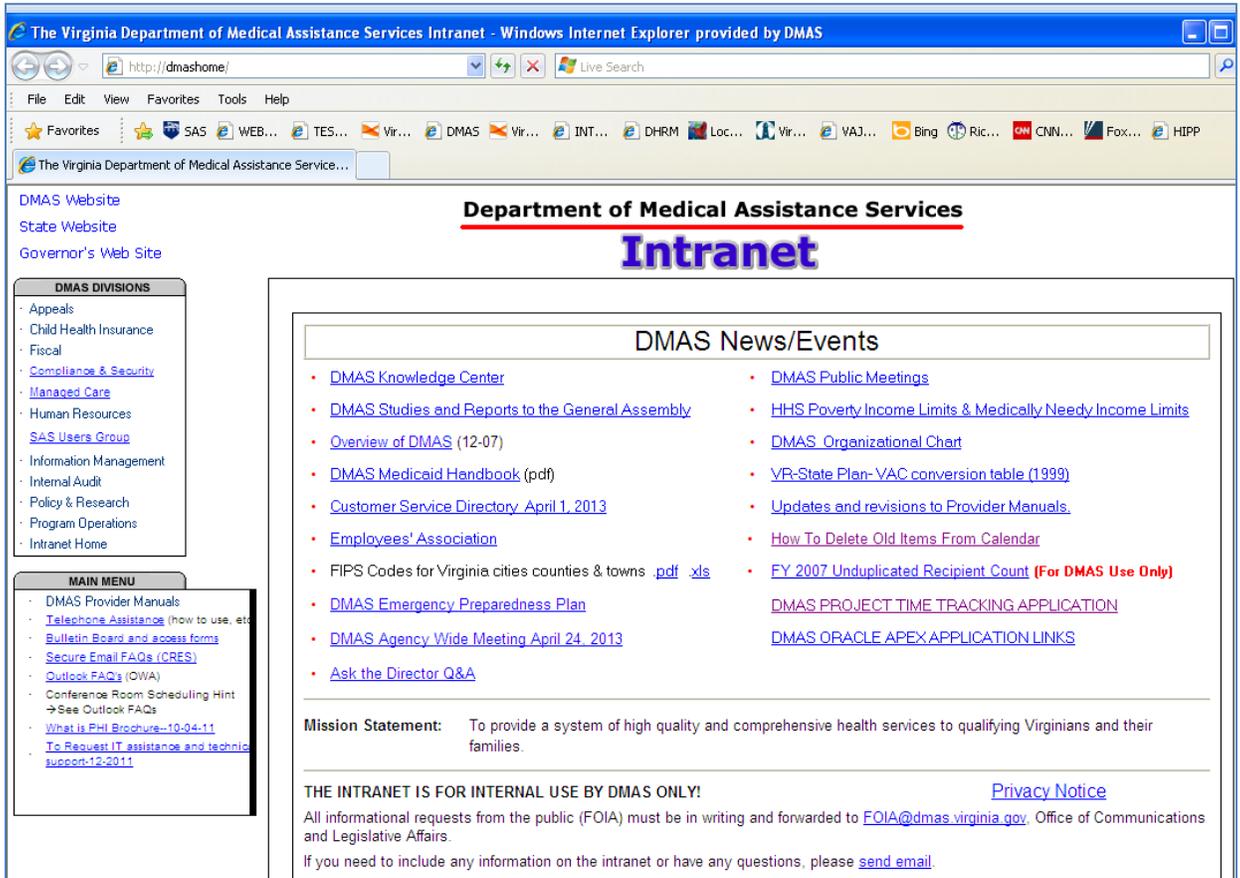
- 2) Open MMIS (Medicaid Management Information System) using Internet Explorer Browser, which is located on the Start Menu Bar at the bottom of the screen as displayed below.



- 3) Next, move the cursor over the icon and the description of the icon will appear as displayed below.



4) Next, click on the icon and the internet explorer browser be displayed as shown below.



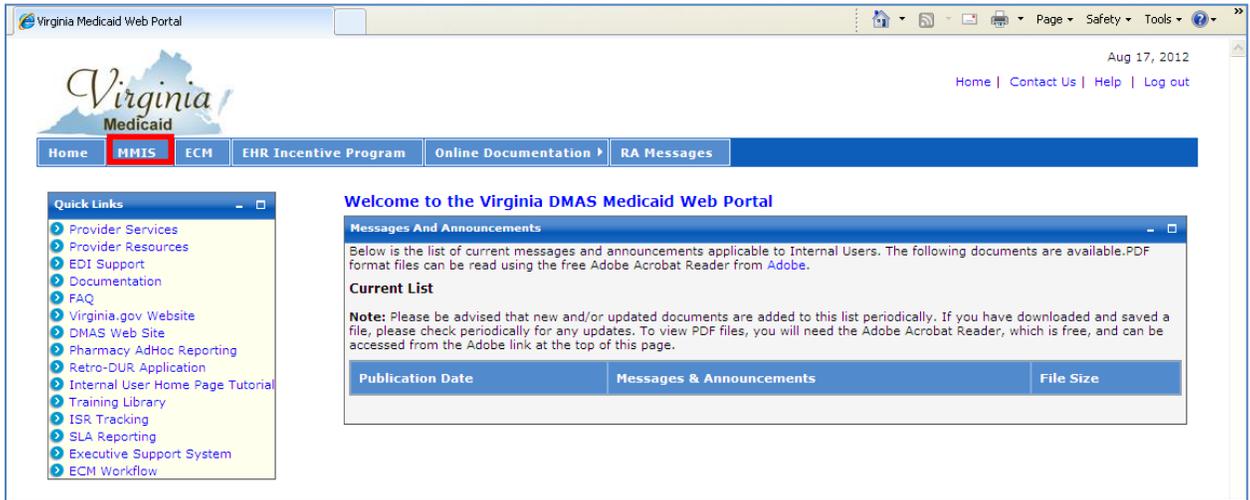
5) Next, copy and paste this link:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Home> into the url field and press

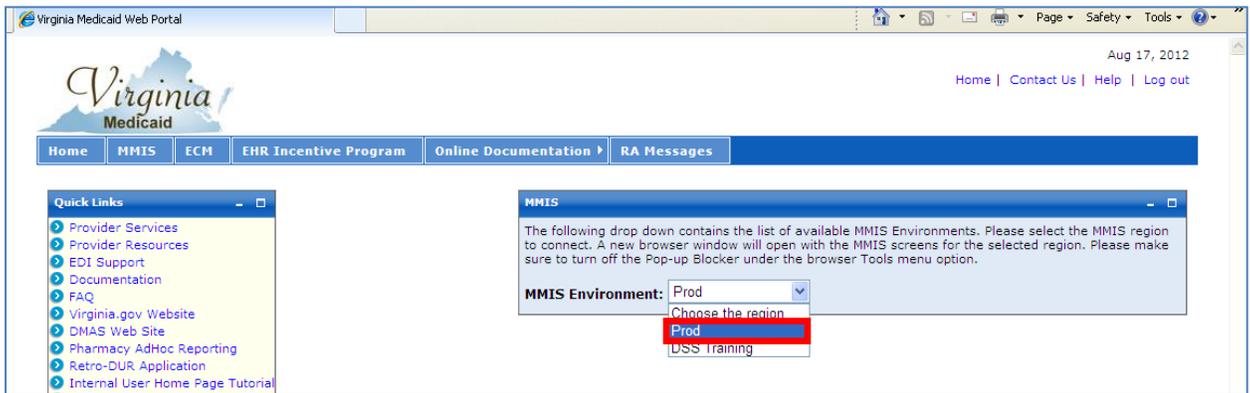
the enter key or the  green arrow as displayed below.



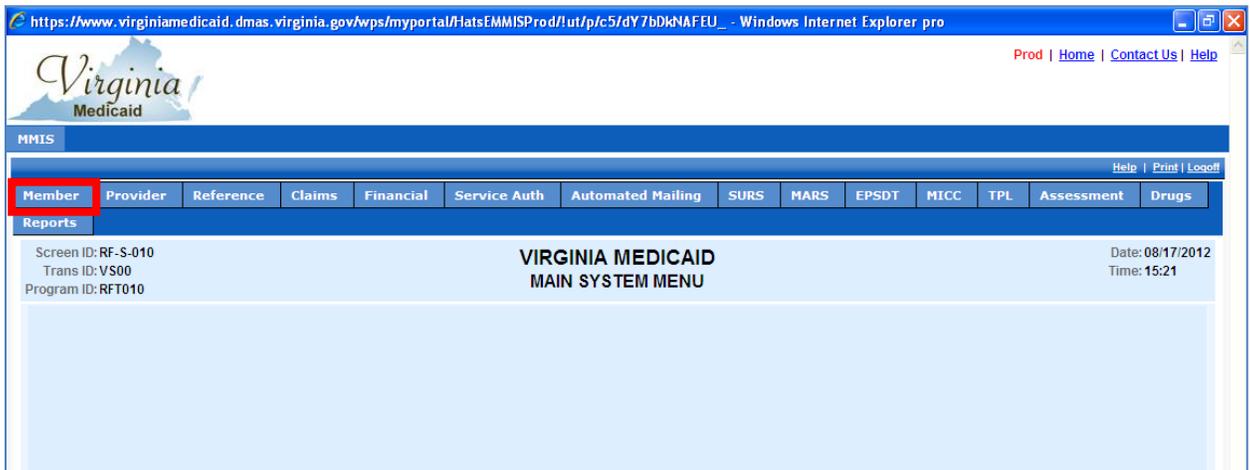
6) Next click on the 'MMIS' tab as displayed below.



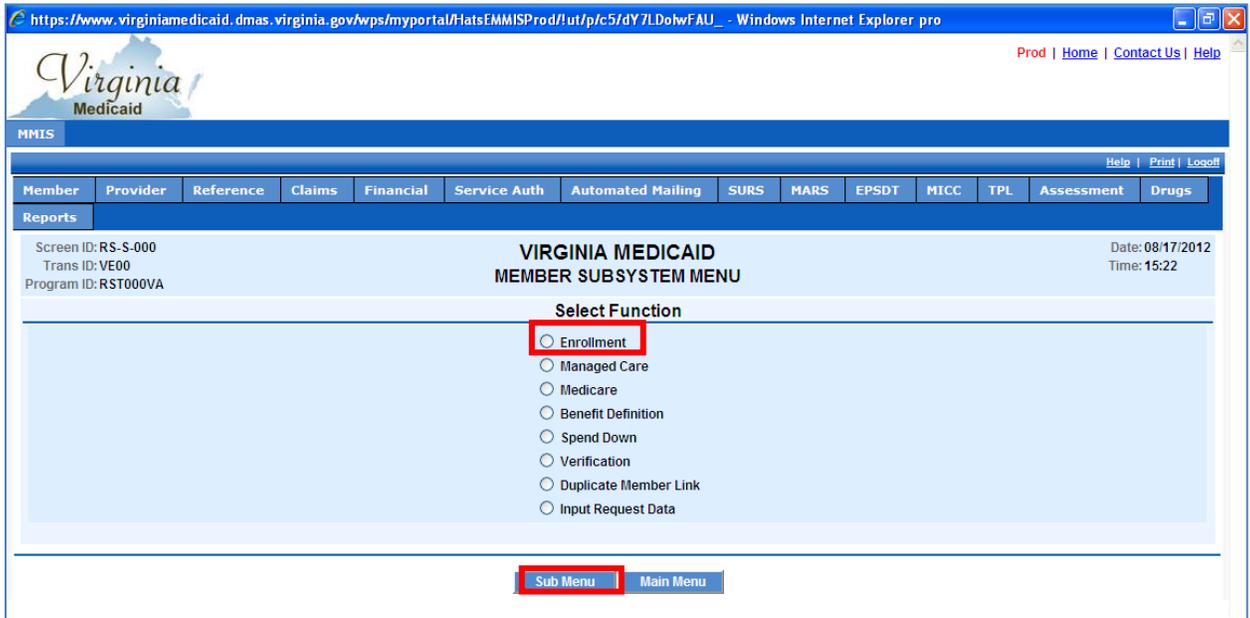
7) Using drop down button to the right of the option 'Choose the region', highlight/select 'Prod' as displayed below.



8) Next, the MMISmain system menu will be displayed. Click on the tab 'Member' as displayed below.



- 9) Next, when the Member subsystem Menu opens, select the radio button to the left of the 'Enrollment' function, then click the button at the bottom of the screen labeled 'Sub Menu' as displayed above.



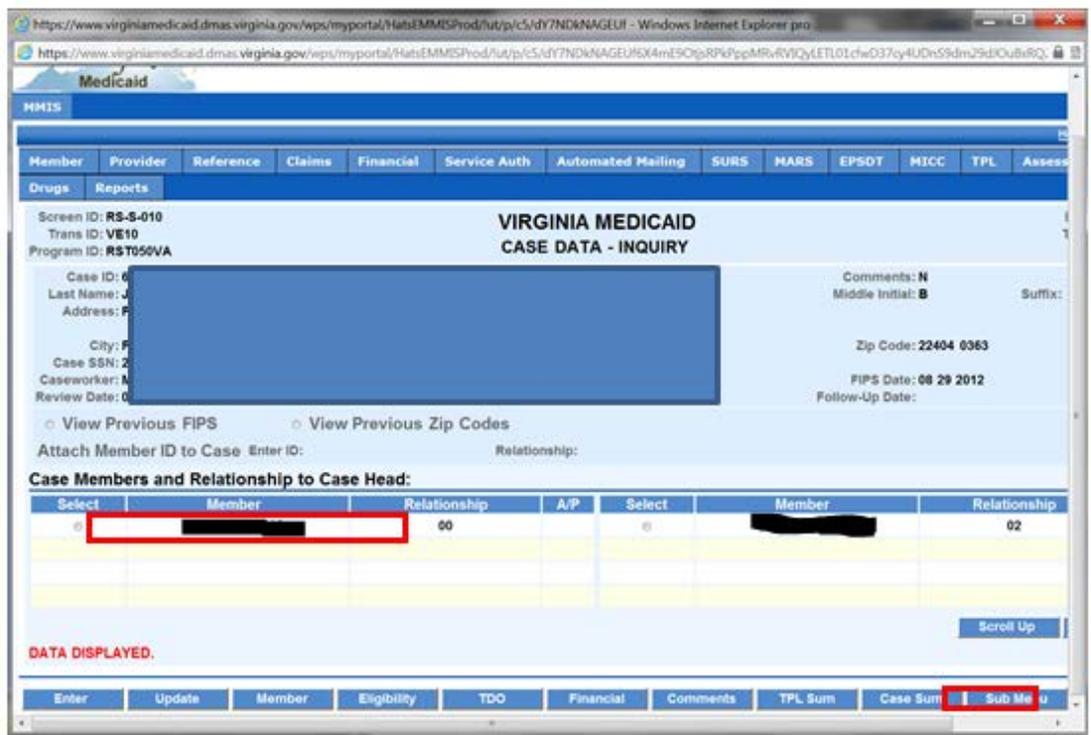
- 10) When the 'Enrollment Menu' opens, enter the Medicaid member's social security number and hit the 'Enter' button on the keyboard or click on the 'Enter' button as displayed below.



- Next, when the Search Results – Select Member screen opens select the radio button to the left of the desired member, then click on the button at the bottom of the screen labeled ‘Case’ as displayed below.



- Next, select the radio button beside the Case Member’s number, then click the button at the bottom of the screen labeled ‘Case Sum’ as displayed below.



13) Next, the 'Case Summary – Inquiry screen as displayed below will provide the details necessary to determine if the member(s) meet the eligibility requirements for the HIPP Programs.

to determine if the member(s) meet the eligibility requirements for the HIPP Programs.

The screenshot shows the 'VIRGINIA MEDICAID CASE SUMMARY - INQUIRY' screen. At the top, there are navigation tabs: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL. Below these are 'Assessment' and 'Drugs' tabs. The main header includes 'Screen ID: RS-S-051', 'Trans ID: VE91', 'Program ID: RST051VA', 'Date: 05/30/2013', 'Time: 14:20', and 'Page: 1 of 1'. The case information includes 'Case ID: 630-022488-001', 'ADAPT ID: 1327491', 'FIPS: 630', 'EW: M4283', and 'Review Date: 06/30/2013'. A table lists members with columns: Sel, Rel, Member ID, A/P, HIPP Status, AC, Begin Date, End Date, Cancel Date, Reason, Gender, Member FIPS. Two members are shown, both with FIPS 630 and AC 00. Callouts 'a', 'b', and 'c' point to the End Date, HIPP Status, and AC columns respectively. A red box highlights the FIPS 630 value for the first member. At the bottom, there are buttons for 'Scroll Up' and 'Scroll Down', and a status message 'ALL ENROLLEES ARE DISPLAYED.' Below the table are additional tabs: Member, Eligibility, Case, Cost, Fee, HIPP Payment, Sub Menu, Main Menu.

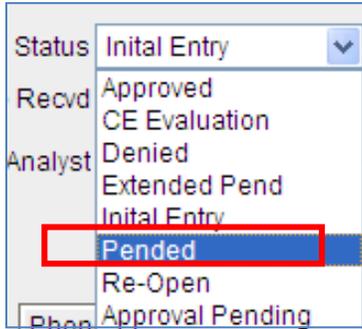
- First, determine if the member(s) is active in Medicaid. The End Date column will reflect an active member with the end date of '12/31/9999'. If the date is anything other than that date it means the member(s) is inactive in Medicaid and no qualifies for the HIPP program. Notate the end date on the Application Intake form if anything other than '12/31/9999'. If the member is no longer active then the member is not eligible for the HIPP Program. Continue reviewing other possible eligible members that are listed on the HIPP/HFK Application/Renewal form
- Second, look at the column labeled HIPP to determine if this member was previously enrolled in the HIPP program. If there is a 5-digit number in this column then it is more than likely that the member(s) were previously enrolled in HIPP as displayed above. Next, write the HIPP # on the top of the Application Intake form.
- Third, look in the AC column, which will display a 3-digit aid category code. Notate the aid category listed on this screen on the Application Intake form.
- Fourth, look at the FIPS code and record on the Application intake form.

14) Next, review the Application Intake form to determine if all required documents and information has been provided. If no, continue with 3.4.9 Applications – Pending. If yes, proceed step 14) under **3.3.9 Applications - Pending**.

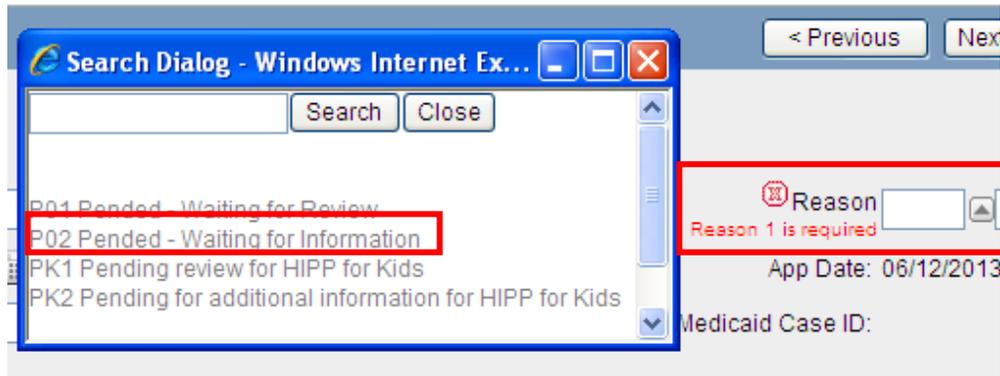
### 3.4.15 Applications - Pended

The missing information/documents will be requested by sending out a checklist to the application and the application screen status must be updated to reflect this action.

- 1) Click on the  down arrow and select 'Pended' as displayed below and click on the 'Update'  button.



- 2) Next, a red error message Reason will appear 'Reason 1 is required'. Click on the down  arrow beside the 'Reason' field. Select the option 'P02- Waiting for Information' from the Search dialog window when it is displayed as below.



- 3) Next, create a checklist for the missing information/documents. Click on the button in the top right of the screen labeled 'checklist' as displayed below.



- 4) Next, from the checklist screen select or enter the text for items that were missing from the application packet as displayed in sample below.
- 5)

DOC_NAME	DOC_DESC
HIPP_HFK APP & EIV RENEWAL FORM.pdf	HPP_HFK Application&EV Renewal form

- 6) 6)
- 7) Also, if the EIV and/or Application/Renewal form was missing from the application packet those blank forms should be included in the envelope and can be printed from this screen by double clicking on the text as displayed above.
- 8) Next, to print off the checklist click on the print  button as displayed above.
- 9) Next, when the checklist appears it must be printed and then saved for future reference. To print, click on the print  icon as displayed below

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM  
CHECKLIST OF NEEDED INFORMATION FOR APPLICATION

HIPP Case Number	Medicaid Case Number
041-031847-004	041-031847-004
Date Mailed	Due Date (20 days)
June 4, 2013	June 14, 2013
HIPP Analyst	Telephone # 804-784-5409
Mary Craig	TOLL FREE # 800-412-5024

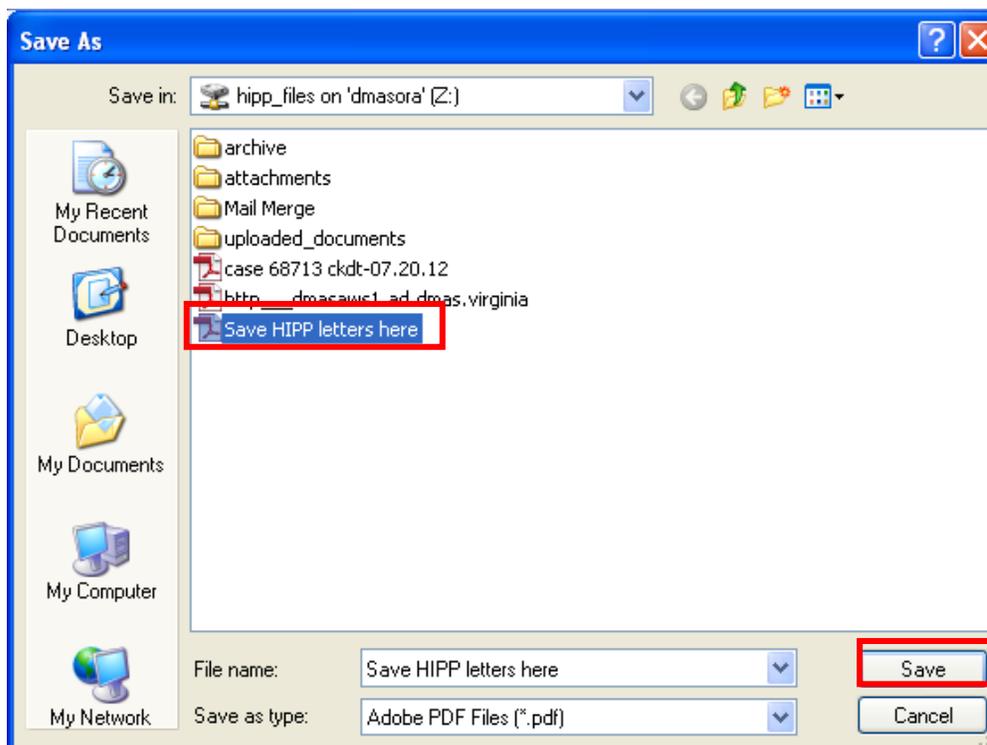
To evaluate eligibility under the Health Insurance Premium Payment (HIPP) program, you must provide the information checked below. If you are unable to provide the information or if you need help in providing the information, contact your Analyst listed above. IF YOU DO NOT SUBMIT A HIPP APPLICATION, NO PREMIUM ACTION WILL BE TAKEN. If you do not submit other required information or contact the agency by the due date listed above, your application may be denied.

- HIPP/HIP For Kids Employer Insurance Verification Form
  - Form Not Received (Blank form enclosed)
  - Form is not complete (Blank form enclosed)
  - Other
- HIPP/HIPP For Kids Application Form
  - Form is not complete (Blank form enclosed)
- Documents
  - Copy of Health Insurance Card (front and back)  
(Medical, Pharmacy/Drug, Dental & Vision card)
  - Copy of Health Insurance Plan Summary Information  
(Chart showing co-pay & deductible etc.)
  - Copy of most current Pay Stub - Showing Premium Deduction
  - Self-employment Verification  
(Copy of most recent tax returns, if new business, submit business records)
  - Other

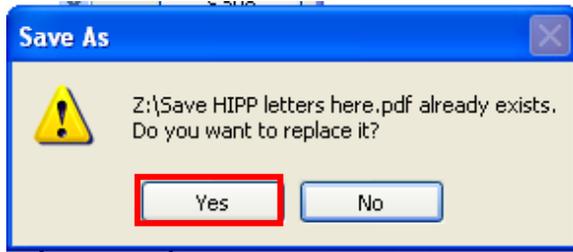
Please return this checklist with requested information to the HIPP Unit

Effective June 1, 2013 the HIPP Unit will accept faxed documents at (804) 412-0900 or scanned documents via email at HIPP@dmasservices.dmas.virginia.gov or by mail.

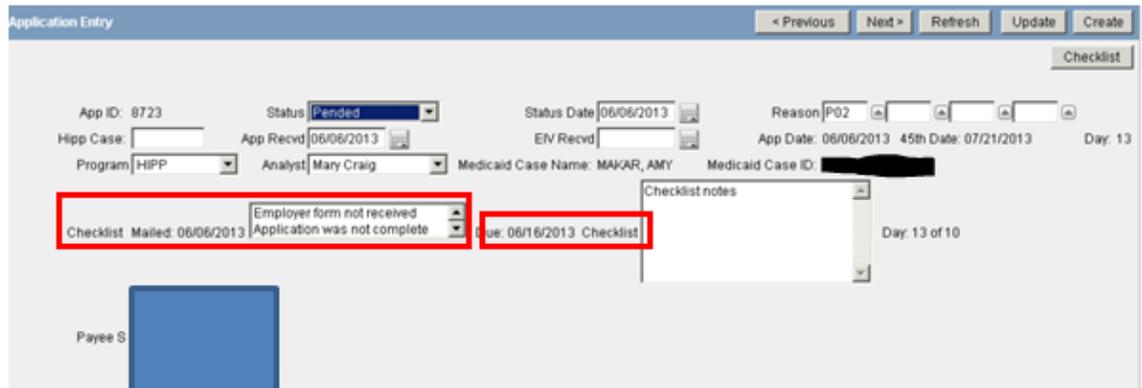
10) Next, to save the checklist click on the disc  icon and when the window opens double-click the 'Save HIPP letters here' file then click on the 'Save' button.



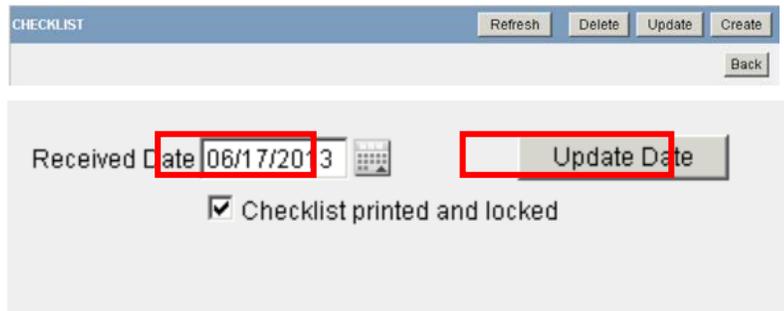
11) Answer "Yes", replace existing file.



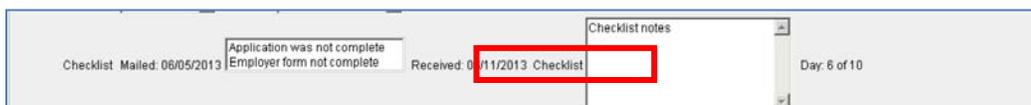
12) Next, the Application Screen will reflect the dated the checklist was mailed and some details as well as they date that the checklist must be received by HIPP as displayed below.



13) Next, once the checklist and all documents requested. The checklist screen needs to be updated. Enter the Received date that all the documents were received on the checklist screen then click on the 'Update Date' **Update Date** button.



14) Next, the checklist received date will appear on the application entry screen as displayed below.



Analyst CAC  
Date 6/18/13

**HIPP APPLICATION INTAKE FORM**

App ID: [Redacted]  
Employee's Name [Redacted]  
Medicaid Case Name(s) [Redacted]  
Parent Name on Case [Redacted]  
Medicaid Case Number(s) [Redacted]  
A/C 092 Flips 137 Locality \_\_\_\_\_ Region \_\_\_\_\_  
Old HIPP # N/A Cancel Reason N/A  
Old AppID N/A Denied Reason N/A

Review and verify the following information

Documents Received	Received Date	Checklist Sent Date	Checklist Received Date
Application	4/30/13		
EIV	4/30/13	5/21/13	5/30/13
DNS Card	4/30/13		
DNS Summary	4/30/13		
Paystub	4/30/13		
Other forms received	/		
Other forms requested			
Comments:			

15) Change the status option to 'CE Evaluation' and click the 'update button'. When the red error message  on the screen displays, follow the instructions and change the reason code to 'CEK' as displayed below.

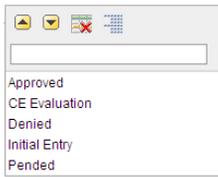


The screenshot shows the 'Application Entry' form with the following fields and values:

Field	Value
App ID	8747
Status	CE Evaluation
Status Date	06/19/2013
Reason	CEK
Hipp Case	
App Recvd	06/09/2013
EIV Recvd	06/09/2013
App Date	06/09/2013
45th Date	07/24/2013
Day	11

Buttons at the top right: < Previous, Next >, Refresh, Update, Create. A Checklist button is also present.

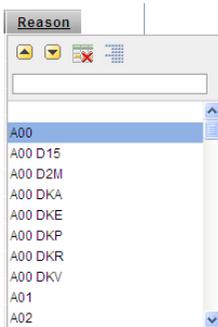
Fig. III Status



**Table of status types utilized in the dropdown menu as shown in Fig. II on the Application Log Screen.**

<i>Status</i>	<i>Description</i>
<b>Approved</b>	Application Approved for enrollment into the HIPP/HIPP For Kids Program
<b>CE Evaluation</b>	Required documentation has been received and being reviewed to determine if application meets criteria to be enrolled in the HIPP/HIPP For Kids Program
<b>Denied</b>	Application denied
<b>Initial Entry</b>	Application has been received and is pending review
<b>Pended</b>	Application received but additional documentation required; Application received but does not qualify for HIPP program.

Fig IV – Reason



### 3.4.16 Renewal Notifications – Create and Generate

Each case must be re-approved each year. This involves the payee and the payee’s employer affirming and updating their information on file with DMAS. “Annual Renewal” is the procedure that HIPP uses to trigger that renewal process.

The following narrative describes the process of selecting payees for annual renewal notification and letter generation.

- 1) Under the “Case” tab select “Annual Renewals”.

The screenshot shows a software interface with a navigation bar at the top containing tabs: "Cases", "Case Re-Eval", "Appeals", "Reasons", "Phone", and "Reports". The "Cases" tab is currently selected. Below the navigation bar, there is a table with the following data:

Coverage	Status Date	Re Eval
	01/01/2000	-
	01/01/2000	-
10 - 12/01/2010	01/01/2000	-
	01/01/2000	-

To the right of the table is a "Case\_Menu" dropdown menu with the following items:

- Case Letters
- Enter Paystubs
- Load Premium
- ECM Spreadsheet
- Cost Sharing - HIPP For Kids
- Upload paystubs to cases
- Paystub Notifications
- Annual Renewals

The "Annual Renewals" item is highlighted with a rounded rectangular border.

2) Next, select the Renewal Month

### Annual Renewal Notifications

Letter Date

Renewal Month   
  
Note:  record will be created with the generation of the renewal  
no data found ; unless a re-evaluation is already open for the case.

HIPP  HIV  Both

January  
February  
March  
April  
May  
June  
July

3) Upon selection of a renewal month the screen will display a note and potential concerns.

**Note:** A re-evaluation record will be created with the generation of the renewal notification letter; unless a re-evaluation is already open for the case.

Remove open re-evaluations

4) When there is a re-evaluation already open for a case, a new re-evaluation is not created. Cases with open re-evaluations are indicated with “\*\* open reeval”

68713		LAW	08/24/2009	06/01/2012 - 06/01/2012	
68712		LAW	08/12/2009	06/01/2012 - 06/01/2012	** open reeval **
68783		KLT	08/13/2009	06/01/2012 - 06/01/2012	

5) To create renewal letters click on “Generate Notifications”.

Annual Renewal Notifications

**Generate Notifications**

Letter Date

Renewal Month  Search

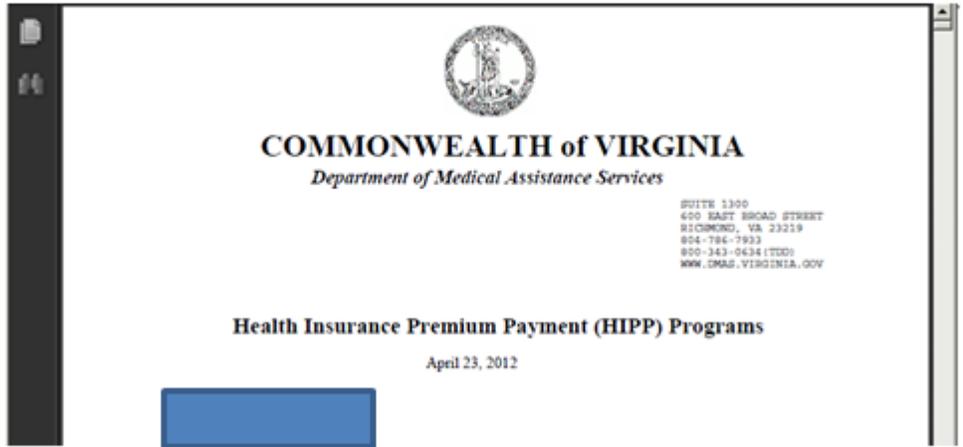
HIPP  HIV  Both

Note: A re-evaluation record will be created with the generation of the renewal notification letter, unless a re-evaluation is already open for the case.

There is one re-evaluation open in this selection

Case	Payee	Analyst	App Date	Renewal Period	Open Reeval
60635		NAG	08/24/2009	06/01/2012 - 06/01/2012	
68782		NAG	08/11/2009	06/01/2012 - 06/01/2012	

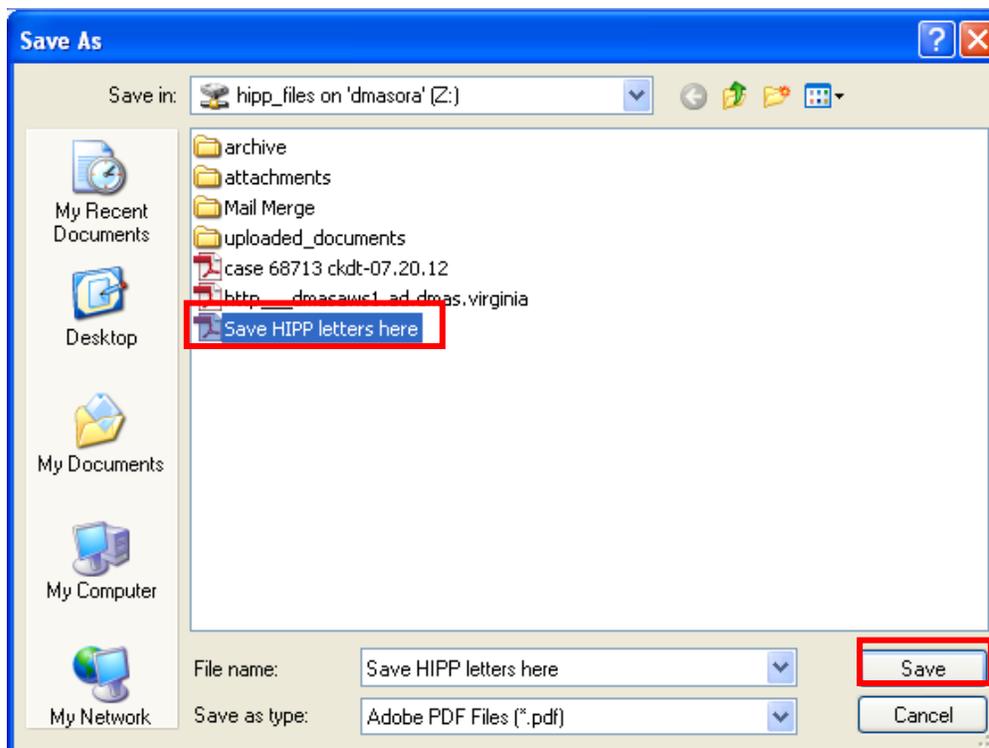
- 6) Next, print the letters then save the PDF to "Save HIPP letters here.pdf". The PDF must be saved to "Save HIPP letters here.pdf" in order for Oracle to attach the letters to the cases.



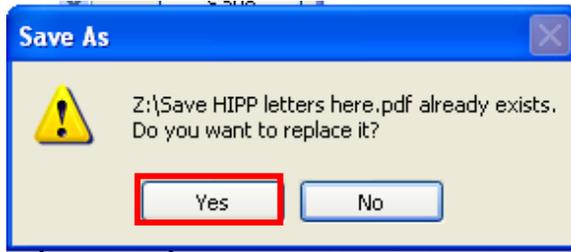
- 7) To save as PDF file, click on the save disk icon.



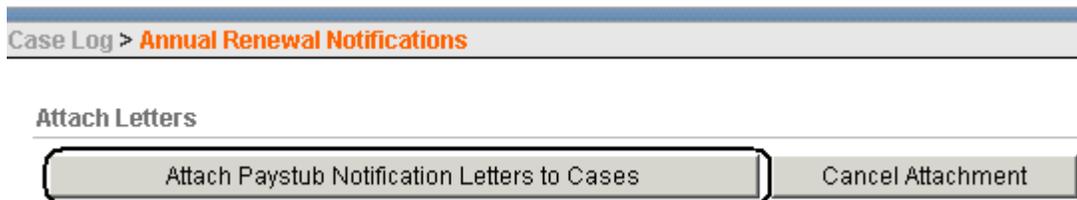
- 8) Next, highlight/click on 'Save HIPP letters here.pdf' file then click on the 'Save' button.



9) Answer "Yes", replace existing file.



10) Next, the Annual Renewal Notification screen will be displayed. If the letters looked good, were printer, and the PDF saved, click "Attach Paystub Notification Letters to Cases", otherwise click "Cancel Attachment".



11) If the "Attach Paystub..." button was selected, all of the cases in the selection list will be marked with "\*\* open reeval \*\*".

There are 25 re-evaluations open in this selection

Case	Payee	Analyst	App Date	Renewal Period	Open Reeval
60635		NAG	08/24/2009	06/01/2012 - 06/01/2012	** open reeval **
68782		NAG	08/11/2009	06/01/2012 - 06/01/2012	** open reeval **
68795		NAG	08/26/2009	06/01/2012 - 06/01/2012	** open reeval **
67890		NAG	08/20/2009	06/01/2012 - 06/01/2012	** open reeval **

### 3.4.17 Office Equipment Maintenance

Program Tech support is responsible for maintaining the unit's office equipment. Should the unit copiers, faxes, and printers mal-function the appropriate service contractor should be notified for

maintenance and/or repair service. The Eligibility Enrollment Manager and/or Supervisor HIPP/Buy-In Unit should be informed in writing when the maintenance/repair occurs to the unit copiers, faxes, and printers.

### **3.4.18 Cloud – Retrieve Archived Emails**

Each email received in the HIPP Customer Service inbox can be retrieved from the 'Cloud'. HIPP staff members who have been granted permission to access the cloud documents are: Manager Enrollment Eligibility Unit; Supervisor HIPP/Buy-In Unit; Program Tech Support; and Senior HIPP Analyst.

# 4.0 HIPP Analyst Procedures

## 4.1 Purpose:

To review and determine eligibility of new applicants.

## 4.2 Policy:

Applications must be processed within 45 calendar days of application date. However, if all required documentation for evaluation of an application is not provided within 30 calendar days of the application date, the application will be denied. The Department must allow at least 10 calendar days from the date of the checklist to receive information requested that is necessary to processing the application/renewal prior to processing.

## 4.3 Procedures:

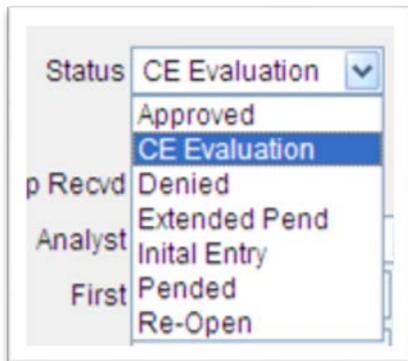
### 4.3.1 Applications – Processing Time Standards

Applications that are missing some of the required documentation listed below must be mailed a checklist requesting the missing documentation within 48 hours of receipt of the Application/Employer Insurance Verification form. If the required documentation is not received by the due date on the checklist the Application should be denied.

### 4.3.2 Applications - change status to CE Evaluation:

Once all documents are received and no indication that the case should be denied at this point, the application status can be changed 'CE Evaluation'

- 1) Change the Status date to the current date using the drop down box beside the Status' field as displayed below.



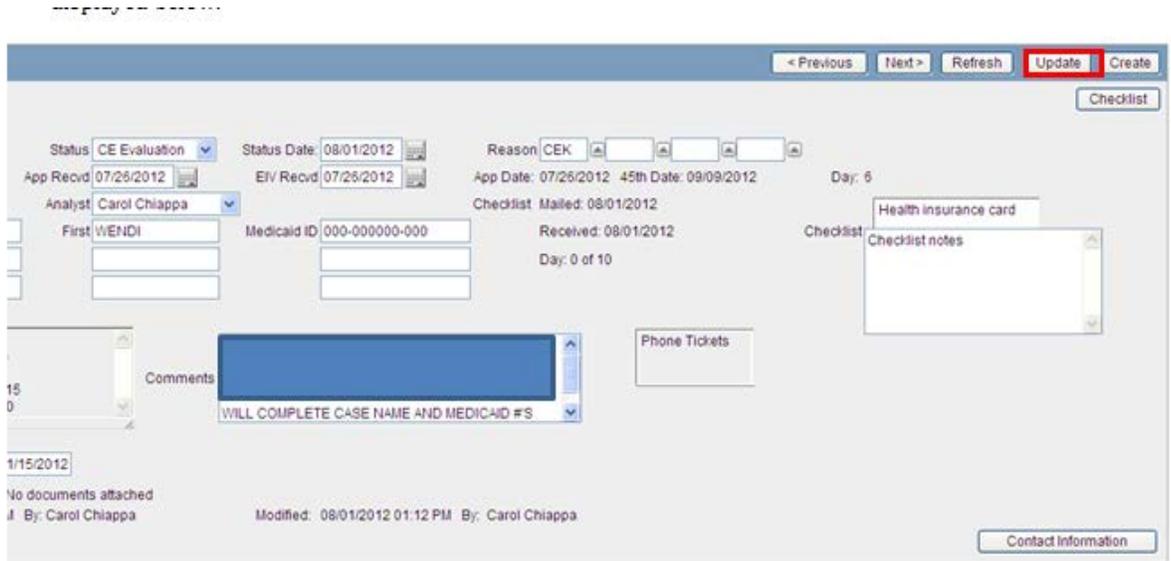
2) Then an error message will occur as displayed below.



3) Select the down arrow beside 'Reason' and the following screen will appear and the appropriate code would be selected depending on the specific case situation qualifies for HIPP or HIPP for Kids.



4) Once the code is selected, click on the 'Update' button and the screen will be updated as displayed below.



### 4.3.3 Applications - change Status to Denied:

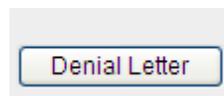
If a case does not meet the HIPP program guidelines the application will be denied and send a denial letter.

- 1) A case could be denied for the following reasons:
  - a. No family members are Medicaid eligible
  - b. All documents were not submitted within 30 days of application submission date
  - c. No premium payments being made
  - d. All Medicaid eligible members are not covered by group health insurance policy
  - e. Medicaid eligible family member(s) also receiving Medicare
- 2) Once determination has been made to deny the application, first verify TPL is correct. If yes proceed to step 3). If no, notify the TPL unit via email [TPLUnit@dmas.virginia.gov](mailto:TPLUnit@dmas.virginia.gov) that the member(s) TPL should be reviewed.
- 3) Change the Status to 'Denied' and the Status Date to the 'current date' using the drop down box beside as displayed below and click on update.

The screenshot shows the 'Application Entry' form with the following fields and values:

- App ID: 7493
- Hipp Case: [Empty]
- Program: HIPP
- Case Last: [Empty]
- App Recvd: [Empty]
- Analyst: [Empty]
- First: [Empty]
- Status: Denied (dropdown menu is open showing options: Approved, CE Evaluation, Denied, Extended Pend, Inital Entry, Pended, Re-Open)
- Status Date: 08/03/2012 (calendar icon)
- EIV Recvd: 07/26/2012 (calendar icon)
- Medicaid ID: 000-000000-000

- 4) Next, after selecting update click on the 'Denial Letter' button which will appear on the bottom of the screen as displayed below.

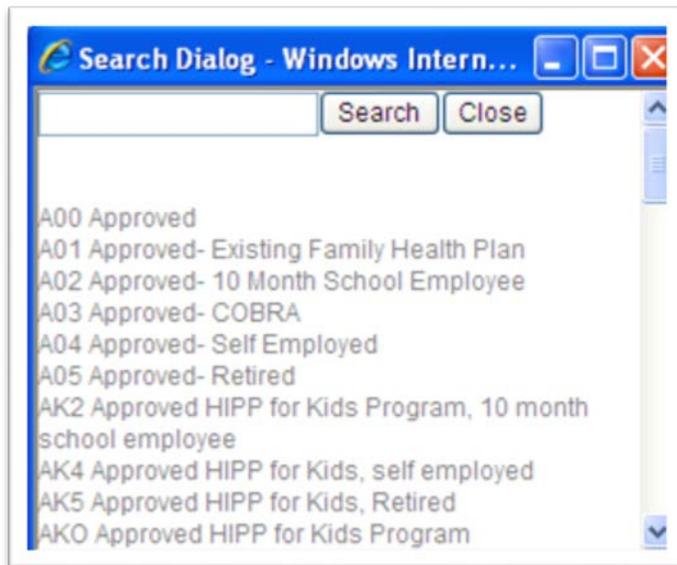


- 5) Provide a brief summary of the reason for the denial, as well as the citation from the HIPP Programs Policy Manual [http://dmasva.dmas.virginia.gov/Content\\_atchs/hipp/pi2.pdf](http://dmasva.dmas.virginia.gov/Content_atchs/hipp/pi2.pdf).

### 4.3.4 Applications - change status to Approved:

Once determination has been made that the application is approved the case will need to be approved in Oracle in order to open a Case Management file in Oracle.

- 1) In Application tab click on the 'Status' change to Approved; Change the Status Date to the current date and click on down arrow beside 'Reason' and select/highlight one the appropriate codes from the window as displayed below, then click on the 'Update' button.

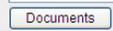


2) Next the screen will display a number of errors as displayed below.

The screenshot shows the Oracle PP Production Application Maintenance interface. At the top, there is a navigation bar with tabs for Title, Applications, Cases, Case Re-Eval, Appeals, Reasons, Phone, and Res. Below the navigation bar, the breadcrumb trail reads 'Application Log > Application Maintenance'. A grey error message box states: '5 errors have occurred' followed by a bulleted list: 'Value must be specified. (Go to error)', 'Value must be specified. (Go to error)', 'Value must be specified. (Go to error)', and 'Required. (Go to error)'. Below the error box is the 'Application Entry' form. The form contains the following fields and values: App ID: 7493; Status: Approved; Status Date: 08/01/2012; Reason: A00; Approval Eff Dt: (empty, error: Value must be specified); Premium: 0 (error: Required); Full Premium: (checkbox, unchecked); First Check Months: (empty, error: Value must be specified); First Mailed: (empty, error: Value must be specified); Hipp Case: (empty, error: Case number is required); App Recvd: 07/26/2012; EIV Recvd: 07/26/2012; App Date: 07/26/2012; Program: HIPP; Analyst: Carol Chiappa; Case Last: (empty); First: (empty); Medicaid ID: 000-000000-000; Checklist Mailed: 08/01/2012; Received: 08/01/2012; Day: 0 of 10.

3) Each field below must be updated in order to approve the Application within Oracle.

- a. Approval Eff Dt - Month the EIV and application were submitted.
- b. Premium – Dollar amount of the premium that is being reimbursed, if in approved as HIPP case and the HIPP rate is less than the premium amount than the box beside the 'Full Premium' would be checked.
- c. First Check Months - would be the month that the HIPP/HFK reimbursement began/begins.
- d. First Mailed – would be the month that the reimbursement will be mailed.
- e. HIPP Case – The HIPP case that was assigned by MMIS.
- f. 4.3.6 Applications - Upload scanned documents:

1) Click on the  'Documents' button as displayed below.

Application Log > Application Maintenance

Application Entry < Previous Next > Refresh Update Create

[Checklist](#)

App ID: 7389    Status: **Initial Entry**    Status Date: 07/06/2012    Reason: P01

Hipp Case:    App Recvd: 07/06/2012    Ely Recvd: 07/06/2012    App Date: 07/06/2012    45th Date: 08/20/2012    Day: 3

Program: HPP    Analyst: Letitia Bracey

Case Last:    First:    Medicaid ID:

Payee Street:    Comments:    Phone Tickets:

Open Enst Prd: 02/18/2012    End: 03/01/2012

**Documents**    document attached

Added: 07/06/2012 10:01 AM By: Letitia Bracey    Modified: 07/06/2012 10:02 AM By: Letitia Bracey

[Contact Information](#)

2) Next, the 'Attachments' screen will be displayed as shown below.

Application Log > Application Maintenance > Attachments

App ID: 7389  
Employee:

Browse File  [Browse](#)

File Description

**Attach Document**

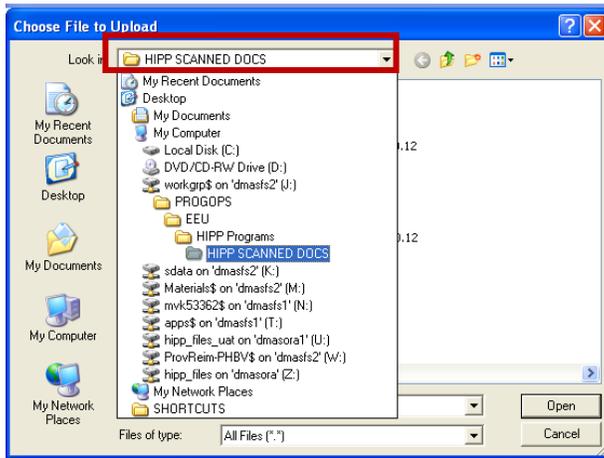
Documents Saved In The Database [Delete](#)

Doc Name	Doc Desc	Created By	Created Dt
<input type="checkbox"/>	APP_EV_Inscd_Paystub.Pnsun.tcvr	57	07/06/2012

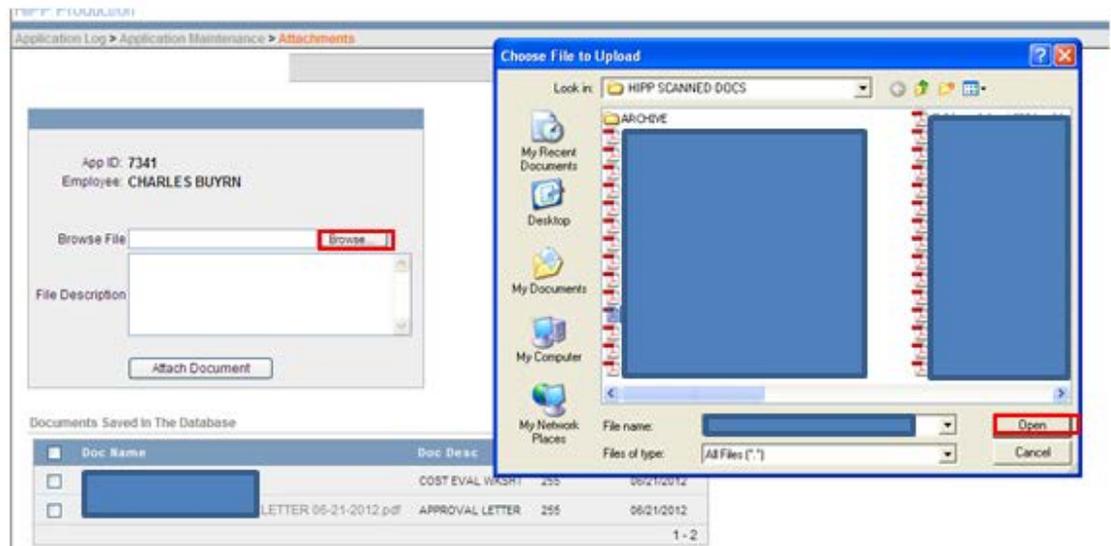
1 - 1

3) Next, click on [Attach Document](#) 'Attach Document' button and Choose file to upload screen will be displayed.

- 4) Then select the down arrow to the right of the 'Look in' field and select 'HIPP SCANNED DOCS' folder as displayed below.



- 5) Next, click on the desired file to be uploaded.



- 6) Next, click on the 'open button' which will populate the desired file into the 'Browse File' field.

- 7) Next, move cursor to 'File Description' and enter the name of the file to be attached as displayed below.

Application Log > Application Maintenance > Attachments

1 row(s) deleted

App ID: 7341  
Employee: [REDACTED]

Browse File: J:\PROGOPS\EEU\HPP Program [Browse]

File Description: APPLICATION

**Attach Document**

Documents Saved In The Database Delete

Doc Name	Doc Desc	Created By	Created Dt
[REDACTED] 7341.doc	COST EVAL WKSHT	255	06/21/2012
[REDACTED] APPROVAL LETTER 06-21-2012.pdf	APPROVAL LETTER	255	06/21/2012

1-2

- 8) Next, click on the Attach Document button and the document will be uploaded to the Application screen as displayed below.

Application Log > Application Maintenance > Attachments

App ID: 7341  
Employee: [REDACTED]

Browse File: [REDACTED] [Browse]

File Description:

Attach Document

Documents Saved In The Database Delete

Doc Name	Doc Desc	Created By	Created Dt
[REDACTED] APPLICATION	APPLICATION	505	06/26/2012
[REDACTED] 7341.doc	COST EVAL WKSHT	255	06/21/2012
[REDACTED] APPROVAL LETTER 06-21-2012.pdf	APPROVAL LETTER	255	06/21/2012

1-3

### 4.3.5 Analyst – Case Management – Application Approval

- 1) To approve an application, click on Status field and select 'Approved' as displayed below.

The screenshot shows the 'Application Entry' form. The 'Status' dropdown menu is open, and 'Approved' is highlighted. Other visible fields include App ID: 8795, Status Date: 06/26/2013, Reason: CEK, and a 'Checklist' button in the top right corner.

- 2) Next, click on the 'update' button and red error messages will appear to notify user that other fields must now be updated as displayed below.

The screenshot shows the 'Application Entry' form after clicking the 'Update' button. Red error messages are displayed for several fields: 'Approval Eff Dt' (Value must be specified), 'Premium' (Required), 'First Check Months' (Value must be specified), 'First Mailed' (Value must be specified), 'Hipp Case' (Case number is required), and 'Status code / reason code conflict'. The 'Status' dropdown is now set to 'Approved'.

- 3) After updating the fields click on the 'update' button and application will be approved. The Case Management button will appear at the bottom of the screen as displayed below.

Application Entry

App ID: 8795 Status: **Approved** Status Date: 06/27/2013 Reason: AKO

Approval Eff Dt: 06/01/2013 Premium: 492.24 Full Premium:

First Check Months: June 2013 First Mailed: July 2013

Hipp Case: 69876 App Recvd: 06/19/2013 EIV Recvd: 06/19/2013 App Date: 06/19/2013

Program: HIPP for Kids Analyst: Carol Chiappa Medicaid Case Name: Medicaid Case ID:

Payee S:

New note: 06/26/13 02:16 CCHIAPPA ... member id: 975-007892-927

Phone Tickets:

Open Enrl Prd: End:

Documents: 5 documents attached

Added: 06/24/2013 10:59 AM By: Mary Craig Modified: 06/27/2013 08:55 AM By: Carol Chiappa Phone Ticket: New ticket This application Phone Log

Insurance Contact Information **Case Management**

4) Next, click on the Case Management button to move to the Case Management screen as displayed below.

Case Maintenance

Case: 69876 Analyst: Carol Chiappa Letter:

Status: Effective Effective Date: 06/01/2013 Program: HIPP for Kids

Case needs attention

Payee S:

Employment: Full time Begin:

Insurance:

App Dt: 06/19/2013 Annual Renewal:

Stubs Due Qtr 1: 03/05/2014  
Qtr 2: 06/05/2013  
Qtr 3: 09/05/2013  
Qtr 4: 12/05/2013

Open Enrl Prd: -

Dep(s) age: >

File: Browse... Attach

Folder:

Desc:

Contents listed for folder:

6 months  All

### 4.3.6 Analyst – Case Management – Case Creation

Now that the application has been approved this screen will need to be updated to actually create the case in oracle.

- 1) Select the Status; Enter the employment begin date from the application; verify employment is correct and if not select the appropriate employment status; select the correct insurance coverage. Click the 'Create' Button and results will be displayed.
- 2) Next, the dependents need to be entered. Click on the 'Dep(s) age' button.

Case: 69876 Analyst: Carol Chiappa Letter: [dropdown]

Status: AKO Effective: 06/01/2013 Program: HIPP for Kids

Case needs attention

Medicaid Case Name: Jeffers, John M

Payee S: [redacted]

Employment: Full time Begin: 11/25/1998

Insurance: Employer Insurance

App Dt: 06/19/2013 Annual Renewal: 04/01/2014 - 05/31/2014

Stubs Due: 06/05/2013 09/05/2013 12/05/2013 03/05/2014 Update

Open Enr Prd: -

Dep(s) age: None >

3) Next, the Dependent screen will display without any dependents which much be entered. Click on the 'List Recipients' button.

Case Log > Case Maintenance > Dependants

Dependants [Cancel] [Delete] [Update] **List Recipients** [Back]

**Dependants for HIPP# 69876 Jacqueline M Jeffers (HIPP for Kids)**

First	Last	Member ID	DOB	Age	Relationship	Medicaid Eligible	Enrolled In Insurance	Eligible For Coverage	Aid Category	Waiver Type	Hipp Rate
No data found.											

[Add Row]

4) Next once the Medicaid recipients are displayed select the Medicaid dependents that are eligible for the HIPP/HFK program by clicking/highlighting each name and click the 'Import' button.

Case Log > Case Maintenance > Dependants

Select Dependants

Search: [input] [Refresh] **Import** [Hide]

Recipients: [empty list]

Dependants [Cancel] [Delete] [Update] [Back]

**Dependants for HIPP# 69876 Jacqueline M Jeffers (HIPP for Kids)**

First	Last	Member ID	DOB	Age	Relationship	Medicaid Eligible	Enrolled In Insurance	Eligible For Coverage	Aid Category	Waiver Type	Hipp Rate
No data found.											

[Add Row]

5) Next, the Medicaid dependents will be imported into the dependent screen as displayed below.

Case Log > Case Maintenance > **Dependants**

Dependants Cancel Delete Update List Recipients Back

**Dependants for HIPP# 69876 Jacqueline M Jeffers** (HIPP for Kids)

<input type="checkbox"/>	First	Last	Member ID	Dob	Age	Relationship	Medicaid Eligible	Enrolled In Insurance	Eligible For Coverage	Aid Category	Waiver Type	Hipp Rate
<input type="checkbox"/>				03/09/2001	12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Add Row

- 6) Next, the Medicaid information should be entered for each Medicaid dependent imported by: select the dependent's relationship to the policy; check the box beside 'Medicaid eligible'; check the box beside 'Enrolled in Insurance'; enter the Aid Category; select the 'Waiver Type' if applicable; enter the HIPP rate;
- 7) Next, if this is a HFK case the parent(s) who are covered by the insurance must be manually entered. Click on the 'Add Row' button for each parent that will be entered.

- Next, enter the required parent info: First Name; Last Name; DOB; check the box beside 'Enrolled in Insurance' and click on update which will in the display example below.

Case Log > Case Maintenance > Dependants

1 row(s) updated, 2 row(s) inserted.

Dependants Cancel Delete Update List Recipients Back

**Dependants for HIP# 69876 Jacqueline M Jeffers** (HIP# for Kids)

	First	Last	Member ID	Dob	Age	Relationship	Medicaid Eligible	Enrolled In Insurance	Eligible For Coverage	Aid Category	Waiver Type	Hipp Rate
<input type="checkbox"/>				07/13/1962	50	Spouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>			975007892927	03/09/2001	12	Son	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	092		121.74
<input type="checkbox"/>				04/05/1967	46	Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

1 - 3 Add Row

- Next, click the back button and the Case Management screen will reflect the dependent's age who will covered by the HIP#/HFK program at the bottom of the screen as displayed below.

Case needs attention

Medicaid Case Name: Jeffers, John M Status History AKO 06/01/2013 Phone Tickets

Payee S: [Redacted]

Employment: Full time Begin: 11/25/1998

Insurance: Employer Insurance

App Dt: 06/19/2013 Annual Renewal: 04/01/2014 - 05/31/2014

Stubs Due: 06/05/2013 09/05/2013 12/05/2013 03/05/2014 Update

**Dep(s) age: 12, 46, 50**

Re-Eval: Not performed

### 4.3.7 Analyst – Case Management – Approval Letter

Once the case is created and updated, the approval letter needs to be generated, printed and mailed to the payee.

- Click on the down arrow next to the 'Letters' field, then select Notice of Action as displayed below.

Case Maintenance Cancel Update Back Start Re-eval

Case: 69876 Analyst: Carol Chiappa Letter

Status: AKO Effective: 06/01/2013 Program: HIF Sent & Pending

Case needs attention Notice of Action

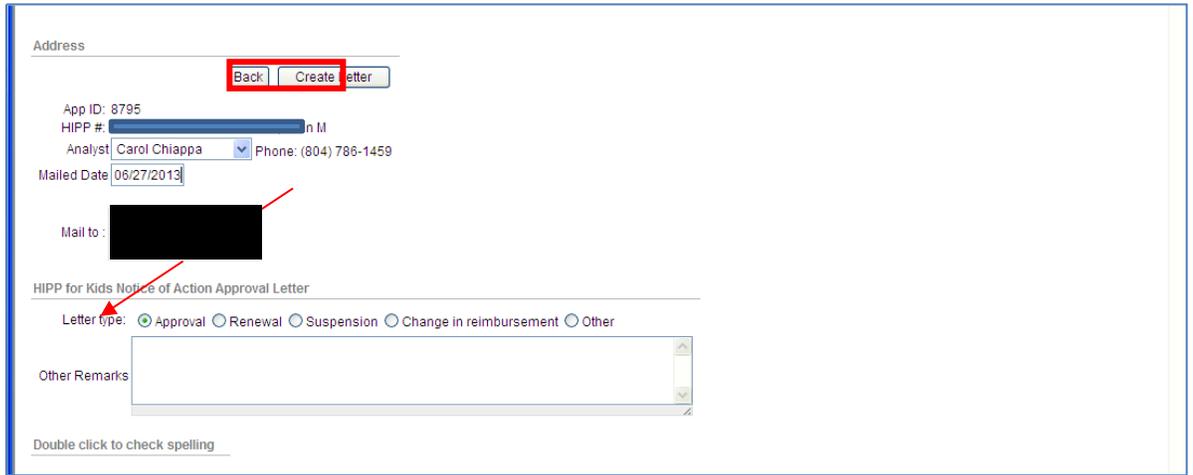
Medicaid Case Name: [Redacted] HFK - Cost Sharing - Checklist

Payee S: [Redacted] HFK - Cost Sharing - Notice of Action

Employment: Full time Begin: 11/25/1998 Annual Renewal

Insurance: Employer Insurance

- 2) Next, when the Letter creation screen displays select the 'Letter Type'. In this case, click on the radio button beside 'Approval'. All the 'Other remarks' will be uploaded from the Application screen. Click on the 'Create Letter'  button'.



Address

App ID: 8795  
 HIPP #: [redacted] n M  
 Analyst: Carol Chiappa Phone: (804) 786-1459  
 Mailed Date: 06/27/2013

Mail to: [redacted]

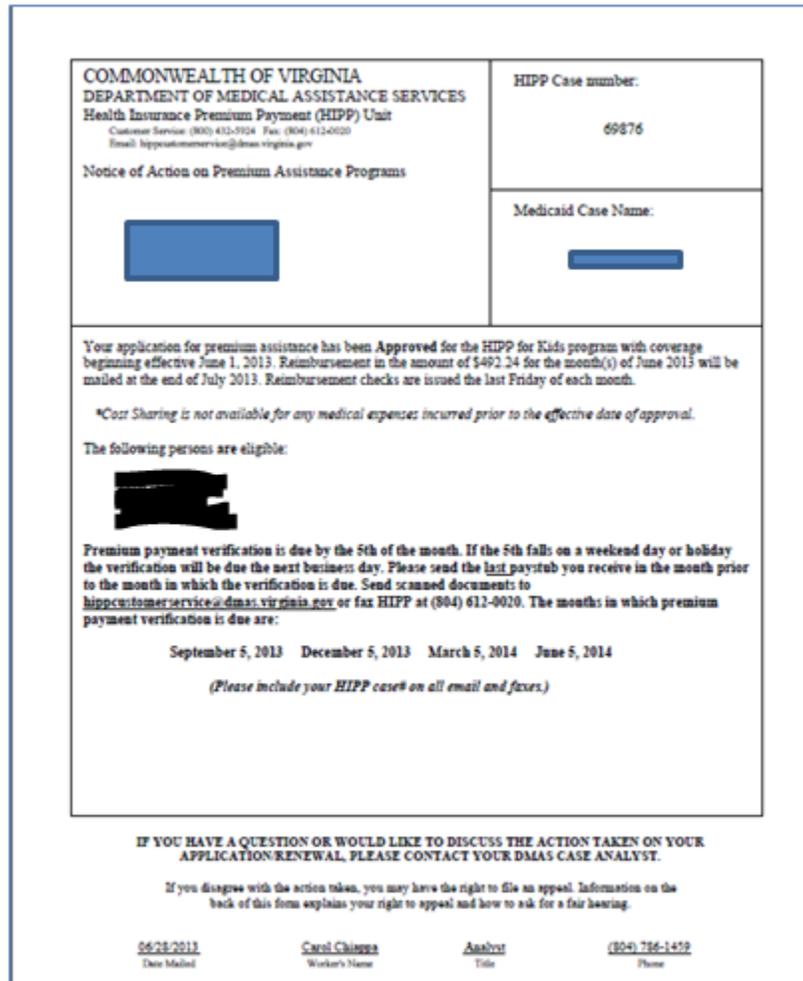
HIPP for Kids Notice of Action Approval Letter

Letter type:  Approval  Renewal  Suspension  Change in reimbursement  Other

Other Remarks: [text area]

Double click to check spelling

- 3) Next, the approval notice will be displayed shown below.



COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
 Health Insurance Premium Payment (HIPP) Unit  
 Customer Service: (804) 412-9924 Fax: (804) 412-0020  
 Email: hippcustomer.service@dmas.virginia.gov

HIPP Case number:  
69876

Medicaid Case Name:  
[redacted]

Notice of Action on Premium Assistance Programs

[redacted]

Your application for premium assistance has been **Approved** for the HIPP for Kids program with coverage beginning effective June 1, 2013. Reimbursement in the amount of \$492.24 for the month(s) of June 2013 will be mailed at the end of July 2013. Reimbursement checks are issued the last Friday of each month.

\*Cost Sharing is not available for any medical expenses incurred prior to the effective date of approval.

The following persons are eligible:  
 [redacted]

Premium payment verification is due by the 5th of the month. If the 5th falls on a weekend day or holiday the verification will be due the next business day. Please send the last paystub you receive in the month prior to the month in which the verification is due. Send scanned documents to [hippcustomer.service@dmas.virginia.gov](mailto:hippcustomer.service@dmas.virginia.gov) or fax HIPP at (804) 612-0020. The months in which premium payment verification is due are:

September 5, 2013 December 5, 2013 March 5, 2014 June 5, 2014

(Please include your HIPP case# on all email and faxes.)

IF YOU HAVE A QUESTION OR WOULD LIKE TO DISCUSS THE ACTION TAKEN ON YOUR APPLICATION/RENEWAL, PLEASE CONTACT YOUR DMAS CASE ANALYST.

If you disagree with the action taken, you may have the right to file an appeal. Information on the back of this form explains your right to appeal and how to ask for a fair hearing.

06/28/2013 Carol Chiappa Analyst (804) 786-1459  
 Date Mailed Worker's Name Title Phone

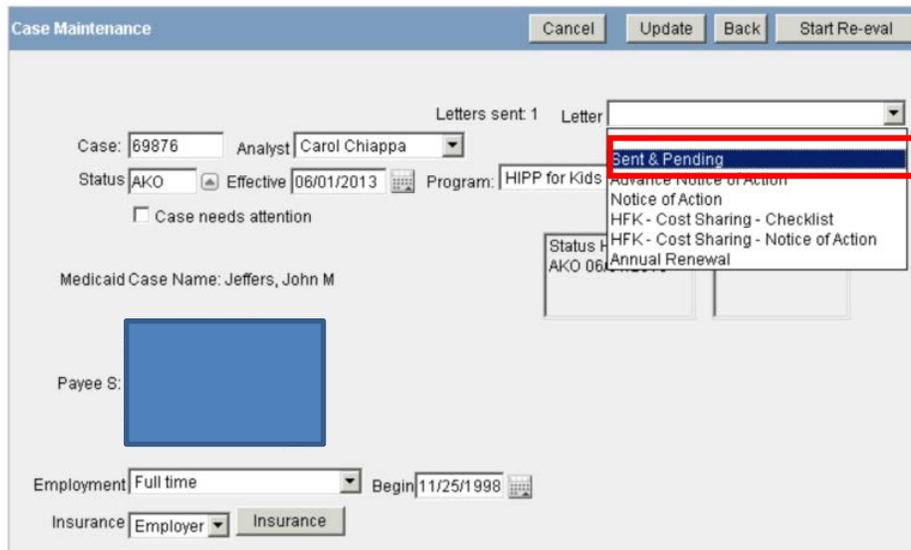
- 4) Next, print off the document by clicking on the print icon as displayed below.



- 5) Next, save the document by clicking on the Save as icon displayed below.



- 6) To verify the document was saved to the case file. Click on the down arrow next the 'Letters' and select 'Sent and Pending' as displayed below.



- 7) Next, the Case Letters screen will display with the last 6 months of notices that were generated as displayed below. NOTE: If user wants to view letters generated prior to 6 months click on the Period From-Thru and change the from and Thru date fields to desired time period.



- 8) Next to view the 'Notice of Approval' click on the Type of letter to view and the notice will open for viewing and printing if desired as displayed below.

<p>COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Health Insurance Premium Payment (HIPP) Unit Customer Service: (800) 432-5924 Fax: (804) 612-0020 Email: hipp.customer.service@dmass.virginia.gov</p> <p>Notice of Action on Premium Assistance Programs</p> <p></p>	<p>HIPP Case number: 69876</p> <p>Medicaid Case Name: </p>
<p>Your application for premium assistance has been Approved for the HIPP for Kids program with coverage beginning effective June 1, 2013. Reimbursement in the amount of \$492.24 for the month(s) of June 2013 will be mailed at the end of July 2013. Reimbursement checks are issued the last Friday of each month.</p> <p><i>*Cost Sharing is not available for any medical expenses incurred prior to the effective date of approval.</i></p> <p>The following persons are eligible: </p>	

- 9) Finally, click back  button at the top left of the screen and the Case Management screen will be displayed and the approval process is complete!!

**Fig. V – Application Maintenance Data Fields**

**Table with description of columns on the Application Maintenance Screen**

<i>Data Field</i>	<i>Description</i>
<b>App ID</b>	Identification number assigned by the Oracle database system
<b>Status</b> <b>*Fig. II</b>	The current standing assigned to the application
<b>Status Date</b>	The date that the current standing in the HIPP Program application occurred
<b>Reason</b> <b>*Fig. III</b>	The code used to determine the specific standing of the HIPP Program application
<b>Approval Eff Dt</b>	Date the participant is enrolled into a HIPP Program
<b>Premium Amount</b>	Monthly premium reimbursement amount
<b>Full Premium</b>	Approved to receive the full reimbursement amount
<b>First Check Month</b>	First month that payee will be reimbursed
<b>First Mailed</b>	First month that reimbursement will be mailed
<b>HIPP Case</b>	HIPP number assigned by MMIS to case
<b>App Rec</b>	Date that application was received
<b>EIV Date</b>	Date that EIV was received
<b>App Date</b>	Date
<b>Program</b>	Program that approved application enrolled into
<b>Analyst</b>	Analyst assigned to review and approved/deny new application
<b>Case Last</b>	Last name of the case holder
<b>First</b>	First name of the case holder
<b>Medicaid ID</b>	Medicaid case ID # assigned to the case from VAMISS
<b>Employee Last</b>	Last name of the policy holder
<b>First</b>	First name of the policy holder
<b>SSN</b>	Social Security # of the policy holder
<b>Alt contact</b>	Last name of the alternate contact for the HIPP case
<b>Phone</b>	Contact numbers for the HIPP case

<b>Mailing Address</b>	Mailing address if different than Street address of policy holder
<b>Attention</b>	First and last name of policy holder, if different than addressee
<b>Address</b>	Street address of the policy holder
<b>City</b>	City of policy holder
<b>State</b>	State of policy holder
<b>Zip Code</b>	Zip Code of policy holder
<b>Comments</b>	Notes related to application process
<b>Phone Tickets</b>	Dates of phone calls related to the application
<b>Documents</b>	Documents related to the application that are attached and available for viewing by the user
<b>Approval Letter</b>	Access button to create/modify the approval letter
<b>Case Management</b>	Access button to create/modify/view the case details once application is approved

### 4.3.8 Case Management – Changes

When a change occurs to an ongoing HIPP/HFK case the participant is required to submit a notice of the change within 10-days. The change notice as displayed below is available on the HIPP website. The type of change determines the action required. A written notice should be generated and sent to the payee briefly detailing the action taken by the HIPP unit.

**TAB – E**

**This is a Change Form for the Health Insurance Premium Payment Program (HIPP) for Kids**

You are required to report all changes that occur in your employment, health insurance or family/household information. Please utilize the coupons below. A new HIPP Application and Employer Insurance Verification (EIV) Form is required for all asterisk (\*\*) items. Note: All changes must be reported within 10 calendar days of when the change is known.

Forms for the HIPP for Kids Program can be downloaded at: <http://www.dmas.virginia.gov/hcp-HIPP.htm>

Name of Policyholder: \_\_\_\_\_ SSN#: \_\_\_\_\_  
 Name of Medicaid eligible family member: \_\_\_\_\_ HIPP#: \_\_\_\_\_

Check <input type="checkbox"/>	**	NOTE: Checkmark each item that you are reporting a change for. You are required to report all changes that occur in your employment, health insurance or family/household information. A new HIPP Application and Employer Insurance Verification (EIV) Form is required for all asterisk (**) items. Note: All changes must be reported within 10 calendar days of when the change is known. Failure to report changes may result in non-payment of HIPP for Kids premium assistance payments or cancellation from the program. Please use the coupons provided for reporting all changes.
		Employee's New Address & Phone Number:
	**	Employment Status:
	**	Name and Address of New Employer:
	**	Name and Address of New Insurance Company:
		Effective Date of New Insurance: _____ **Premium Amount: _____
	**	Family Members added, canceled, dropped from policy and/or change of address:

< cut here \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ SSN#: \_\_\_\_\_  
 Name of Medicaid eligible family member: \_\_\_\_\_ HIPP#: \_\_\_\_\_

Check <input type="checkbox"/>	**	NOTE: Checkmark each item that you are reporting a change for. You are required to report all changes that occur in your employment, health insurance or family/household information. A new HIPP Application and Employer Insurance Verification (EIV) Form is required for all asterisk (**) items. Note: All changes must be reported within 10 calendar days of when the change is known. Failure to report changes may result in non-payment of HIPP for Kids premium assistance payments or cancellation from the program. Please use the coupons provided for reporting all changes.
		Employee's New Address & Phone Number:
	**	Employment Status:
	**	Name and Address of New Employer:
	**	Name and Address of New Insurance Company:
		Effective Date of New Insurance: _____ **Premium Amount: _____
	**	Family Members added, canceled, dropped from policy and/or change of address:

9-21-2010

**Fig. VI- Case Management – Case Changes**

**Table with Type of Changes and required action to take for ongoing HIPP/HFK Case**

<i>Type of change</i>	<i>Action Required</i>	<i>Notice Required</i>
<b>Insurance Carrier</b>	<b>Complete Re-evaluation is required even if last renewal was performed within last 12 months; Manually start re-evaluation; send checklist for App, EIV, Plan Summary, Insurance Cards</b>	<b>Yes</b>
<b>Address Change</b>	<b>Update Financial Master in VAMMIS; Change on Contact Screen in Oracle; Email change to EEU staff member.</b>	<b>Yes</b>
<b>Birth of Medicaid eligible child</b>	<b>EIV with new child showing insurance coverage; Application with new child listed as household member; insurance card if issued for new child</b>	<b>Yes</b>
<b>Monthly Premium Amount Change</b>	<b>Premium change is to be verified either by documentation already received or by contacting the employer rep. Update Insurance Screen in Oracle and Cost Evaluation Screen in MMIS. A Change in Premium Reimbursement Notice must be sent to payee stating effective date and the new monthly premium amount and the reason for the premium reimbursement change.</b>	<b>Yes</b>
<b>Adoption of Medicaid eligible child</b>	<b>policyholder must provide legal adoption document; EIV, Application, insurance card(s) if issued for adopted child.</b>	<b>Yes</b>
<b>Appeal Termination of Cancellation</b>	<b>Satisfy appeal issues for cancellation and send reinstatement notice (other) to payee. Send Appeals Division copy of re-instatement to terminate appeal process.</b>	<b>No</b>

### 4.3.9 Case Management – Annual Renewal

Annual renewals are required every 12 months. The same documentation that was submitted to the program for a new application is what will be required for the annual renewal which is as follows.

- HIPP/HIPP for Kids Application/Renewal Application Form
- Employer Insurance Verification Form
- Insurance Cards for insured family members (front and back)
- Health Insurance Plan Summary

Copy of current paystub/premium payment verification if not submitted within last 30 days

The annual renewals letters are generated by the program tech support staff each month based on the annual renewal dates listed on the case management screen as displayed below.



Once the annual renewal letters are generated the Re-Evaluation section will appear on the case management screen as displayed below. The assigned analyst will monitor and update the field

All documents recvd' when all the required documents have been completed and submitted.

Re-eval Log
Update
Delete
Checklist

Re-evaluation Type

Re-evaluation Analyst

Renewal packet sent

Delete

All documents recvd

Re-eval Completed

Tpl Updated

Decision

Status

### 4.3.10 Case Management – Annual Renewal – Retirees

All retirees should complete the EIV themselves to the best of their ability. If critical data is missing once the EIV is submitted the assigned analyst can usually contact the retiree to provide the information.

Premium payment verification (annuity statement) is often only provided annually in February especially for federal retirees. If a retiree is provided an annual annuity statement then the HIPP program will accept the annual annuity statement. The 'Stubs Due' fields must be modified to accommodate the fact that only one payment verification will be required annually.

To modify the 'Stubs Due' fields in Oracle open the case Case Management and view the Stubs Due dates as displayed below.

Case: 68470 Analyst: Carol Chiappa Letters sent: 5 Letter: [dropdown]

Status: A05 Effective: 03/03/2009 Program: HIPP

Case needs attention

Medicaid Case Name: [text box]

Payee S: [text box]

Employment: Retired Begin: 05/01/2007

Insurance: Employer Insurance

App Dt: 03/03/2009 Annual Renewal: 01/01/2014 - 02/28/2014

**Stubs Due: 09/05/2013 12/05/2013 02/05/2014 06/05/2014 Update**

Open Enr Prd: 04/01/2010 - 05/01/2010

Dep(s) age: 24

Re-Eval: Completed 06/25/2012

New note  
 07/18/13 08:35 CCHIAPPA ... HIPP rate changed which will be reflected in the August reimbursement - sent notice.  
 06/05/13 02:46 CCHIAPPA ... medicaid verf, pd 6/13.  
 05/23/13 12:55 CCHIAPPA ... (p)LVM In response to their inquiry about renewal and explained the dates were changed for annu...

Contact Information Application Open an Appeal

1) Next, click on the update button and the screen will display the 4 quarterly due dates.

Stubs Due Qtr 1 02/05/2014

Qtr 2 06/05/2014

Qtr 3 09/05/2013

Qtr 4 12/05/2013

2) Next remove/delete dates in Qtr 2, Qtr 3 and Qtr 4 fields and modify the date in Qtr 1 field to reflect 03/05/2014 and as displayed below.

Stubs Due Qtr 1 [empty]

Qtr 2 03/05/2014

Qtr 3 [empty]

Qtr 4 [empty]

3) Next, click the update button at the top of the Case Management section of the screen and the results be as displayed below.

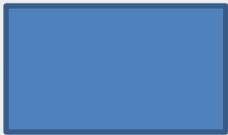
Letters sent: 5 Letter:

Case: 68470 Analyst: Carol Chiappa

Status: A05 Effective: 03/03/2009 Program: HIPP

Case needs attention

Medicaid Case Name: Lantz, Shelley

Payee S: 

Employment: Retired Begin: 05/01/2007

Insurance: Employer Insurance

App Dt: 03/03/2009 Annual Renewal: 01/01/2014 - 02/28/2014

Stubs Due: 03/05/2014 No stub No stub No stub

Open Enr Prd: 04/01/2010 - 05/01/2010

Dep(s) age: 24

Re-Eval: Completed 06/25/2012

New note  
 07/18/13 08:35 CCHIAPPA ... HIPP rate changed which will be reflected in the August reimbursement - sent notice.  
 06/05/13 02:46 CCHIAPPA ... medicaid verf, pd 6/13.  
 05/23/13 12:55 CCHIAPPA ... (p)LVM In response to their inquiry about renewal and explained the dates were changed for annu...

### 4.3.11 Case Management – Suspension

Cases are suspended for various reasons i.e.: failure to submit a required quarterly premium payment verification/paystub; required documents not received due to an employer/insurance carrier change; or because they are school employees and are only paid 10/11 months, which will be covered in the next section (**4.3.12 Case Management – Suspension – 10/11-Month Employees**)

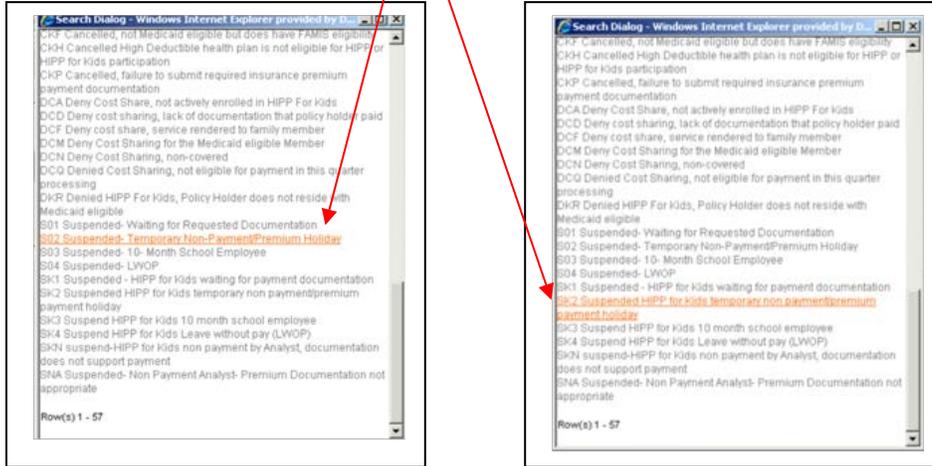
If a case is re-instated because the situation that originally caused the suspension has been resolved, a notice should be sent to policyholder indicating that the case has been reinstated and be sure to include in the statement, “there is no break in coverage.”

### 4.3.12 Case Management – Suspension - School Employees (10/11 Month)

School Employees (10/11-Month) have no premium deduction during the months of August and September. To accommodate this situation, case management and MMIS must be modified and notices must be sent to payee. The status and effective dates must be changed and quarterly due dates on the Case Management screen should be modified; a change in reimbursement notice must be sent to the payee the first business day following July 15; MMIS must be modified to be sure no August and September checks are issued; Payments must be entered into que for the October reimbursement.

To suspend 10/11-month employees, change the status click on the  arrow to right of the status field, scroll down to the appropriate 'temporary holiday' status for HIPP/HFK as displayed below.

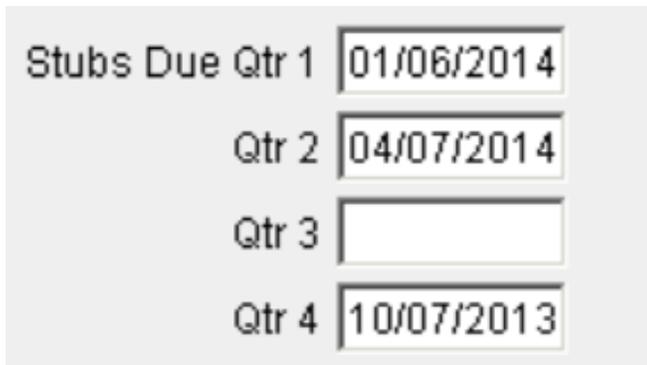
1) Next change the effective date to 8/1/2013.



2) The screen should then be similar to the displayed below.



3) Next, the quarterly due dates should be modified as follows to accommodate no paystubs are received in July and August. Click the update button  to right of the quarterly due dates and the Stubs Due window will be displayed as below. The stubs qutly due dates should be changed to reflect the dates in the display below then click the 'update'  button at the top of the screen.



4) Next, the case management screen should reflect the change as displayed below.

Stubs Due: 10/07/2013 01/06/2014 04/07/2014 No stub

- 5) Next view the HIPP/HFK school employee's report under the Case Management Group to display only the 10/11-Month School payees as displayed below.

Reports > School Employee by Analyst

School Employee by Analyst

Analyst: All

Case	Payee	Case ID	Ana	St	St Date	Contract	Renewal Dt
			TFS	A02	01/01/2000	10 Month	02/01/2016
			CYF	SK2	11/01/2010	10 Month	07/01/2015
			NAG	A02	01/01/2009	10 Month	12/01/2015
			NAG	SK3	05/01/2015	10 Month	03/01/2016
			REL	SK3	11/01/2010	10 Month	04/01/2016
			LSB	SK3	03/01/2011	10 Month	12/01/2015
			CAC	SK3	05/01/2011	10 Month	01/01/2016
			REL	S03	04/01/2015	10 Month	01/01/2016
			CYF	SK2	08/31/2012	11 Month	06/01/2016
			TFS	AKO	10/01/2009	10 Month	01/01/2016
			NAG	SK3	10/01/2011	10 Month	01/01/2016
			LSB	SK3	10/31/2011	10 Month	07/01/2015
			NAG	SK3	10/01/2010	10 Month	03/01/2016
			NAG	A02	08/31/2013	11 Month	08/01/2015
			CAC	S03	10/01/2010	10 Month	08/01/2015
			LSB	S03	01/01/2009	10 Month	03/01/2016
			CAC	SK3	12/01/2010	10 Month	07/01/2015

- 6) Next, select the desired analyst's section of the chart and the list of cases currently enrolled as 10/11-Month school employees will be displayed as shown below.

School Employee by Analyst

Carol Chiappa

Case	Payee	Case ID	Ana	St	St Date	Contract	Renewal Dt
[REDACTED]	[REDACTED]	[REDACTED]	CAC	AK2	01/01/2011	10 Month	04/01/2014
[REDACTED]	[REDACTED]	[REDACTED]	CAC	AK2	05/01/2011	10 Month	03/01/2014
[REDACTED]	[REDACTED]	[REDACTED]	CAC	A02	10/01/2010	10 Month	11/01/2013
[REDACTED]	[REDACTED]	[REDACTED]	CAC	A02	01/01/2011	10 Month	01/01/2014

row(s) 1 - 4 of 4

Download CSV

7) Next click on the case number and the Case Management screen will open with the selected case file as displayed below.

Case Maintenance

Cancel Update Back Start Re-eval

Letters sent: 6 Letter: [Dropdown]

Case: 65674 Analyst: Carol Chiappa

Status: AK2 Effective: 01/01/2011 Program: HIPP for Kids

Case needs attention

Medicaid Case Name: [REDACTED]

Payee S: [REDACTED]

Employment: School employee 10-month Begin: 08/29/1989

Insurance: Employer Insurance

App Dt: 01/01/2009 Annual Renewal: 04/01/2014 - 05/31/2014

Stubs Due: 07/05/2013 10/07/2013 01/06/2014 04/07/2014 Update

Open Enr Prd: 10/01/2011 - 10/30/2011

Dep(s) age: 18,47,47

Re-Eval: Completed 05/22/2013

Status History: AK2 01/01/2000

Phone Tickets: Closed 08/02/2012, Aug 02 08:48 AM, Closed 07/05/2012

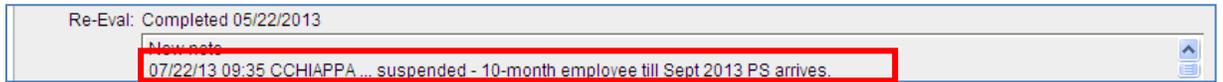
New note: 05/22/13 11:25 CCHIAPPA ... HFK renewal approved, C. Chiappa; 04/10/13 11:33 CCHIAPPA ... changed annual renewal to 5/1/2013 so letter will go out b/c last re-eval was completed in Dec ...

8) Next, change the status of the case to S03/SK3 depending on the program that the employee/payee is currently enrolled and click on the 'Update' button.

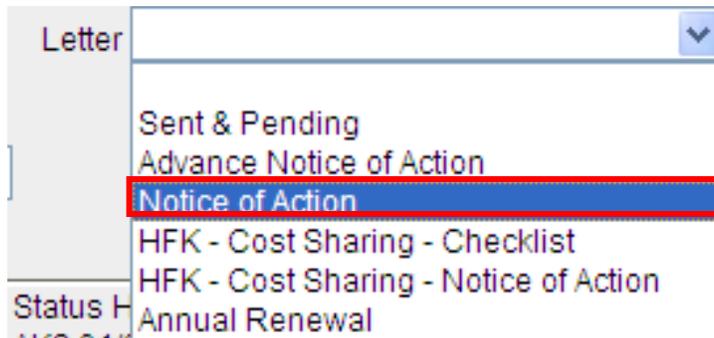
Case: 65674 Analyst: Carol Chiappa

Status: SK3 Effective: 01/01/2011 Program: HIPP for Kids

9) Next, in the notes section of the same screen note that: Suspended - 10-Month School Employee and will be reactivate in October if Sept 2013 PS is submitted.



10) Next, send a notice out by clicking on the Letters field and selecting 'Notice of Action' as displayed below.



11) Next, Select 'other' and enter or Copy and paste the verbiage below which includes the Stub Due dates for that case, then click on 'Create Letter' button also displayed below.

**Example of verbiage to be used in the Other - Notice of Action:**

According to our records, you are employed in the school system and receive 10 paychecks per year. In view of the fact that a premium deduction will not occur during the months of July and August you will not receive a premium reimbursement at the end of August and September yyyy[year]. To receive the September reimbursement at the end of October yyyy[year] the last pay stub dated in the month of September yyyy[year] must be submitted to the HIPP program no later than October 7<sup>th</sup> yyyy[year].

The month's in which premium payment verification is due is as follows:

Stubs Due: 10/07/2016; 01/06/2017; 04/07/2017; No stub

**MANUAL REFERENCE**

School Employees working 10/11 months, who receive wages for only 10/11 months will only receive reimbursement checks for the months in which the premium is deducted. No reimbursement check is issued for a month in which there is no premium deduction.

- 12) Next, the letter as displayed below will be generated should be saved and printed for mailing to each 10/11-Month school employee/payee.

<p>COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Health Insurance Premium Payment (HIPP) Unit Customer Service: (800) 432-5924 Fax: (804) 612-0020 Email: hippcustomerservice@dmas.virginia.gov</p> <p>Notice of Action on Premium Assistance Programs</p> 	<p>HIPP Case number:</p> 
<p>According to our records, you are employed in the school system and receive 10 paychecks per year. In view of the fact that a premium deduction will not occur during the months of July and August you will not receive a premium reimbursement at the end of August and September 2013. To receive the September reimbursement at the end of October 2013 the last pay stub dated in the month of September 2013 must be submitted to the HIPP program no later than October 7th 2013.</p> <p>The month's in which premium payment verification is due is as follows: Stubs Due: 10/07/2013; 01/06/2014; 04/07/2014; No stub</p>	<p>Medicaid Case Name:</p> 

- 13) Next, update the status code in MMIS cost evaluation screen as displayed below.

Screen ID: FN-S-011  
Trans ID: VF11  
Program ID: FNT011

**VIRGINIA MEDICAID  
HIPPA COST EVALUATION - UPDATE**

Date: 07/22/2013  
Time: 09:54  
Page: 001 of 001

HIPP # [REDACTED] Program Indicator: H Medical Condition: Y Re-Eval Date: 07/22/2013  
 First Name: [REDACTED] Last Name: [REDACTED] Case ID: [REDACTED] Plan: 3  
 Case Status: [REDACTED] Status: 07/22/2013 Description: SUSPENDED HIPPA FOR KIDS OR: Y  
 TPL Plan Type: [REDACTED] Analyst: CAC User ID: E6FGC DSS Worker: M1120 FIPS: 550  
 Received Date: 08092005 Approved: 02082011 Begin Date: 09012005 Monthly Amt: 638.60 Total Amt: 638.60  
 H-Premium Amt: 319 30 Frequency: S #Weeks: 00 Monthly Amt: 0.00  
 D-Premium Amt: 0 00 Frequency: #Weeks: 00  
 Open Enroll Begin Date: 10 01 End Date: 11 01 Effective Date: 01 01 COBRA Begin Date: End Date:

Select	Member ID	First Name	Last Name	HIPP Rate	Wrap	Total	Status
	Case ID	DOB	Age	AC	EI	FIPS	
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	554.08		554.08	[REDACTED]
<input type="radio"/>	[REDACTED]	[REDACTED]	18	092	R	550	
<input type="radio"/>	[REDACTED]	[REDACTED]					

Admin Cost: \$ Monthly Payment Amount: \$ 638.60 Monthly AVG Medicaid Cost: \$ 0.00 Total Cost Savings:

Scroll Up Scroll Down

ENTER Update Clear Form Refresh Member TPL Resource Evaluate Mem Search Return Sub Menu Main Menu  
 Payee Data Payment Req TPL Sum Case Sum Eligibility

14) Next, delete the reimbursement waiting in queue for July reimbursement as displayed below.

Screen ID: FN-S-013  
Trans ID: VF15  
Program ID: FNT013

**VIRGINIA MEDICAID  
HIPPA PAYMENT REQUEST - UPDATE**

Date: 07/22/2013  
Time: 09:53  
Page: 001 of 008

HIPP Number: [REDACTED] Case Status: SK3 Update Date:  
 Case ID Number: [REDACTED] Program Indicator: H  
 Case First Name: [REDACTED] Case Last Name: [REDACTED]  
 Payee Name: [REDACTED]

Payment Type	Payment Month	Payee ID	Payment Amt	Status	Payment Date	Action Date
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
M	2013 08	000004523	638 60	DELETE		07/17/2013
M	2013 07	000004523	388 60	PAID	07/17/2013	06/10/2013
M	2013 06	000004523	688 60	PAID	06/10/2013	05/17/2013
S	2013 05	000004523	87 70	PAID	06/10/2013	05/22/2013
M	2013 05	000004523	600 90	PAID	05/17/2013	04/17/2013
S	2013 04	000004523	87 70	PAID	06/10/2013	05/22/2013
M	2013 04	000004523	600 90	PAID	04/17/2013	03/18/2013
S	2013 03	000004523	87 70	PAID	06/10/2013	05/22/2013
M	2013 03	000004523	600 90	PAID	03/18/2013	02/18/2013
S	2013 02	000004523	87 70	PAID	06/10/2013	05/22/2013
M	2013 02	000004523	600 90	PAID	02/18/2013	01/17/2013

HIPP PAYMENT REQUESTS ARE PROCESSED SUCCESSFULLY

Scroll Up Scroll Down

Enter Update Clear Form Refresh Cost Eval Payee Data Case Sum Mem Search Return Sub Menu Main Menu

15) Finally, the payee must submit the September paystub no later than 10/5 in order to be moved to active status and to be paid at the end of October.

### 4.3.13 Case Management - Cancellation Reasons

Cases can be cancelled for various reasons.

- a. No family members are Medicaid eligible

Loss of employment and Group Sponsored Health Insurance/COBRA is no longer available

- b. All documents were not submitted within 30 days of application submission date

- c. No healthcare premium payments

Failure to submit paystubs for two consecutive months.

- d. All Medicaid eligible members are not covered by group sponsored health insurance policy
- e. Medicaid eligible family member(s) also receiving Medicare

Last Medicaid eligible family member reaches the age of 19 and does not qualify for the HIPP program.

Medicaid eligible family member(s) no longer reside in the same household as the policyholder

Failure to submit ALL renewal documents

Healthcare coverage is under individual coverage not group sponsored health coverage

Medical insurance coverage includes a High Deductible Health Insurance

Medicaid eligible members are moved to FAMIS

- 1) Case Management status code and Effective date should be changed to a cancelled status on the effective date of the as displayed below.

The screenshot shows a 'Case Maintenance' form with the following fields:

Case:	69703	Analyst:	Letitia Bracey
Status:	CKP	Effective:	03/31/2015

The 'Status' and 'Effective' fields are highlighted with a red box.

#### 4.3.14 Case Management – Third Party Liability (TPL)

MMIS captures all of the pertinent third party liability insurance data in the TPL screens.

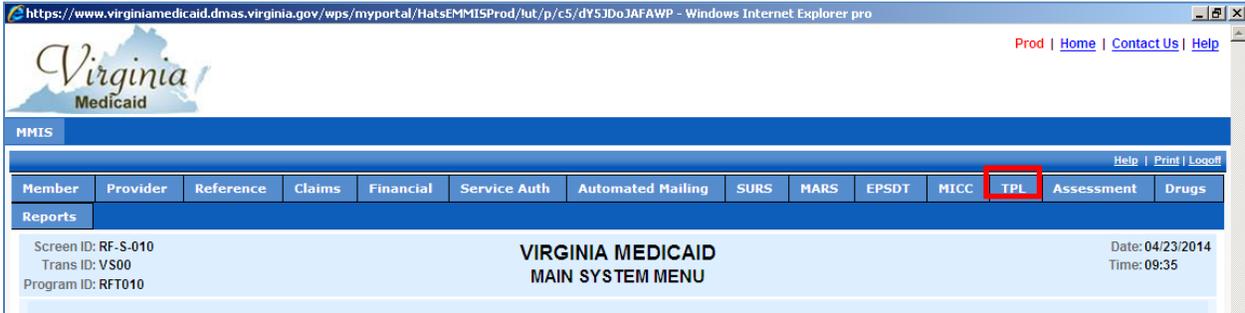
All Medicaid members enrolled in the HIPP/HFK program are required to have health insurance provided by self/parent/grandparent, through either an employer sponsored health insurance plan. Once a case has been approved by the HIPP/HFK program the active TPL cannot be modified by any other agency except the HIPP unit.

If another agency is notified that a Medicaid member has had a change to their health insurance coverage, the HIPP unit must be notified in writing of the effective date of the change and be accompanied by associated documentation i.e. insurance card(s), cancellation notice, birth or death, etc. Once the changes are made to TPL, the HIPP unit should refer any questions from DSS workers regarding the ADAT system to the VDSS help line for technical support.

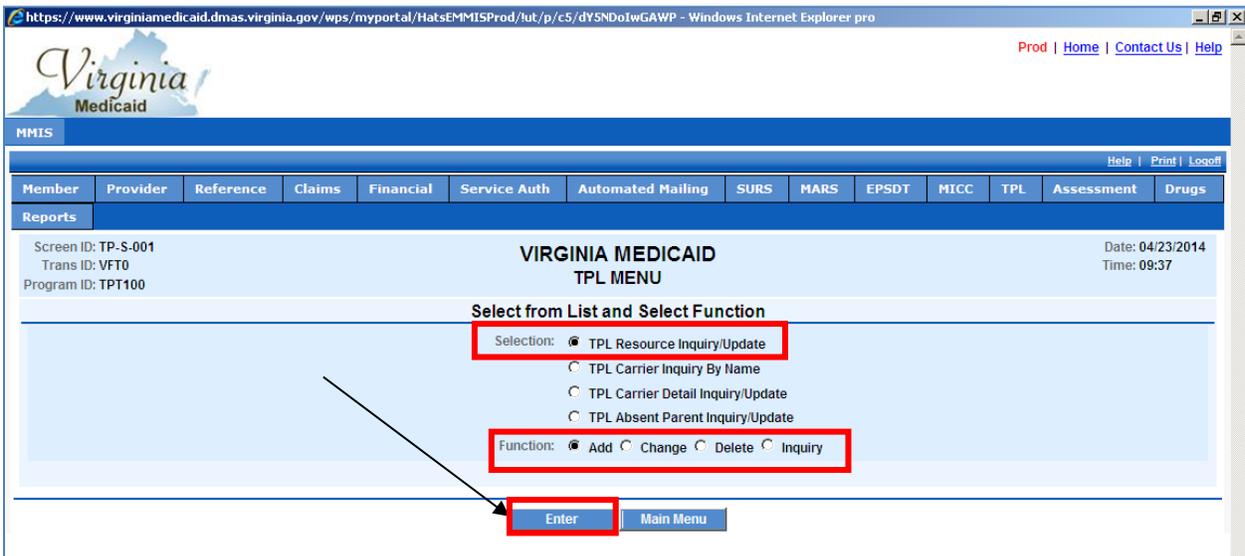
Each active HIPP/HFK/HIV case must have the applicable TPL screen(s) added/modified according to the current insurance coverage. All expired insurance that is missing an end date must be ended with the date that the new coverage begins.

If TPL code for a particular insurance carrier is not found in MMIS analyst must notify Health Care Compliance Specialist with the TPL unit to create TPL code.

To enter a new TPL screen click on the TPL tab once logged onto MMIS production system as displayed below.



- 1) Next, click on the radio buttons: Selection “TPL Resource Inquiry/Update” as well as the Function “Add” and click on the



- 2) When the TPL Resource – ADD screen displays as shown below the insurance coverage data must be entered. The required fields are: Member ID; DSS Update; Source: Policy #; Rel; Policy Type; Status; Verify; Group Name; Policy Holder; Address; City, State, Zip; Carrier Code; Begin Date; Group # (if available); SSN: Phone #; and Cov(s) as applicable; Cov Begin Date. Once all data is entered, click the Enter button and click ‘Update’ button to add.

MMIS

Help | Print | Logout

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessment Drugs

Reports

Screen ID: TP-S-002  
Trans ID: VFT3  
Program ID: TPT102

**VIRGINIA MEDICAID  
TPL RESOURCE - ADD**

Date: 04/23/2014  
Time: 09:44  
Page of

Member ID:  DSS Update Ind:  Last Trans Date:  Source:  Comments:   
Case ID:  DSS:  FIPS:  Policy #:  Rel:   
Name:  Policy Added Date:  Policy Type:   
Benefit Plan:  Premium Type:   
Carrier Name:  Carrier Code:  Absent Parent:   
Status:  Status Date:  Begin Date:  Retired TPL:   
Verify:  Verify Date:  End Date:   
Group Name:  Group #:   
Policy Holder:  SSN:   
Address:  Phone#:   
City:  State:  Zip:  HIPP:   
Coinsurance:  0.00 % Deductible:  0.00 HIPP ST:   
Met:

Scroll Up Scroll Down

Cov Update Date:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

ENTER DATA AND CHOOSE UPDATE TO ADD.

Scroll Up Scroll Down

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu  
Absent Parent Comments Cost Eval Retired TPL

- 3) Below is the updated screen once all data has been accepted.

Member Provider Reference Claims Financial Service Auth Automated Mailing SUBS PARS EPSDT NICC TPL Assessment Drugs  
 Reports

Screen ID: TP-S-602  
 Trans ID: VFT2  
 Program ID: TPT102

**VIRGINIA MEDICAID**  
**TPL RESOURCE - UPDATE**

Date: 04/23/2014  
 Time: 10:26  
 Page 01 of 04

Member ID: [REDACTED] DSS Update Inst:  Y Last Trans Date: 04/22/2014 Source: H Comments: N  
 Case ID: [REDACTED] DSS: 10053 FIPS: 041 Policy #: [REDACTED] Rel: C  
 Name: [REDACTED] Policy Added Date: 04/22/2014 Policy Type: H  
 Benefit Plan: [REDACTED] Premium Type: [REDACTED]  
 Carrier Name: [REDACTED] Carrier Code: 00548 Absent Parent: [REDACTED]  
 Status: A Status Date: 04/22/2014 Begin Date: 01/01/2014 Retired TPL: N  
 Verify: Y Verify Date: 04/22/2014 End Date: [REDACTED]  
 Group Name: CHESTERFIELD COUNTY PUBLIC SCHOOLS Group #: WLAA  
 Policy Holder: [REDACTED] SSN: [REDACTED]  
 Address: [REDACTED] Phone #: [REDACTED] HPP: 0047606  
 City: [REDACTED] Zip: 23112 HPP ST: AKO  
 Coinsurance: 0.00 %: 000 Deductible: 0.00 Met: N

Scroll Up Scroll Down

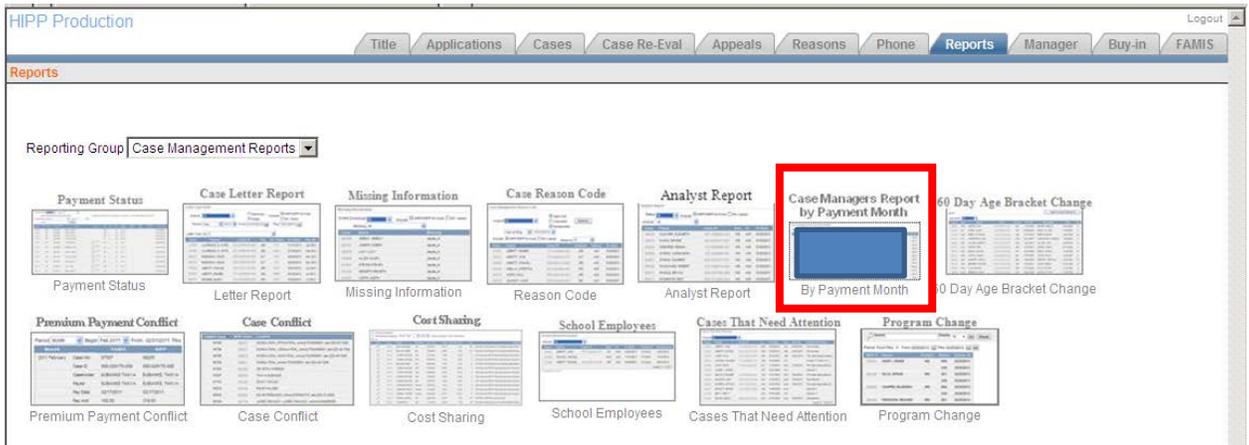
Cov Update Date: 04/22/2014

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
L	01/01/2014		N	0.00	000	0.00		N
O	01/01/2014		N	0.00	000	0.00		N
R	01/01/2014		N	0.00	000	0.00		N

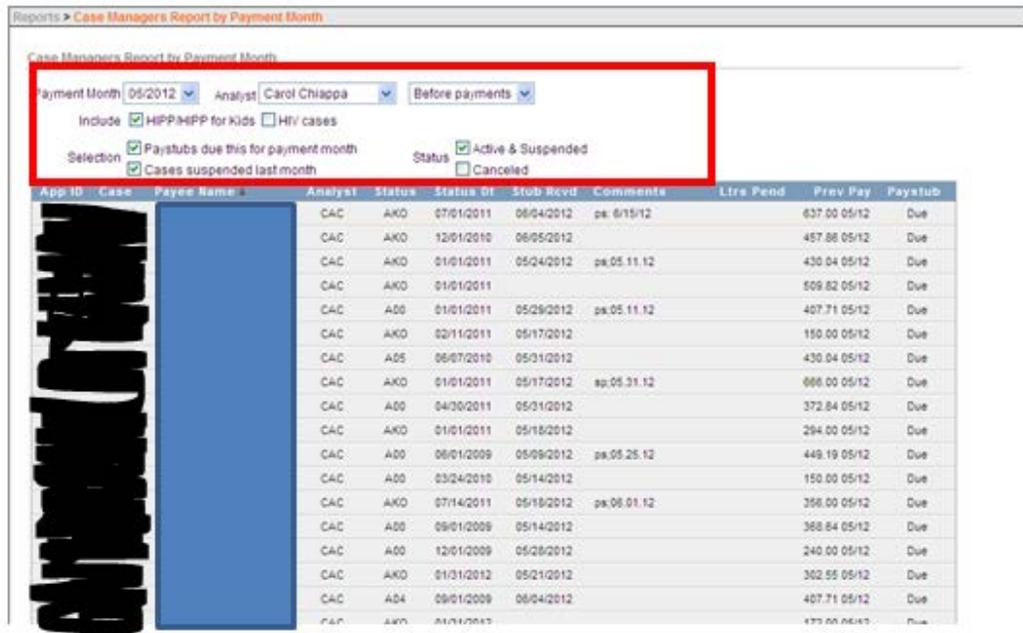
### 4.3.15 Case Management - Monthly Payment Processing

To determine if case meets the criteria to receive a monthly payment reimbursement, each case is reviewed to verify the premium documentation submission and that Medicaid eligibility is current for the case.

- 1) After the 5<sup>th</sup> of each month and notified by supervisor that all quarterly and previously suspended paystubs for the current month have been posted to Oracle, click on the 'Reports Tab'.
- 2) Select the 'Case Management Reports' from the reporting group field and double click on the 'Case Manager's Report by Payment Month' as displayed below.



- 3) Next, the Case Manager's Report by Payment Month will open as displayed below.

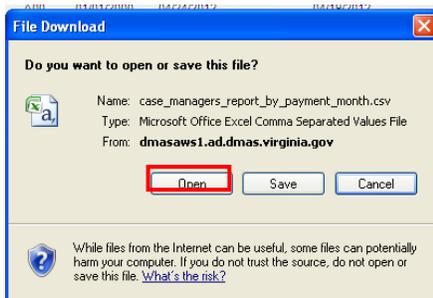


- 4) Next, select the following options as displayed above:
  - a. Payment Month: Current
  - b. Analyst: Analyst Name

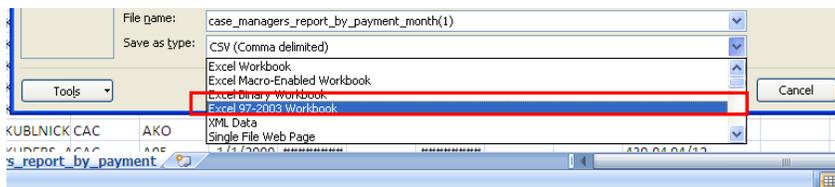
- c. Before payments
  - d. Active & Suspended;
  - e. HIPP/HIPP for Kids;
- 5) This process may take a moment or two, but once desired list appears, scroll down the list to verify the list is accurate.
  - 6) Next, click on the word 'Download CSV' which is located at the bottom of the list as displayed below.



- 7) Next, a screen will open asking if you want to open or save this file, click on Open.



- 8) Next, a spreadsheet will open in Excel containing all the data from the Oracle report, but before making any modifications to the spreadsheet, save the file as an Excel 97-2003 Workbook file type as shown in the sample displayed below on the desired drive.



- 9) Next, the spreadsheet can be reformatted as desired and as displayed below using Page Setup located in the Page layout menu

case\_managers\_report\_May\_2012

App ID	Case	Reason	Analyst	Status	Status Dt	Stub	Rev'd	Pay Date	Comments	Pay May	Ltrs Pend	Prev Pay
CAC	501				1/1/2000							58.06 03/12
CAC	AKO				7/1/2011	4/26/2012		4/20/2012				637.00 04/12
CAC	AKO				11/1/2010	4/30/2012		4/6/2012				382.00 04/12
CAC	AOO				1/1/2000							736.33 04/12
CAC	AKO				1/1/2011	4/20/2012		4/13/2012				114.32 04/12
CAC	AKO				7/1/2011					004		185.00 04/12
CAC	AKO				2/1/2012							956.00 04/12
CAC	AKO				8/1/2011	5/1/2012		4/20/2012				544.00 04/12
CAC	AKO				2/1/2012							494.00 04/12
CAC	AKO				12/1/2010							457.86 04/12
CAC	AOA				9/10/2010							840.25 04/12
CAC	AKO				4/11/2011	5/1/2012		4/26/2012				351.69 04/12
CAC	SMN				1/1/2011	4/6/2012		3/30/2012	ps4/16/12			166.00 03/12
CAC	AKO				1/1/2011	4/25/2012		4/13/2012				430.04 04/12
CAC	AOO				1/1/2000							89.29 04/12
CAC	AKO				10/1/2011	5/2/2012		4/19/2012				432.98 04/12
CAC	AOO				1/1/2000							370.50 04/12
CAC	AKO				1/1/2011	4/30/2012		4/26/2012				666.94 04/12
CAC	AOO				8/1/2011	5/1/2012		4/26/2012				195.63 04/12
CAC	AKO				4/1/2012							/
CAC	AOS				1/1/2000							921.96 04/12
CAC	501				6/1/2011							640.35 03/12
CAC	AKO				11/1/2010	4/30/2012		4/19/2012	ps04-05-12			347.62 04/12
CAC	AKO				1/1/2011	4/30/2012		4/20/2012	ps4/6/12			509.82 04/12
CAC	AOO				1/1/2000	4/20/2012		4/20/2012				227.00 04/12
CAC	AOO				1/1/2011	4/29/2012		4/27/2012	ps4/13/12			407.71 04/12
CAC	AKI				10/1/2011	4/6/2012		3/30/2012				276.16 03/12
CAC	AKO				2/11/2011	4/18/2012		4/16/2012				130.00 04/12
CAC	AKO				7/1/2011	4/25/2012		4/16/2012				150.00 04/12
CAC	AOS				1/1/2000	4/30/2012		4/20/2012				430.04 04/12
CAC	AKO				1/1/2011	4/18/2012		4/13/2012	ps04-30-12			666.00 04/12
CAC	AOO				4/30/2011	4/30/2012		4/30/2012				372.84 04/12
CAC	AKO				1/1/2011	4/28/2012		4/20/2012				487.86 04/12
CAC	AKO				7/1/2011							150.00 04/12
CAC	AKO				1/1/2011	4/20/2012		4/13/2012				294.00 04/12
CAC	AKO				4/30/2012	4/6/2012		3/29/2012				356.46 03/12

Page 1 of 6

- 10) Once printed off the spreadsheet will be used to determine if the premium documentation was submitted for all cases due in the current month, as well as those that were suspended in the previous month.

- 11) Next, in Oracle, HIPP Production, click on 'Cases' tab and the Case Log window will open as displayed below.

HIPP Production

Case Log

HIPP# HPP for Kids

Go Actions Create Show Hiv

HIPP #	Reason	Status	Reason	Analyst	Enrollment	Coverage	Status Date	Re Eval
501		C	C01	Nyeta Goodall	12/01/2010 - 12/31/2010	-	01/01/2000	-
501		C	C2F	Nyeta Goodall	04/01/2010 - 05/01/2010	-	01/01/2000	-
501		A	AKO	Nyeta Goodall	11/12/2011 - 12/03/2011	01/01/2012 - 12/31/2012	03/31/2011	12/15/2010

Case Menu

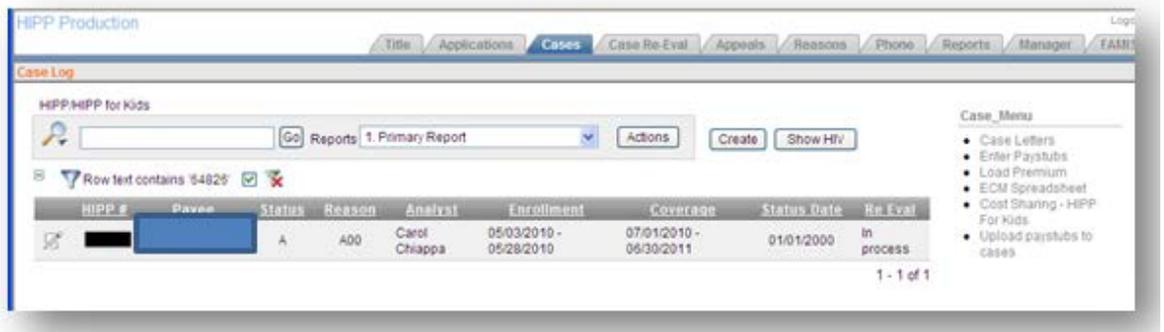
- Case Letters
- Enter Paystubs
- Load Premium
- DARs Spreadsheet
- Cost Sharing - HPP For Kids
- Upload paystubs to cases

- 12) To search for an individual case enter in the payee's last name or the HIPP/HIPP For Kids case number in the blank field to the left of the button and hit the enter key on the keyboard or click on the  button as shown below.

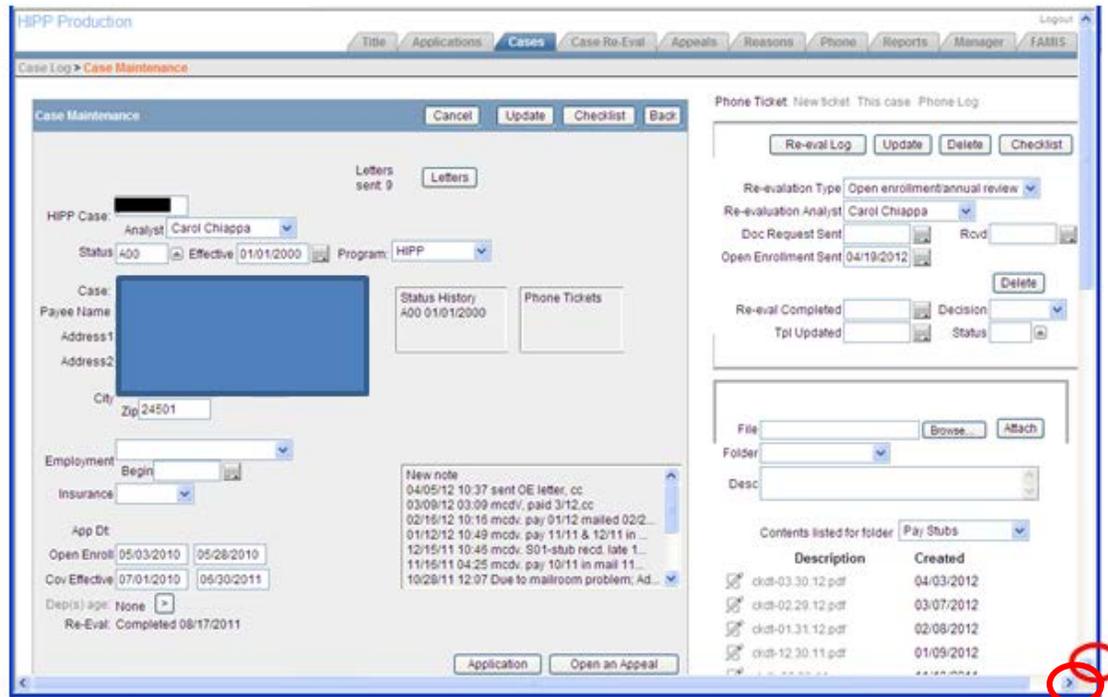


The screenshot displays the 'HIPP Production' interface. At the top, there are tabs for 'Title', 'Applications', 'Cases', and 'Case Re-Eval'. Below these is a 'Case Log' section. Underneath, there is a sub-section titled 'HIPP/HIPP for Kids'. This section contains a search area with a magnifying glass icon, a text input field (highlighted with a red border), a 'Go' button, a 'Reports' dropdown menu currently set to '1. Primary Report', and an 'Actions' button.

13) Next, the individual case will appear as shown below.



14) Next click on the  edit button and the Case Maintenance Screen will be displayed as shown below.



15) To see more of the screen and display premium payments posted to Oracle, click on the down  arrow located on the vertical scroll bar as indicated on the display shown above

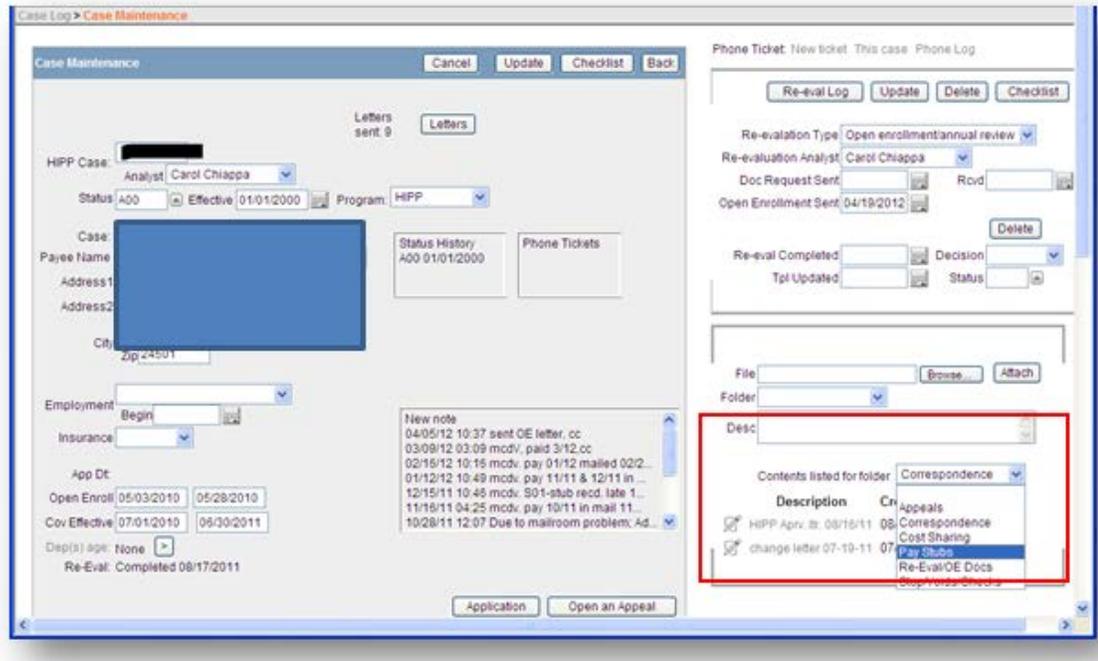
- 16) The rest of the screen showing premium reimbursements will be displayed as shown below. If the vertical scroll bar still displays then click on the down arrow to review the remaining premium reimbursements.

premium payments

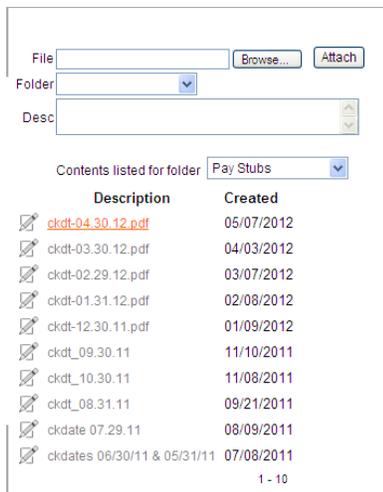
Enter Paystub

Edit	Caseholder	Payee	Type	Amount	Month	Date Paid	Analyst	Stub Rec	Check Dt	Comments
			M	69.29	Apr-12	04/17/2012	CAC	04/03/2012	03/30/2012	
			M	69.29	Mar-12	03/19/2012	CAC	03/05/2012	02/29/2012	
			M	69.29	Feb-12	02/17/2012	LSB	02/06/2012	01/31/2012	
			I	69.29	Jan-12	01/17/2012	LSB	12/06/2011	11/30/2011	ps:12/30/11
			I	69.29	Dec-11	01/17/2012	LSB	-	-	
			M	69.29	Nov-11	11/17/2011	LSB	10/20/2011	09/30/2011	ps:10/31/11
				0.00	Oct-11			09/07/2011	08/31/2011	
			M	69.29	Aug-11	08/17/2011	LSB	08/04/2011	07/29/2011	
				0.00	Jul-11			07/05/2011	06/30/2011	ppe:5/31/11
			M	77.41	May-11	05/17/2011	LSB	05/04/2011	04/29/2011	
			M	77.41	Apr-11	04/18/2011	LSB	04/04/2011	03/31/2011	
			I	77.41	Mar-11	03/17/2011	LSB	03/07/2011	02/28/2011	ppe:01/31/2011
			M	77.41	Jan-11	01/17/2011	LSB	01/05/2011	12/20/2010	
			M	77.41	Dec-10	12/17/2010	LSB	12/02/2010	11/30/2010	
			M	77.41	Nov-10	11/17/2010	LSB	11/03/2010	10/20/2010	
			M	77.41	Oct-10	10/18/2010	LSB	10/04/2010	09/30/2010	
			M	77.41	Sep-10	09/17/2010	LSB	09/02/2010	08/20/2010	
			-	77.41	Aug-10	08/17/2010	-	08/03/2010	-	
			-	71.10	Jul-10	07/17/2010	-	07/06/2010	-	
			-	71.10	Jun-10	06/17/2010	-	06/01/2010	-	
			-	71.10	May-10	05/17/2010	-	05/06/2010	-	
				0.00	Mar-10			03/02/2010	-	
				0.00	Feb-10			02/04/2010	-	PP

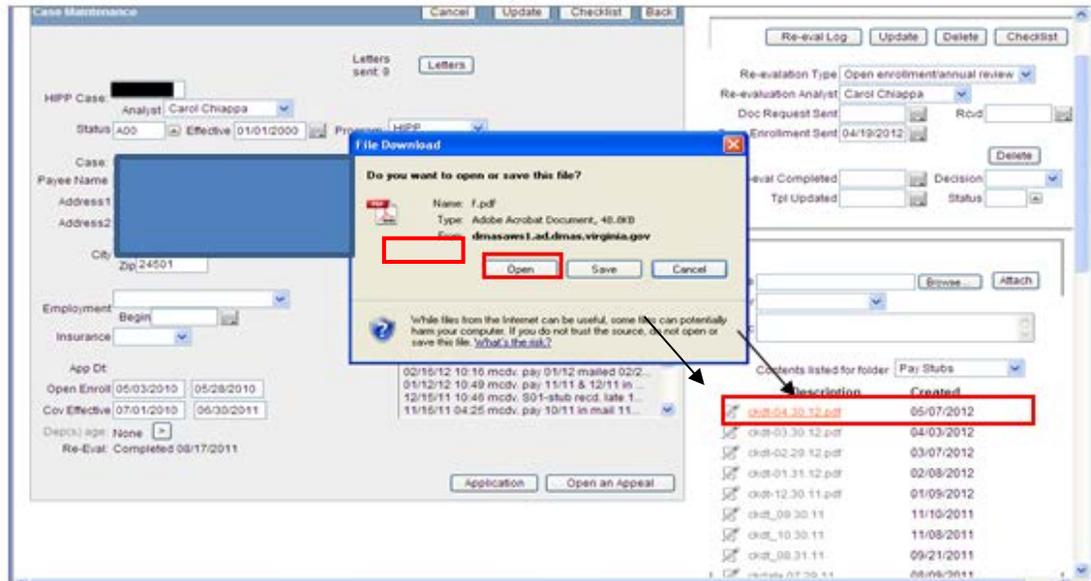
- 17) To determine if the correct payment verification was received select the paystub folder from the drop down box located to the right of the 'Contents listed for folder' as indicated on the display below.



- 18) Next, the "Pay Stubs" scanned into Oracle will be reflected in the Pay Stub folder as shown below.



- 19) Next, select the paystub received between the 6<sup>th</sup> of March and the 5<sup>th</sup> of April, which would be 'chkdt 04/30/12.pdf' file and a screen will pop-up with a question: Do you want to open or save this file? Click the open button.



- 20) Next, the file containing the Paystub will be opened to determine if the premium deduction was taken from this paystub as shown below.


64826

Payment History Detail Page 1 of 1

*Please send more envelopes*

**Central Virginia Community Services**      2241 Langhorne Road Lynchburg, VA 24501

1230		XXX-XX-XXXX	<b>4/30/2012</b>	1901.42
Employee No.	Employee Name	Social Security Number	<del>Check Date</del>	Net Pay Amount

Earnings	Hrs/Units	Rate	Current Amount	YTD Amount	Deductions	Current Amount	YTD Amount
Regular SALARY	162.50	17.07	2773.17	11092.68	FY11 Colonial Cancer	27.70	110.80
Dental Benefit	0.00	0.00	27.13	108.52	FY11LTD	25.91	103.60
Medical POS 15 B	0.00	0.00	438.00	1752.00	Dental	4.79	19.10
Taxable Group Life	0.00	0.00	4.14	16.56	<b>Medical POS 15</b>	<b>69.29</b>	277.10
Time Off Balances					VALIC	233.00	932.00
					Vision	5.40	21.60
					VRS RETIREMENT	0.00	1048.20
					FY11 VRS GROUP LIFE	0.00	31.00
					Medicare Tax	38.72	154.88
					Social Security Tax	112.15	448.60
					US Federal Income Tax	254.94	1019.76
					Virginia Income Tax	99.85	399.40
<b>Current Totals</b>				<b>Year to Date Totals</b>			
	162.50	3242.44	871.75	1901.42		12969.76	3488.00
							7604.68

*Mailed on 4/30/12*  
*Please send more envelopes*

- 21) Next, open VAMISS system to determine: 1) if the Medicaid dependent(s) on the HIPP/HFK case is still Medicaid eligible and; 2) if the per pay period premium amount(s) on the cost evaluation screen for this case matches the premium deduction(s) on the paystub as shown below.

The screenshot displays the 'VIRGINIA MEDICAID HIPP COST EVALUATION - UPDATE' interface. Key elements include:

- Header:** VIRGINIA MEDICAID HIPP COST EVALUATION - UPDATE. Date: 05/01/2012, Time: 15:27, Page: 001 OF 001.
- Navigation:** Member, Provider, Reference, Claims, Financial, Service Auth, Automated Proling, SORS, PARS, EFS01, HCC, TPL, Assessment, Enrgs.
- Form Fields:**
  - Screen ID: RB-S-011, Trans ID: WF11, Program ID: #87011
  - Member ID, First Name, Last Name, Case ID, Status: 01/12/2012, Description: APPROVED, Plan: 2, DR: R
  - Case Status: A00, Analyst: CAC, User ID: S8FSC, OSS Worker: C557, Begin Date: 05/12/04, TPL: 680
  - Medical Condition: Y, Re-Eval Date: [blank]
  - W-Premium Amt: 69.29 (highlighted in red)
  - D-Premium Amt: 0.00
  - Frequency: 03, W/Weeks: 00, Monthly Amt: 69.29
  - Effective Date: 07/01, W/Weeks: 00, Monthly Amt: 0.00, Total Amt: 69.29
  - Open Enroll Begin Date: 05/03, End Date: 05/29, Effective Date: 07/01, COBRA Begin Date: [blank], End Date: [blank]
- Table:**

Select	Member ID	First Name	Last Name	Age	HIPP Rate	W/tp	Total	Status
	Case ID	DOB			AC	ET	FPS	
<input type="radio"/>	[redacted]	[redacted]	[redacted]		1295.00		1295.00	A00
<input type="radio"/>	[redacted]	[redacted]	[redacted]		001	R	000	
<input type="radio"/>	[redacted]	[redacted]	[redacted]					
<input type="radio"/>	[redacted]	[redacted]	[redacted]					
- Summary:** Admin Cost: \$, Monthly Payment Amount: \$ 69.29, Monthly AVG Medicaid Cost: \$ 1295.00, Total Cost Savings: \$ 1226.31
- Buttons:** ENTER, Update, Clear Form, Refresh, Member, TPL, Reference, Evaluate, Main Search, Return, Sub Menu, Main Menu, Payment Req (highlighted in red), TPL, Sum, Case, Sum, Eligibility.

In this sample, there is a medical premium only and the amount of \$69.29 shown on the HIPP Cost Evaluation screen does match the premium(s) deduction on the pay stub shown above.

- 22) Next, Click on the Payment Req  button as displayed above.
- 23) The Payment Req screen should reflect the payment reimbursement for the current month as shown in the display below.

PHHS

Screen ID: FN-S-013  
Trans ID: VF15  
Program ID: FNT013

**VIRGINIA MEDICAID  
HIPP PAYMENT REQUEST - UPDATE**

Date: 05/01/2012  
Time: 15:46  
Page: 001 of 008

HIPP Number: [REDACTED] Case Status: A00 Update Date:  
CaseID Number: [REDACTED] Program Indicator: R  
Case First Name: [REDACTED] Case Last Name: [REDACTED]  
Payee Name: [REDACTED]

Payment Type	Payment Month	Payee ID	Payment Amt	Status	Payment Date	Action Date
I	2012 05	[REDACTED]	69 29			04/17/2012
M	2012 04	[REDACTED]	69 29	PAID	04/17/2012	03/19/2012
M	2012 03	[REDACTED]	69 29	PAID	03/19/2012	02/17/2012
M	2012 02	[REDACTED]	69 29	PAID	02/17/2012	01/17/2012
I	2012 01	[REDACTED]	69 29	PAID	01/17/2012	01/12/2012
M	2011 12	[REDACTED]	69 29	DELETE		11/17/2011
I	2011 12	[REDACTED]	69 29	PAID	01/17/2012	01/12/2012
M	2011 11	[REDACTED]	69 29	PAID	11/17/2011	10/17/2011
A	2011 10	[REDACTED]	69 29	PAID	10/28/2011	10/27/2011
M	2011 09	[REDACTED]	69 29	DELETE		08/17/2011
I	2011 09	[REDACTED]	69 29	PAID	10/17/2011	10/14/2011

Enter Update Clear Form Refresh Cost Eval Payee Data Case Sum Mem Search Return Sub Menu Main Menu

24) Next, note the case file in Oracle by clicking on the words 'new note' and entering 'Medicaid elig verif and paid 5/12, [user's initial]', as displayed below.

Case Maintenance

Letters sent: 9

HIPP Case: [REDACTED]  
Analyst: Carol Chiappa  
Status: A00 Effective: 01/01/2000 Program: HIPP

Case: [REDACTED]  
Payee Name: [REDACTED]  
Address1: [REDACTED]  
Address2: [REDACTED]  
City: [REDACTED]  
Zip: 24501

Employment: Begin  
Insurance: [REDACTED]  
App Dt: [REDACTED]  
Open Enrol: 05/03/2010 05/28/2010  
Cov Effective: 07/01/2010 06/30/2011  
Dep(s) age: None  
Re-Eval: Completed 08/17/2011

note Date: 05/07/2012 Time: 12:12 PM  
Medicaid elig verif and paid 5/12, cc

Re-eval Log Update Delete Checklist

Re-evaluation Type: Open enrollment/annual review  
Re-evaluation Analyst: Carol Chiappa  
Doc Request Sent: [REDACTED] Rcd: [REDACTED]  
Open Enrollment Sent: 04/19/2012

Re-eval Completed: [REDACTED] Decision: [REDACTED]  
Tpl Updated: [REDACTED] Status: [REDACTED]

File: [REDACTED] Browse Attach  
Folder: [REDACTED]  
Desc: [REDACTED]

Contents listed for folder: Pay Stubs

Description	Created
chk0-04.30.12.pdf	05/07/2012
chk0-03.30.12.pdf	04/03/2012
chk0-02.29.12.pdf	03/07/2012
chk0-01.31.12.pdf	02/08/2012
chk0-12.30.11.pdf	01/09/2012
chk0_09.30.11	11/10/2011
chk0_10.30.11	11/08/2011
chk0_08.31.11	09/21/2011
chk0_07.31.11	08/09/2011

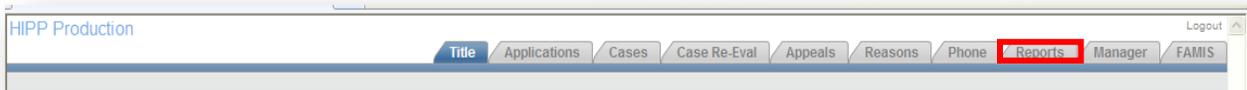
#### Fig IV – Case Log

Table of Case Log columns and descriptions:

<i>Columns</i>	<i>Description</i>
<b>HIPP #</b>	Number assigned by the VAMIS
<b>Payee</b>	Name of the program participant
<b>Status</b>	Case is A-Active, C-Cancelled; S-Suspended
<b>Reason Fig. TBD</b>	Current case status
<b>Analyst</b>	Assigned case analyst
<b>Enrollment</b>	Insurance policy open enrollment period
<b>Coverage</b>	Insurance policy coverage period
<b>Status Date</b>	Date case became active or was cancelled
<b>Re-Eval</b>	Date last renewal occurred or is currently in progress

### 4.3.16 Case Management – Payment Processing - Review Cases

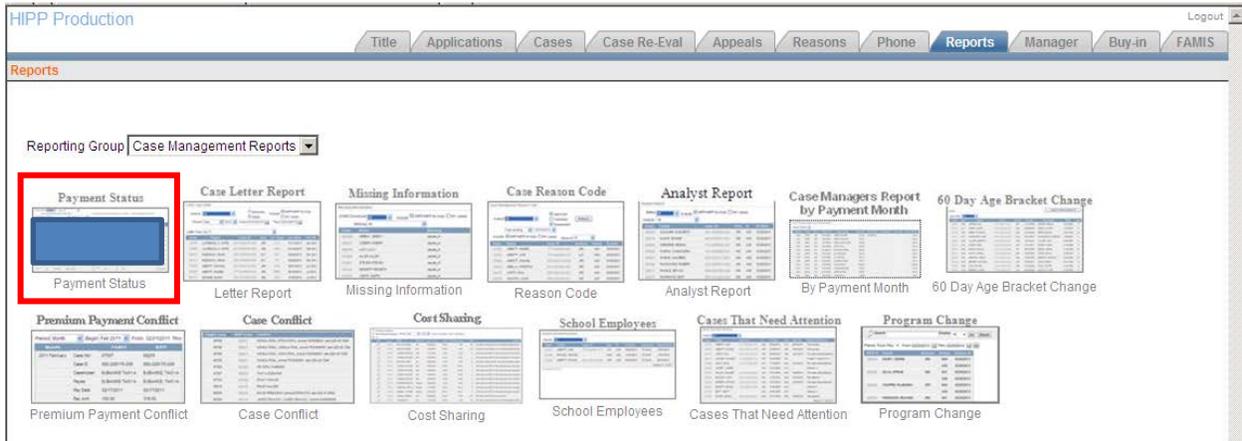
- 1) Click on Reports Tab as displayed below.



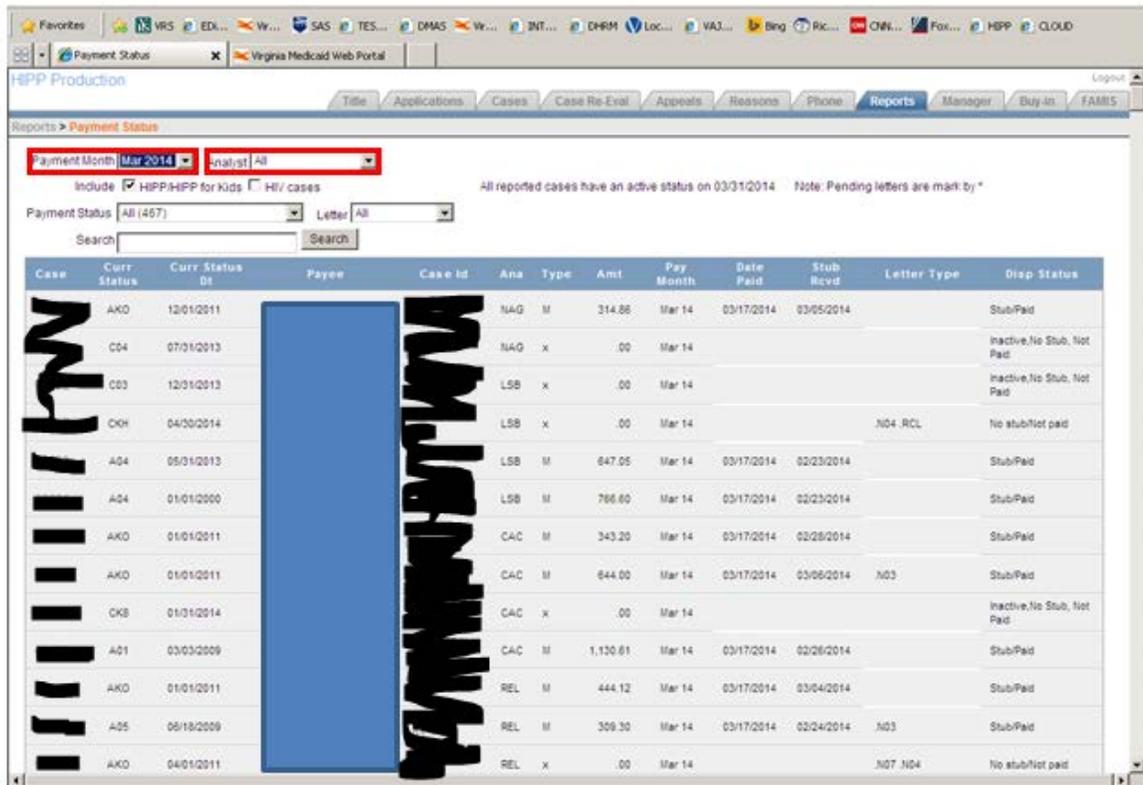
- 2) Next, click on the Reporting Group down arrow and select the Case Management option as displayed below.



- When the next screen opens click on the 'Payment Status' report as displayed below.



- Be sure the Payment Month field displays the i. e, 'Dec 2012' is displayed and also be sure the Analyst field has assigned analyst selected as displayed below.



- Each case on this report should be reviewed to determine if a payment went out in error or if a payment should have been made but was missed.
- The column labeled Disp Status indicates possible errors that may have occurred during payment processing. Typically, four scenarios may occur after the payments have been made on the 17<sup>th</sup> which are listed below.

- a) **Stub/Not paid** – occurs when pay stub was received but a payment was not made on any cases one slice of the pie show above will reflect all of those situations. These cases should be reviewed to determine if an add pay is required. There may be one situation that could occur when an add pay would not be required and that would be when an incorrect paystub is submitted the payment should not be generated.
  
- b) **No Stub/Not Paid** – occurs when a paystub was not received and a payment was not made should reflect legitimate cases that should not be paid. However, if a case is active and the paystub was submitted prior to this payment processing period, i.e. prior to the 6<sup>th</sup> of the current month it is possible an add pay should be issued.
  
- c) **No Stub/Paid** – occurs when a payment was made in error. However, there may be situations where a new case has been approved and they do not have a current paystub, but the payment(s) should have been made. Or if a paystub arrived and was posted prior to the 6<sup>th</sup> of the current month the payment was in fact legitimate.
  
- d) **Stub/Paid** – occurs when the correct paystub was submitted during the required due date. This list of cases should be reviewed to be sure that there are no suspended cases that were paid in error.

# 5.0 Financial Procedures

## 5.1 Purpose:

## 5.2 Policy:

### 5.2.1 Time Frame for Stop/Void checks submitted to Fiscal:

DMAS Fiscal Division can stop/void a check that is scheduled to go out on Friday if they are notified by Tuesday before 11:00AM of the week that the check will be issued.

## 5.3 Procedures:

### 5.3.1 Check - Reconciliation Notices:

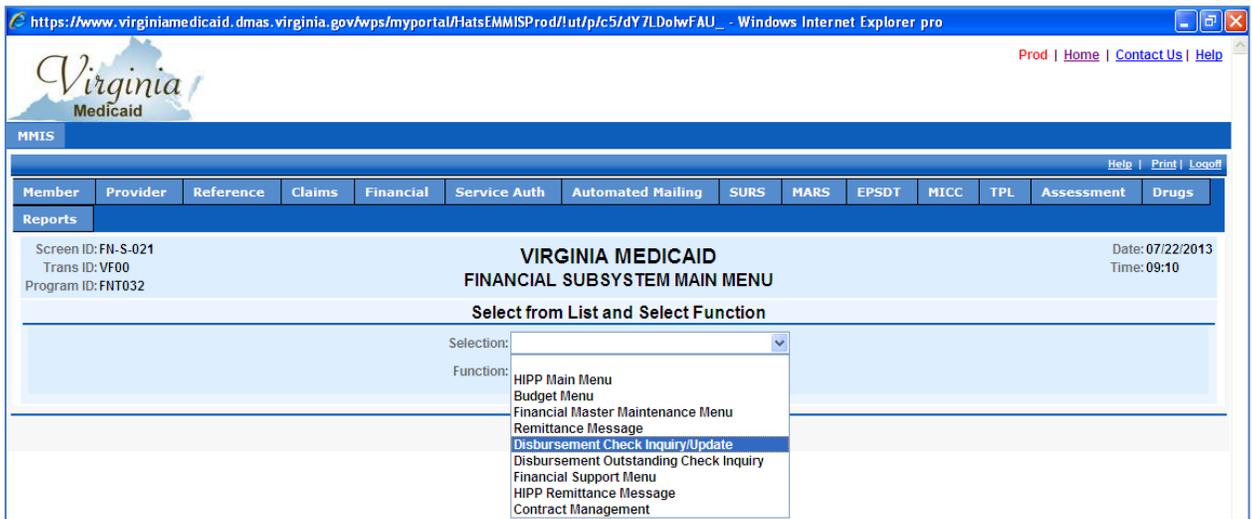
- 1) The Program Reimbursement Specialist in the Fiscal Unit will receive the Check Reconciliation Notices that clients return to DMAS. The Program reimbursement Specialist will image these documents and will research with financial institution to determine if the check in question has been cashed or still outstanding.
- 2) After completing the research, Program Reimbursement Specialist will email the Check Reconciliation Notice and Financial institution research information to the HIPP unit staff for assigned analyst to perform the necessary follow-up.
- 3) Next, the assigned HIPP/HFK/HIV assigned analyst will initiate the stop/void procedure if the check has not been cashed.
- 4) Once the stop/void process has been completed, determine if payment should be re-issued and follow normal procedures to initiate a HIPP/HFK/HIV/FAMIS payment through the MMIS.
- 5) If the check has been cashed, the HIPP/FAMIS Select staff member is to contact the recipient to inform them that based upon financial institution information the check in question was cashed, providing the date that the check was cashed. This follow-up may occur by phone call, email or notice to the recipient.

### 5.3.2 Check - Stop/Void Process

- 1) On occasion, a check must be stopped at and voided in VAMMIS.
- 2) To verify if check has been cashed/deposited, click on the 'Financial' tab in MMIS in VAMMIS.



- 4) When the Financial screen displays select the Disbursement Check Inquiry/Update option as displayed below, then select the 'inquiry' radio button and hit enter



- 5) Next, enter the payee id and 'p' for payee and hit enter and the results will display as shown below.

Screen ID: FN-S-017  
Trans ID: VF72  
Program ID: FNT009

VIRGINIA MEDICAID  
DISBURSEMENT CHECK - INQUIRY

Date: 07/22/2013  
Time: 09:13  
Page: 001 of 005

Check #, EFT Trace #, Payee ID, NPI: [REDACTED] Type: P/C/E/P Name: [REDACTED]

Select	Disbursement Type	Disbursement Number	Remittance Date	Check Amount	Action Date	Remittance Number	Check Type
<input type="radio"/>	C	[REDACTED]	07/26/2013	498.33		[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	06/21/2013	498.33	06/25/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	05/24/2013	498.33	05/29/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	04/26/2013	498.33	05/06/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	03/29/2013	346.66	04/05/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	03/01/2013	650.00	03/11/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	01/25/2013	650.00	01/30/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	12/28/2012	650.00	01/02/2013	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	11/30/2012	650.00	12/10/2012	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	10/26/2012	650.00	11/02/2012	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	10/26/2012	650.00	11/02/2012	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	08/24/2012	650.00	08/29/2012	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	07/27/2012	650.00	07/31/2012	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	07/06/2012	650.00	07/09/2012	[REDACTED]	ISSUED
<input type="radio"/>	C	[REDACTED]	05/25/2012	650.00	05/30/2012	[REDACTED]	ISSUED

TOP OF THE PAGE.

Enter Update Clear Form Refresh Detail Provider NPI X-Ref Return Sub Menu Main Menu

- 6) Then locate the check # or remittance date in question. And if the Action Date column is blank the check has not been cashed/deposited to a bank. If the Action Date is populated the check has been cashed/deposited. And a copy of the cancelled check/front and bank can be requested from Program Reimbursement Specialist, Fiscal Unit to provide to the payee of proof of payment.

- 7) If there is no Action Date, Email Program Reimbursement Specialist, Fiscal Unit the following details about the check(s) along with a completed Check Request form as displayed below.

Check Request

---

Date: 06/21/2012

Authorized by DMAS: Tias Lewis Authorized by ACS: Debbie Haynes  
 Released by Fiscal: \_\_\_\_\_  
 Provider ID: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Addr: \_\_\_\_\_  
 Addr: \_\_\_\_\_  
 City: **FREDERICKSBURG** State: **VA** Zip: **22401**

V/R	Bank Acct#	Check#	RA Date	Amount	Reason	Check# (Reissue)	Stop?
v=VOID	_____	_____	5/25/12	166.00	Never Received	NO	YES
l=Reissue	_____	_____	_____	_____	_____	_____	_____
Add = Adv	_____	_____	_____	_____	_____	_____	_____
Add = Adv	_____	_____	_____	_____	_____	_____	_____

Manual Check to be Distributed Via:

Method	Requested Delivery/Pickup Date
<input type="checkbox"/> Next Day	_____
<input type="checkbox"/> Standard Mail	_____
<input type="checkbox"/> Hold (Pick-up)	_____

Mailroom to Determine Most Cost-efficient Overnight Option

Carrier	Acct#	Acct Name	Confirmation#
<input type="checkbox"/> Express Mail	_____	_____	_____
<input type="checkbox"/> FedEx	_____	_____	_____
<input type="checkbox"/> UPS	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
**DO NOT WANT ACS TO REISSUE. THANK YOU, CAROL CHIAPPA 804-786-145**

- 8) Complete the as in example above form and select "VOID" in the column "v/r" on the Check Request Form to indicate that the check should be stopped at the financial institution and voided in the MMIS.
- 9) The "Authorized by DMAS" field on the form will have the HIPP/Buy-In Supervisor's name entered into this field.
- 10) Then, email the completed Check Request Form to Program Reimbursement Specialist, with a copy sent to **Accountant Manager, Financial Services Manager and HIPP Unit Supervisor.**
- 11) ACS staff will initiate their procedures to stop the check at The financial institution and they will enter the 1<sup>st</sup> step of voiding the check in the MMIS.

- 12) Xerox staff will notify the Fiscal Division Staff as well as the HIPP supervisor and/or the FAMIS Select staff member when the stop/void has been initiated.
- 13) Fiscal staff member will be responsible for approving the void in the MMIS; it is no longer the responsibility of the HIPP/Buy-In Supervisor to approve the void.
- 14) Fiscal staff will notify via email the staff member that generated the request for the stop/void when the process has been completed so that the individual HIPP/FAMIS Select staff member can determine if another payment should be generated through the MMIS.

### 5.3.3 Check - Void Process

On occasion, a check has been returned to the HIPP/FAMIS Select staff member.

- 1) This check will not be stopped at the financial institution since it is in the procession of DMAS.
- 2) HIPP/FAMIS Select staff member will make a copy of the check, hand carry the check and the copy to **Program Reimbursement Specialist** in Fiscal.
- 3) HIPP/FAMIS Select staff will retain a copy of the signed receipt in the HIPP/FAMIS Select case file.
- 4) HIPP/FAMIS Select staff completes a Check Request Form to identify the payee, check number, check amount, etc that is to be voided in the system.
- 5) HIPP/FAMIS Select staff will select "Void" in the column "v/r" on the Check Request Form to indicate they want the check voided in the MMIS.
- 6) The "Authorized by DMAS" field on the form for HIPP staff will have the supervisor of the HIPP Unit's name entered into this field. FAMIS Select staff member will enter her name into this field.
- 7) HIPP/FAMIS select staff member will email the completed Check Request Form to Fiscal Department Designees; Program Reimbursement Specialist, with a copy sent to: Financial Services Manager Accountant Manager, and HIPP/Buy-In Supervisor
- 8) Program Reimbursement Specialist will email the Check Request Form to the DMAS Fiscal Agent (Xerox).
- 9) Xerox staff will initiate their procedures to void the check in by entering the 1<sup>st</sup> step of voiding the check in the MMIS.
- 10) Xerox staff will notify the Fiscal Division Staff as well as the HIPP supervisor and/or the FAMIS Select staff member when the stop/void has been initiated.
- 11) A Fiscal staff member will be responsible for approving the void in the MMIS; it is no longer the responsibility of the HIPP/Buy-In Supervisor to approve the void.
- 12) The Fiscal staff will notify via email the staff member that generated the request for the stop/void when the process has been completed so that the individual HIPP/FAMIS Select staff member can determine if another payment should be generated through the MMIS.

### 5.3.4 Check - Research of Financial institution

Fiscal Department will be responsible for researching any checks

- 1) If HIPP or FAMIS Select staff members have any checks to be researched through financial institution on-line they are to send an email to Program Reimbursement Specialist, Accountant Manager and Financial Services Manager to request the check be researched.

- 2) Program Reimbursement Specialist will email the requestor with the information she finds on the financial institution on-line research.

### **5.3.5 Check - Returned as Non-Deliverable**

The post office will return checks as non-deliverable to Xerox.

- 1) Xerox will image the check and the envelope
- 2) Xerox will email HIPP staff, HIPP supervisor and FAMIS Select staff with information regarding checks returned.
- 3) HIPP/FAMIS Select staff will research the information provided to determine if the check should be re-mailed to a new address or if stop/void process should or has been initiated.
- 4) For checks to be re-mailed, HIPP/FAMIS Select staff members are to email Deborah Hanes, Ida Beverley and Phyllis Washington to inform them when a check is to be re-mailed. This email also needs to be copied to Fiscal Staff (Program reimbursement specialist, Accountant Manager and Financial Services Manager) and Xerox will re-mail the check as directed by DMAS staff
- 5) HIPP/FAMIS Select staff will inform ACS if a check is not to re-mailed because a stop/void is being processed for a specific check
- 6) HIPP/FAMIS Select staff shall maintain documentation in their case files regarding checks that have returned as non-deliverable and the outcome (re-mailed, or stop/void)

### **5.3.6 Check - Possible Forged:**

- 1) Payee should take copy of the check to bank to investigate.
- 2) The bank will then contact the DMAS Fiscal Unit.
- 3) The HIPP Unit would not be able to re-issue HIPP payment until we hear from DMAS Fiscal

# 6.0 Cost Sharing for HIPP for Kids

## 6.1 Purpose

Processing Payments for HIPP for Kids Cost Sharing quarterly reimbursements

## 6.2 Policy

### Cost Sharing Quarterly Reimbursement

Medical Expense Period	Verification Month & Due Date	Reimbursement Received
January thru March	May 5th	June
April thru June	August 5th	September
July thru September	November 5th	December
October thru December	February 5th	March

Requests may be received by fax, email or US Postal service. Upon receipt of a request for cost sharing the following procedures should occur:

- 1) Review the request to determine if all required information has been received to include:  
Completed Cost Sharing Expense Form
  - a. Copies of Insurance Carrier Explanation of Benefits (EOB) demonstrating the insurance carrier's decision for the service.
  - b. Copies of receipts or processed checks that demonstrate payment of the service has occurred. If some services have receipts and some services do not have receipt, the request will be processed with denial of requests for failure to submit required documentation.
  - c. Requests for reimbursement for prescriptions must include information from the pharmacy to include: 1) name of the prescription dispensed; 2) name of the person who received the prescription; 3) amount paid by the member for the prescription; 4) dosage; 5) NDC number.
- 2) Requests submitted without a completed Cost Sharing Expense Form will be returned to the sender via US Postal service with a letter indicating the Cost Sharing Expense Form must be completed to be considered for reimbursement and that no further processing of the request will occur until the required information is received.
  - a. Requests submitted with no receipts or canceled checks will not be processed.

- 3) **Cost Sharing will only be processed for the current quarter** (see *Cost Sharing Quarterly Reimbursement Chart*). Submission of documentation for services rendered in the next quarter will not be processed. For example, processing is for the 1st quarter of the year, January through March which is processed by June 17th. However, the member also submitted requests for services rendered in April. The April services will not be processed until such time as April services are to be processed (September).

## 6.3 Procedures

### 6.3.1 Cost Sharing – Checklists returned for lack of information:

All HFK – Cost Sharing – Checklists should be sent timely and ensure that items are not being processed after the verification month, which is a compliance issue.

### 6.3.2 Cost Sharing – Requests not returned for lack of information:

Data contained on the Cost Sharing Expense Form will be entered into the Oracle Case.

- 1) To open the Cost Sharing Screen from the Case Management screen, click on the 'Cost Sharing'  button in Oracle as displayed below.



The screenshot shows the Oracle Case Maintenance interface. The 'Case Maintenance' window is open, displaying various case details. At the bottom of the window, there are three buttons: 'Cost Sharing', 'Application', and 'Open an Appeal'. The 'Cost Sharing' button is highlighted with a red rectangular box. The 'Phone Ticket' section on the right shows a list of tickets, with the first one being '4TH QUARTER 2011 COST SHARE REQUESTS' created on '06/15/2012'.

- 2) Next, the cost sharing screen opens, select the applicable Year and then select the applicable quarter that is to be processed, and then click on the RETRIEVE  button. Then the fields for data entry as well as any previously saved information for that case for that same year and quarter will display as shown below.

The screenshot shows the 'Case Log > COST\_SHARING' interface. At the top, there are buttons for 'Back', 'Retrieve', and 'Case'. Below these are dropdown menus for 'Year: 2012' and 'Quarter: October thru December', along with a 'Page 1' dropdown. A 'Totals' section displays the following data:

Page Paid: 00	Reimb: 00	Year Paid: 209.00	Reimb: 114.00
Period Paid: 00	Reimb: 00	Total Paid: 408.00	Reimb: 276.00

Below the totals is a 'Cost Share Detail' section with 'Update' and 'Dependants' buttons. The main table has the following columns: Line, Name, Mcaid, Relationship, Provider, Type Of Service, From, Thru, Paid, Reimb Amt, and Rsn. The table contains 8 empty rows for data entry.

NOTE: The cost sharing as displayed below is for January through March 2011, but additional information can be added or changes can be made.

- 3) NOTE: There is a "Page" drop down as well...Once page 1 is full (maximum 8 lines per page) and saved by using the UPDATE button, you can then go to page 2 to enter additional information.

The screenshot shows the 'Case Log > COST\_SHARING' interface with the same controls as the previous screenshot, but with 'Year: 2011' and 'Quarter: January thru March'. The 'Totals' section displays the following data:

Page Paid: 1,089.76	Reimb: 966.54	Year Paid: 3,151.46	Reimb: 2,850.54
Period Paid: 1,383.76	Reimb: 1,260.54	Total Paid: 3,915.46	Reimb: 3,514.54

The 'Cost Share Detail' table is now populated with 8 rows of data:

Line	Name	Mcaid	Relationship	Provider	Type Of Service	From	Thru	Paid	Reimb Amt	Rsn
1		<input type="checkbox"/>	Son		prescription	01/03/2011	01/03/2011			DCM Deny Co
2		<input type="checkbox"/>	Self		psych visit	01/03/2011	01/31/2011			DCD Deny co:
3		<input type="checkbox"/>	Self		labs	01/14/2011	01/14/2011			AKP Approved
4		<input type="checkbox"/>	Son		Medical exam	01/10/2011	01/10/2011			DCM Deny Co
5		<input type="checkbox"/>	Self		medical visit	02/14/2011	02/14/2011			DCD Deny co:
6		<input type="checkbox"/>	Son		medical exam	01/03/2011	01/03/2011			DCD Deny co:
7		<input type="checkbox"/>	Son		speech therapy	01/03/2011	01/03/2011			AKL Approved
8		<input type="checkbox"/>	Son		PSYCHOTHERAPY	02/02/2011	03/22/2011			AKP Approved

- 4) The list of dependents is derived from the list of dependents that were included on the case when it was approved for cost sharing. The HIPP analyst assigned to the case should be sure to update the list of dependents as needed.

- 5) IF the request for cost sharing list a person not listed in Oracle the assigned case analyst needs to determine if the person needs to be added to Oracle as a dependent.
  
- 6) All Rx submitted for reimbursement must be considered a “Preferred Drug” on the Preferred Drug List (PDL) list published by Medicaid annually in July each year. The link to the list is: <http://www.VirginiaMedicaidPharmacyServices.com>.
  
- 7) Review the Cost Sharing Expense Form and documentation submitted to make a decision for each line of information requested for payment.
  - a. On the Cost Sharing Form document the decision regarding payment using the following codes available in Oracle:
    - i. AKP – Approved Cost Sharing for the parent
    - ii. AKL –Approved Cost Sharing, liable for the Medicaid Eligible
      1. HIPP for Kids only provides for cost sharing for the Medicaid eligible when the provider is not a Medicaid enrolled provider. If the servicing provider is a Medicaid provider the service will be denied, the provider needs to bill through Medicaid claims processing
        - a. Medicaid enrolled providers can be searched through the DMAS website to verify their Medicaid participation
    - iii. DCA- Denied Cost Sharing, not actively enrolled in the HIPP for Kids program on the date the service was rendered.
      1. Reimbursement of approved cost sharing expenses is limited to services rendered while actively enrolled in the HIPP for Kids program. Reimbursement is based upon the date of service, not the date that the person paid for the service.
    - iv. DCD – Denied Cost Sharing, lack of Documentation
      1. This reason is used when there is no EOB, no receipt of payment or other required documentation to support that payment was made. Often an EOB is submitted by itself, this does not support that the member paid for the service.
    - v. DCN- Denied Cost Sharing, Non-covered service
      1. This reason is used when the service is not a Medicaid covered service, such as chiropractor services, Dental and/or Vision services for a person age 21 or older or well visits for a person age 21 or older (such as a physical for employment, school, adoption, etc.
        - a. Covered services can be verified through the DMAS website via the Provider Manuals. In addition, in some instances the actual procedure code or NDC code has been provided so the MMIS may be used to verify if the service is a covered service. The DMAS website also provides access to the DMAS fee file which can be searched to determine if a service is covered when the specific procedure code or NDC code have been provided. However, the payment amount for approved cost sharing is the actual cost incurred by the member, not the DMAS rate.
        - b. Search of the internet may be necessary to obtain additional information about drugs or procedures. A person may have had a prescription prescribed which you do not know what the drug is and you need to determine is it covered by DMAS. For example, a

person had a prescription for mouthwash that requires a prescription; however, that drug is not covered by DMAS.

2. There is no cost sharing for Dental and/or Vision services for the Medicaid member if the HIPP for Kids program is not providing reimbursement of the dental and/or vision premium. However, the provider may bill Medicaid for this service if the provider is Medicaid enrolled.
  3. Additional items that may be non-covered include drugs not covered by Medicaid.
- vi. DCM- Denied Cost Sharing for the Medicaid eligible member
1. This code is used when the service was for the Medicaid eligible member and the provider is a Medicaid participating provider. The provider of service is to bill Medicaid directly for Medicaid covered service.
- vii. DCQ – Denied Cost Sharing as the request is for a different quarter not currently being processed.
1. In some instances the member may submit requests for cost sharing for quarters PRIOR to the quarter being processed and these will be evaluated on an individual basis as the approval for HIPP for Kids may have been delayed and it would be appropriate to provide cost sharing for prior quarters.
  2. This code would be used when a person submits a request for a future quarter...for example, processing is for January through March and the person submitted a request for payment for services rendered in April, the request for the April service would be denied, they are to submit during the request during the appropriate quarter.
- viii. DCA – Denied Cost Sharing not actively enrolled in HIPP For Kids
1. This code would be used if the request is for a date of service in which the member was not active in the HIPP For Kids program
- ix. DCF – Denied Cost Sharing as the service was for a family member not enrolled in HIPP For Kids
1. This code is used if the service was rendered to a family member who is not enrolled in HIPP for Kids; it could be service for another Medicaid family member who is age 19 or older but it still is denied for HIPP for Kids.

DNL – Denied Cost Sharing not submitted by deadline

- 8) Enter cost sharing decisions into Oracle
- a. Select the year and quarter being processed
  - b. From the drop down box of list of dependents select the name of the person who received the service

Case Log > COST\_SHARING

Back

Totals

Page Paid: .00 Reimb: .00 Year Paid: 25.00 Reimb: 25.00  
 Period Paid: 25.00 Reimb: 25.00 Total Paid: 25.00 Reimb: 25.00

Case: [Redacted] Retrieve Case

Year: 2011 January thru March Page: 1

Cost Share Detail Update Dependents

Line	Name	Micaid	Relationship	Provider	Type Of Service	From	Thru	Paid	Reimb Amt	Rsn
1	[Redacted]	<input type="checkbox"/>	Self	Bon Secours	office visit	03/30/2011	03/30/2011	25.00	25.00	AKP Approved
2		<input type="checkbox"/>								
3		<input type="checkbox"/>								
4		<input type="checkbox"/>								
5		<input type="checkbox"/>								
6		<input type="checkbox"/>								
7		<input type="checkbox"/>								
8		<input type="checkbox"/>								

MUX03362 en-us

- c. Select relationship from drop down. The system will also allow you begin typing the Relationship, it will select the relationship, such as entering a "S" will bring up "Son", then type "E" and the system will select "self".
- d. Once you have completed the relationship, which is the relationship to the policy holder, tab to provider and enter the name of the servicing provider.
- e. Type of service field enter prescription, office visit, physical therapy, etc, to describe the service rendered.
- f. Tab to the begin date of service field, which dates can be manually entered or selected from the calendar. After entering data, tab twice to the "Thru date of service" field. In some instances the from and thru date are the same.
- g. Once the Thru date is entered tab twice to the "Paid" field and enter the amount the person indicated they paid for the service then tab to the reimb amt field, which is the amount that will be reimbursed by the HIPP for Kids program. The amount reimbursed could be 100% of the cost paid by the member, a portion of the cost or no payment (enter zero for no payment).
- h. Tab to the Reason field and enter the reason based upon codes listed above. Again, you can begin typing the code, such as AKP and that will populate the field or you can select the reason code from the drop down box.
- i. Tab to the next line to continuing entering the data listed on the Cost Sharing Expense Form.
- j. Once all data is entered or up to 8 lines of information are entered, hit UPDATE button and that will save the data.
- k. If more than 8 lines of cost sharing are requested, once the first 8 lines of information have been entered and saved, go to the "Page" drop down to bring up page 2 to continue data entering.
- l. Each page of data must be saved before moving to the next page for data entry.
- m. If an error was made and saved that is not complete, you will see "ARROWS" on that line to fix, see example below

Cost Share Detail Update Dependants

Line	Name	Mcaid	Relationship	Provider	Type Of Service	From	Thru	Paid	Reimb Amt	Rsn
1		<input type="checkbox"/>	Self	Bon Secours	office visit	03/30/2011	03/30/2011	25.00	25.00	AKP Approved t
2		<input type="checkbox"/>	Son							
3		<input type="checkbox"/>								
4		<input type="checkbox"/>								
5		<input type="checkbox"/>								
6		<input type="checkbox"/>								
7		<input type="checkbox"/>								
8		<input type="checkbox"/>								

8) To delete a Row of information, change the LINE NUMBER to "D"

Cost Share Detail Update Dependants

Line	Name	Mcaid	Relationship	Provider	Type Of Service	From	Thru	Paid	Reimb Amt	Rsn
1		<input type="checkbox"/>	Self	Bon Secours	office visit	03/30/2011	03/30/2011	25.00	25.00	AKP Approved t
D		<input type="checkbox"/>	Son							
3		<input type="checkbox"/>								
4		<input type="checkbox"/>								
5		<input type="checkbox"/>								
6		<input type="checkbox"/>								
7		<input type="checkbox"/>								
8		<input type="checkbox"/>								

6) Next, select UPDATE button and the following is how the screen will appear

The screenshot displays the Oracle Cost Sharing interface. At the top, there is a 'Case Log' header with a 'Back' button. Below this, there are fields for 'Case' (with a dropdown menu), 'Year' (set to 2011), and 'Period' (set to January thru March). There are also 'Retrieve' and 'Case' buttons. To the right, a 'Totals' section shows: Page Paid: 25.00, Reimb: 25.00, Year Paid: 25.00, Reimb: 25.00, Period Paid: 25.00, Reimb: 25.00, Total Paid: 25.00, Reimb: 25.00. Below the totals, there is a 'Cost Share Detail' section with 'Update' and 'Dependants' buttons. The main part of the interface is a table with the following columns: Line, Name, Mcsid, Relationship, Provider, Type Of Service, From, Thru, Paid, Reimb Amt, and Item. The first row is populated with: Line 1, Name (redacted), Mcsid (checkbox), Relationship Self, Provider Bon Secours, Type Of Service office visit, From 03/30/2011, Thru 03/30/2011, Paid 25.00, Reimb Amt 25.00, and Item AKP Approved. Rows 2 through 8 are empty.

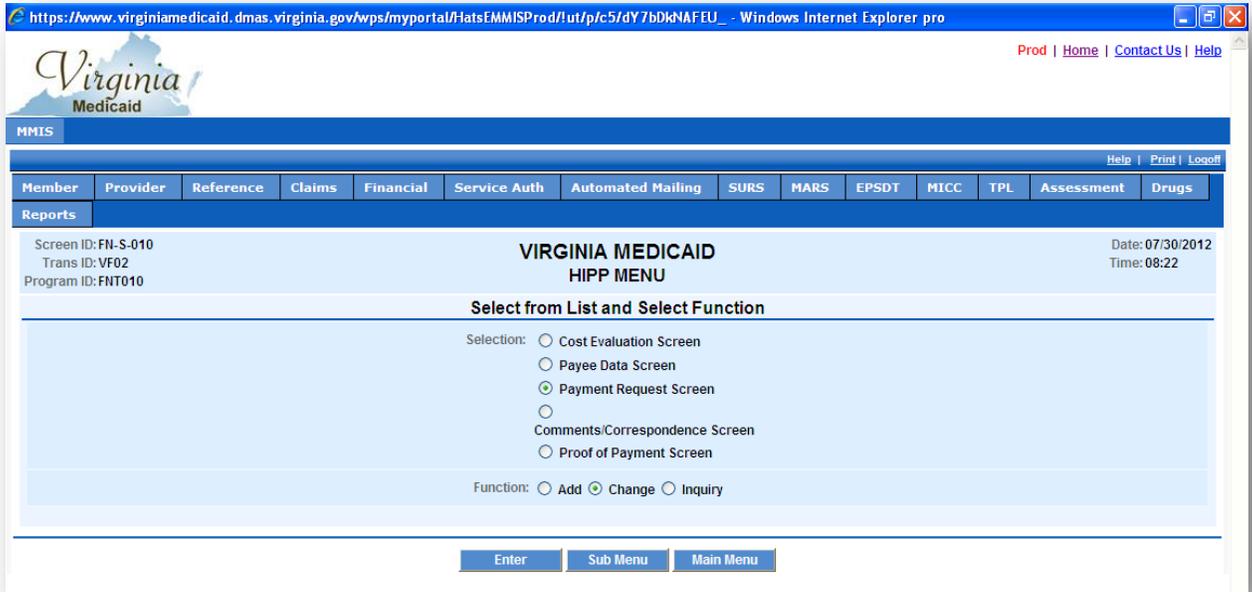
- 7) The incorrect data has now been deleted. The same function can be used with delete even on completed rows of information that need to be deleted.
  - n. Oracle will tally information saved by calculating the **Page Paid, Page Reimb, Period Paid, Period Reimb**, as well as calculate **Year Paid, Year reimb** and **Total paid** (for all requests for all quarters that have been processed) and **Total Reimb** (for all requests for all quarters that have been processed)
  - o. The **Period Reimb** is the amount that will be entered into MMIS for payment as well as to be noted on the Cost Sharing Expense Form, Grand Total For Multiple pages field.
- 9) The Cost sharing requests can be entered into Oracle upon receipt however payments will not be entered until quarterly processing is to be done to ensure payments are not issued prior to the cost sharing payment dates.
- 10) Document on the Cost Sharing Expense Form the total amount that will be reimbursed based upon the calculations in Oracle. This information will be needed for MMIS data entry and tracking of cost sharing payments explained below.

### 6.3.3 Cost Sharing –MMIS payment entry:

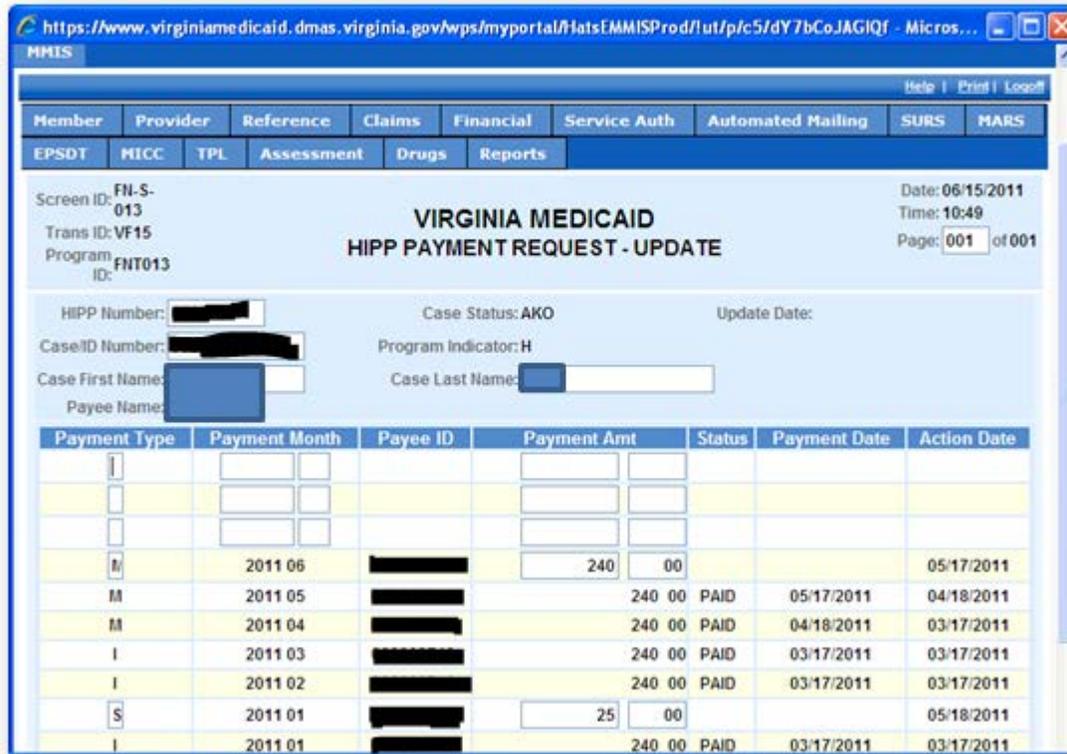
#### Schedule for Cost Sharing payments

- 1<sup>st</sup> Quarter, January thru March- Payments can be entered in MMIS starting May 18<sup>th</sup> to be completed by June 17<sup>th</sup>
- 2<sup>nd</sup> Quarter, April thru June- Payments can be entered in MMIS starting August 18<sup>th</sup> to be completed by September 17<sup>th</sup>
- 3<sup>rd</sup> Quarter, July thru September – Payments can be entered in MMIS starting November 18<sup>th</sup> to be completed by December 17<sup>th</sup>
- 4<sup>th</sup> Quarter, October thru December – Payments can be entered in MMIS starting February 18<sup>th</sup> to be completed by March 17<sup>th</sup>

- 1) Enter the Financial Subsystem in MMIS
  - a. Select HIPP Main Menu, Inquiry, hit 'Enter' key
  - b. Select Payment Request Screen, Change, hit 'Enter' key



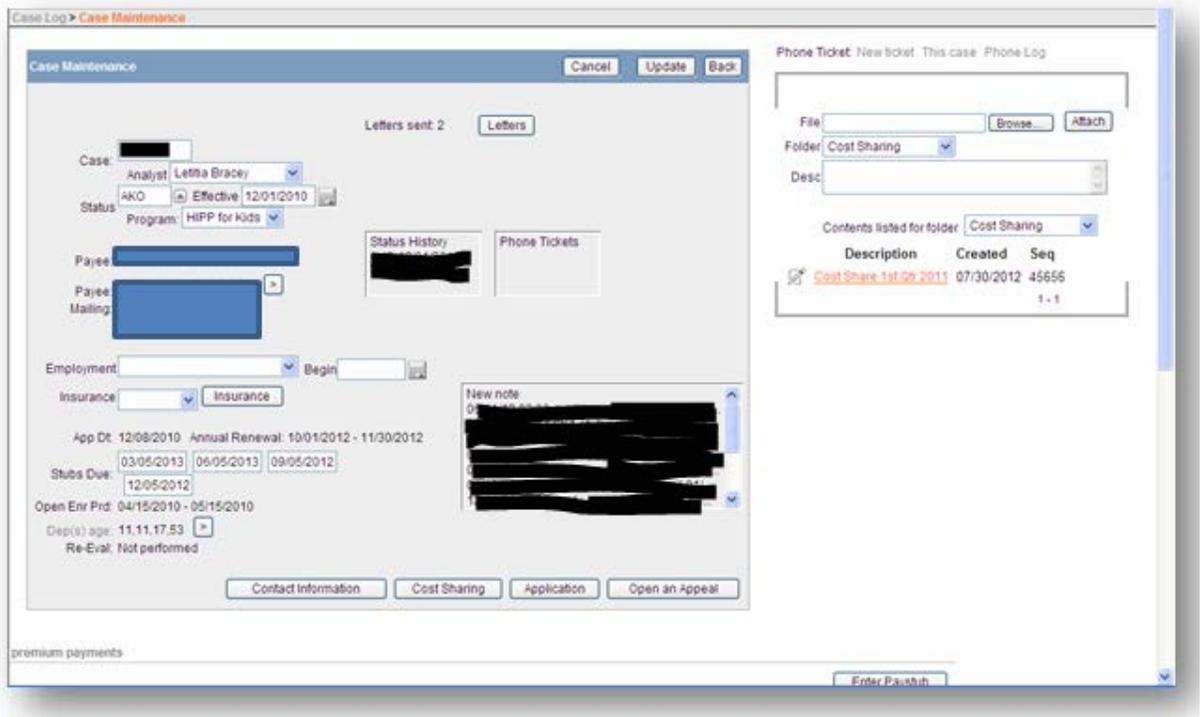
- c. Enter HIPP Number and hit the ENTER key.



- d. HIPP For Kids Cost Sharing payments are currently entered as a “S” payment type in MMIS
  - e. Enter the S payment type, the payment year should be the year you are paying and the month should be the first month in the quarter you are paying.
- 8) For example: You are processing January thru March cost sharing, the MONTH should be January.
  - 9) If no premium payment was issued in January, the system will give an error message that an “S” payment cannot be issued for a month with no “I”, “M”, “A” or “R” payment.
  - 10) Since premium payments are issued as reimbursement payments, a person may be effective for HIPP for Kids for a month in which the first payment issued is the following month, so the “S” payment would need to be the first month of the premium issued.
  - 11) For example, person is approved for HIPP for Kids effective January 2011, but the first premium payment was issued February 2011. The “S” payment for cost sharing must be entered as February 2011 as an “S” payment for January 2011 will not be accepted by the MMIS.
  - 12) Once the year/month have been entered, TAB to the payment amount to be paid, in dollars and cents. Select Enter, Update which will save the payment request.

### 6.3.3 Cost Sharing – Decision Letters:

- 1) Letters are to be sent after processing in MMIS is completed.
- 2) Letters are only sent for requests that are partially or totally denied payment; no letters are sent if the request is reimbursed in full.
- 3) Letters will inform the policy holder of services denied payment or reduced in payment and the reason for the denial or reduction.
- 4) Examples of Denial letters can be found on j drive/HIPP/HIPP for Kids/HIPP for Kids letters. A separate folder needs to be created in this folder for each quarter that letters are written, for example, folder of decision letters for 2<sup>nd</sup> quarter 2011, folder for decision letters 3<sup>rd</sup> quarter 2011, etc.
- 5) Once all letters have been written and mailed, all letters, cost sharing request forms and supporting documentation are to be scanned, including requests that had all services approved.
  - a. Scan the documentation to your email address
  - b. Open each email and save the scanned document to the J drive/HIPP/HIPP for Kids/Cost Sharing Requests Submitted/ (quarterly folder to be located here).
  - c. Save the document according to the following name convention:
    - i. Last name, first name\_HIPP Number\_1<sup>st</sup> Quarter cost sharing ( the quarter cost sharing portion will change based upon the quarter being saved) month date year (this is the date the document is being saved).
  - d. After all documents have been saved on the J drive the documents need to be attached to the HIPP case in Oracle
    - i. Enter Oracle, Case Management
    - ii. Enter the HIPP case number
    - iii. On the case management screen select “BROWSE”



- 13) Browse the J drive/HIPP/HIPP For Kids/Cost Sharing Requests Submitted
- 14) Select the document you want to attach in Oracle.
- 15) Enter a description in Oracle in the DESC box, cost sharing quarter and year
- 16) Select "Attach" in Oracle, now the document should be attached in Oracle
- 17) Verify that all documentation was properly scanned and attached to the HIPP for Kids case.

### 6.3.5 Cost Sharing – Tracking Quarterly Payments:

- 1) Currently the MMIS does not have the ability to distinguish cost sharing payments from other supplemental payments. In order to track the payments associated with cost sharing, an excel spread sheet needs be created each quarter to indicate the HIPP For Kids cases that requested cost sharing, the amount requested and the amount reimbursed.
- 2) Utilizing the totals on each Cost Sharing Expense Form, add to the excel spreadsheet located on the J drive/HIPP/HIPP for Kids/Cost Sharing Quarterly (for the current quarter) to include the HIPP Number, the amount requested and the amount paid.
- 3) Once each analyst has entered or updated the XL spreadsheet be sure to save the file. If not already created then create and save the excel spreadsheet on the J drive/HIPP/HIPP for Kids/Cost Sharing Quarterly payments, naming the document the quarter and year being tracked.
- 4) Send an email to staff in the Budget Division informing them of the total amount of cost sharing paid for the quarter.

- 5) Upon completion of entering all payments in Oracle, MMIS, scanning all documents and creating the tracking document, the original documents submitted by the participant can be recycled.

## 6.3.5 Cost Sharing – Guidelines and Medical Expense Record

### HEALTH INSURANCE PREMIUM PAYMENT HIPP for Kids (HFK) PROGRAM Cost Sharing of Co-pays, Deductibles and Co-Insurance

HFK provides cost sharing to the Medicaid eligible member under age 19 and their parent when they are enrolled in a qualified employer-sponsored health plan and participating in HFK. Cost sharing payments are limited to items/services covered by both the qualified employer sponsored health plan and the State Plan for Medicaid.

#### Reimbursement of Cost Sharing

The policy holder MUST submit the Cost Sharing Medical Expense Form to request reimbursement. Medical claims information is evaluated on a quarterly basis. Please refer to the table below:

Medical Expense Period	*Verification Deadline	Reimbursement Month
January thru March	May 5 <sup>th</sup>	June
April thru June	August 5 <sup>th</sup>	September
July thru September	November 5 <sup>th</sup>	December
October thru December	February 5 <sup>th</sup>	March

\*If the 5<sup>th</sup> is a weekend day or a holiday the next business day is the due date.

In addition to submitting the Cost Sharing Medical Expense form below, the policy holder must submit:

- copies of itemized medical bills received from the medical provider showing the procedure/ CPT (the prescription drug name and the NDC number is required and must include the person who received the prescription);
- a copy of the Explanation of Benefits (EOB); and
- a copy of the canceled check, bank statement or receipt showing payment of the medical bill for each expense.

**All prescriptions must be detailed on the Cost Sharing Medical Expense Record, one drug per line with the name of the drug in the "type of service field" or they will not be considered for reimbursement for that quarter.**

Cost sharing payments are processed on the 17<sup>th</sup> of the Verification Deadline month. The check is mailed the last Friday of the following month. Expense documentation received after the 5<sup>th</sup> will not be processed.

Please note HFK only provides cost sharing for services covered by the health plan approved under the HFK program. **If the policy holder has a separate dental/vision plan for which HFK is not providing premium assistance, no cost sharing is permitted.** However, for the Medicaid eligible child, the servicing provider can bill Medicaid for potential cost sharing. Additionally, no payment is available for co-insurance/deductibles for services rendered by out of network providers for the employer sponsored group health plan.

The policy holder will be informed in writing of any requests for reimbursement that are denied. If all requested reimbursement is issued, no written notice will be sent.

#### Medicaid Eligible Members

Medicaid program providers must bill all other third-party insurance providers for items/services rendered for the Medicaid eligible member prior to billing Medicaid, as Medicaid is the payer of last resort. If the provider does not participate in the Medicaid program, the service may be eligible for cost sharing for the Medicaid eligible under age 19 when the service is also a Medicaid covered service.

#### Non-Medicaid Family Members (limited to parents only)

For expenses that meet program criteria, cost sharing for parents enrolled in the employer sponsored health plan is limited to the services covered by that plan and covered by the Medicaid State Plan.

#### Effective Date for Cost Sharing for Parents

Cost sharing for items and services rendered begins on or after the effective date of enrollment in the HIPP for Kids Program. Cost sharing will continue while there is active participation in the HIPP for Kids Program.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
COST SHARING MEDICAL EXPENSE RECORD – HFK PROGRAM

Policyholder Name: \_\_\_\_\_

Phone Contact Number: \_\_\_\_\_

HIPP Number: \_\_\_\_\_

Expense Period: \_\_\_\_\_

I understand, agree and certify that the information provided below is accurate and correct and that submission of documentation that has been altered or false information is cause for referral to the DMAS Recipient Audit Unit for review for fraud. Additionally, I understand that all decision on reimbursement are made in accordance with the policy and procedures governing the HFK Program.

**COST SHARING MEDICAL EXPENSE RECORD:**

NAME OF MEDICAID CHILD OR PARENT WHO RECEIVED SERVICE	RELATIONSHIP TO EMPLOYEE	NAME OF SERVICING PROVIDER OR PHARMACY*	TYPE OF SERVICE OR MEDICATION RECEIVED*	SERVICE DATE**		AMOUNT YOU PAID
				FROM (MM/DD/YY)	TO (MM/DD/YY)	

2

REV 01.2015

<b>TOTAL THIS PAGE</b>						5
<b>GRAND TOTAL FOR</b>						5
<b>MULTIPLE PAGES</b>						

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Required to process reimbursement)

\* Name of Provider of Services means hospital, doctor, dentist, drugstore, medical supply store, etc.

\*\* Service date refers to dates service was PROVIDED or available for pickup, not the date you paid or were charged for it

Please be advised that the preferred method for submission of documentation to the HIPP unit is by:

- Emailing scanned documents to the [HIPPcustomerservice@dmas.virginia.gov](mailto:HIPPcustomerservice@dmas.virginia.gov) address; or
- Faxing documents to the HIPP fax # @ 804-612-0020.

If you do not have access to either of these methods you may, request postage paid envelopes by phoning Commonwealth Martin at 804-780-0076 and ask for "2060 HIPP Unit envelopes" to be mailed to you or mail the documentation to: Department of Medical Assistance Services, HIPP Unit, 12<sup>th</sup> Floor, 600 East Broad Street, Suite 1300 Richmond, Virginia 23219.

REV 01.2015

3

## 7.0 Re-Evaluation Procedures

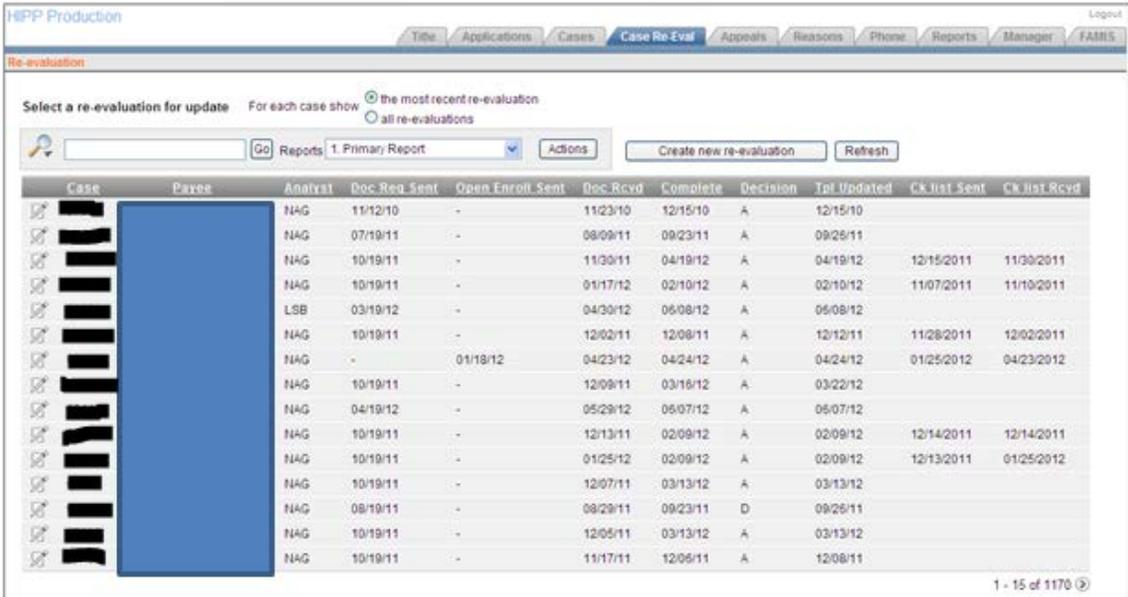
### 7.1 Purpose:

To track all cases currently undergoing re-evaluations and those that have completed re-evaluations. Also tracked are those cases that were cancelled as a result of the re-evaluation process.

### 7.2 Policy:

### 7.3 Procedure:

With the creation of the renewal notification letter, a re-evaluation is automatically created. Then all re-evaluations in progress as well as completed can be viewed on the 'Case Re-Eval' tab as displayed below.

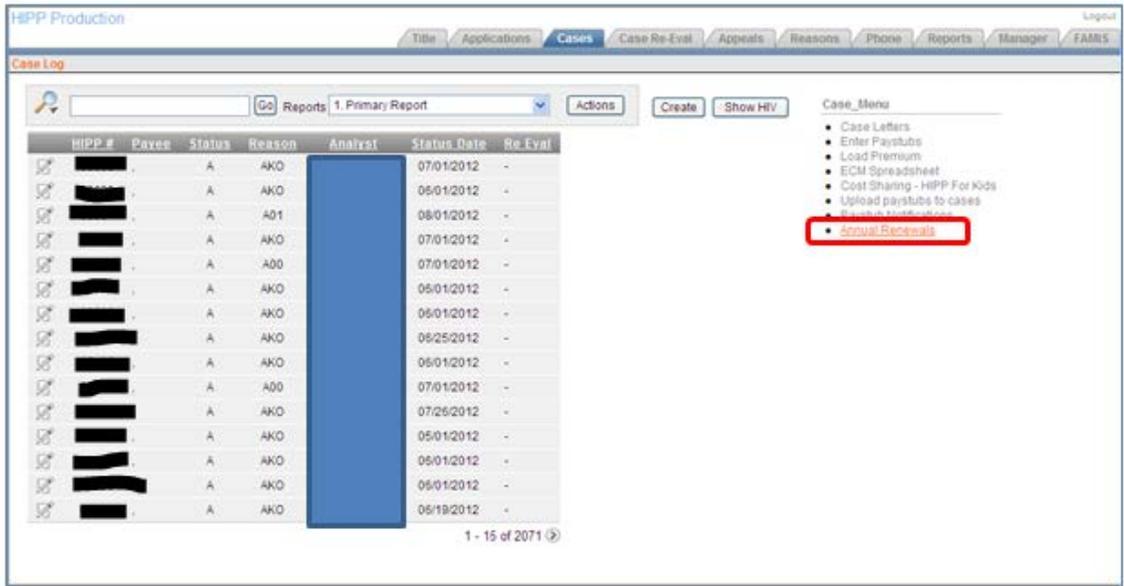


The screenshot displays the 'Case Re-Eval' tab in the HIPP Production system. The interface includes a navigation bar with tabs for Title, Applications, Cases, Case Re-Eval, Appeals, Reasons, Phone, Reports, Manager, and FAMS. Below the navigation bar, there is a search and filter section with a 'Go' button, a 'Reports' dropdown menu set to '1. Primary Report', and 'Actions', 'Create new re-evaluation', and 'Refresh' buttons. A radio button selection allows users to view 'the most recent re-evaluation' (selected) or 'all re-evaluations'. The main area contains a table with the following columns: Case, Dates, Analyst, Doc. Req. Sent, Open Enroll. Sent, Doc. Rcvd, Complete, Decision, Trf. Updated, Ck. list Sent, and Ck. list Rcvd. The table lists 15 rows of case data. A blue vertical bar is present on the left side of the table, partially obscuring the 'Case' and 'Dates' columns.

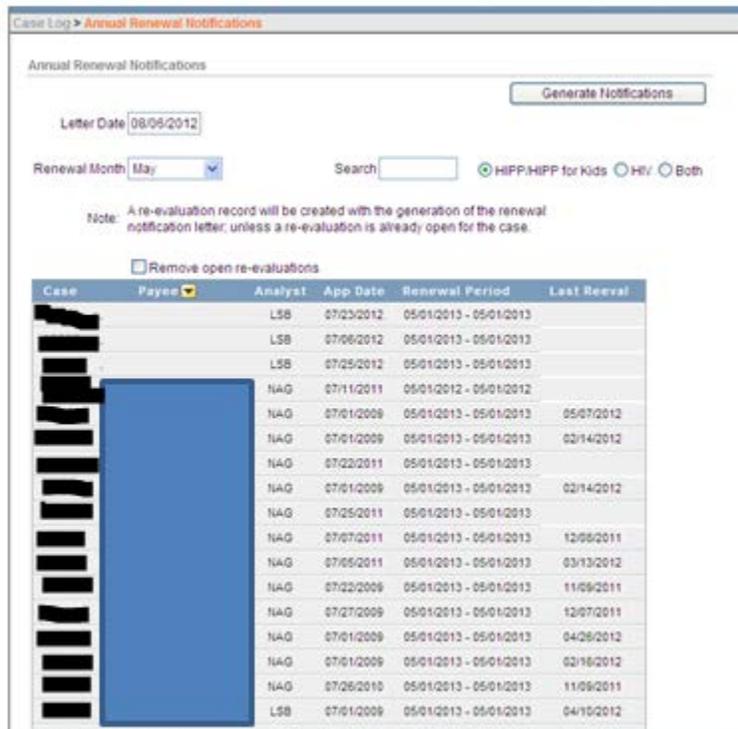
Case	Dates	Analyst	Doc. Req. Sent	Open Enroll. Sent	Doc. Rcvd	Complete	Decision	Trf. Updated	Ck. list Sent	Ck. list Rcvd
[Redacted]	[Redacted]	NAG	11/12/10	-	11/23/10	12/15/10	A	12/15/10		
[Redacted]	[Redacted]	NAG	07/19/11	-	08/09/11	09/23/11	A	09/28/11		
[Redacted]	[Redacted]	NAG	10/19/11	-	11/30/11	04/19/12	A	04/19/12	12/15/2011	11/30/2011
[Redacted]	[Redacted]	NAG	10/19/11	-	01/17/12	02/10/12	A	02/10/12	11/07/2011	11/10/2011
[Redacted]	[Redacted]	LSB	03/19/12	-	04/30/12	06/08/12	A	06/08/12		
[Redacted]	[Redacted]	NAG	10/19/11	-	12/02/11	12/08/11	A	12/12/11	11/28/2011	12/02/2011
[Redacted]	[Redacted]	NAG	-	01/18/12	04/23/12	04/24/12	A	04/24/12	01/25/2012	04/23/2012
[Redacted]	[Redacted]	NAG	10/19/11	-	12/09/11	03/16/12	A	03/22/12		
[Redacted]	[Redacted]	NAG	04/19/12	-	05/29/12	06/07/12	A	06/07/12		
[Redacted]	[Redacted]	NAG	10/19/11	-	12/13/11	02/09/12	A	02/09/12	12/14/2011	12/14/2011
[Redacted]	[Redacted]	NAG	10/19/11	-	01/25/12	02/09/12	A	02/09/12	12/13/2011	01/25/2012
[Redacted]	[Redacted]	NAG	10/19/11	-	12/07/11	03/13/12	A	03/13/12		
[Redacted]	[Redacted]	NAG	08/10/11	-	08/29/11	09/23/11	D	09/26/11		
[Redacted]	[Redacted]	NAG	10/19/11	-	12/05/11	03/13/12	A	03/13/12		
[Redacted]	[Redacted]	NAG	10/19/11	-	11/17/11	12/06/11	A	12/08/11		

### 7.3.1 Annual Renewals Notifications - Sent

To view renewals that were sent for a previous or current month click on the 'Cases' tab and then click on Annual Renewals as shown below.



2) Verify that all documentation was properly scanned and attached to the HIPP For Kids case



18) Next, select the month desired from the drop down box beside 'Renewal Month'. For this example August was selected. Displayed are all the renewal letters that were generated for the period beginning August 1 2012.

Letter Date: 08/06/2012

Renewal Month: August

Search:

HIPP/HIPP for Kids  HIV  Both

Remove open re-evaluations

Case	Payee	Analyst	App Date	Renewal Period	Last Reeval
		NAG	10/13/2011	08/01/2012 - 08/01/2012	** open reeval **
		NAG	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		NAG	10/13/2011	08/01/2012 - 08/01/2012	** open reeval **
		NAG	10/28/2011	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/05/2011	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/14/2010	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/03/2011	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		J. LSB	10/20/2010	08/01/2012 - 08/01/2012	** open reeval **
		LSB	10/17/2011	08/01/2012 - 08/01/2012	** open reeval **
		D. CAC	10/03/2011	08/01/2012 - 08/01/2012	** open reeval **
		J. CAC	10/03/2011	08/01/2012 - 08/01/2012	** open reeval **
		CAC	10/31/2011	08/01/2012 - 08/01/2012	** open reeval **
		CAC	10/14/2010	08/01/2012 - 08/01/2012	** open reeval **
		CAC	10/01/2009	08/01/2012 - 08/01/2012	** open reeval **
		KLT	10/04/2011	08/01/2012 - 08/01/2012	** open reeval **
		KLT	10/31/2011	08/01/2012 - 08/01/2012	** open reeval **
		TML	10/21/2011	08/01/2012 - 08/01/2012	** open reeval **
		TML	10/06/2011	08/01/2012 - 08/01/2012	** open reeval **
		TML	10/01/2009	08/01/2013 - 08/01/2013	** open reeval **

1 - 24

[Download CSV](#)

19) The list can be sorted as desired by clicking on any column. And the list can be downloaded into a CSV file and saved as a MS Excel file on the desired drive.

# 8.0 Appeals Procedures

## 8.1 Purpose:

To record and track all program appeals

## 8.2 Policy:

Any and all changes to an appeal must be updated in Oracle as they occur. All questions regarding hearing dates, scheduling of appeals and appeal summaries should be directed to Manger, Hearing Legal Services.

## 8.3 Procedure:

### 8.3.1 Appeal – Time Standards

A request for an appeal must be made within 30 days of receipt of notification that premium assistance has been denied, terminated, reduced, adversely affected, or that it has not been acted upon with reasonable promptness.

Notification is presumed received by the applicant/participant within three days of the date the notice was mailed; unless the applicant/participant substantiates that the notice was not received in the three-day period through no fault of his/her own. An appeal request shall be deemed to be filed timely if it is mailed, faxed, or otherwise delivered to the DMAS Appeals Division before the end of last day of filing (30 days plus 3 mail days after the date the agency mailed the notice of adverse action). The date of filing will be determined by:

- the postmark date,
- the date of an internal DMAS receipt date-stamp, or
- the date the request was faxed or hand-delivered.

In computing the time period, the day of the act or event from which the period of time begins to run shall be excluded, and the last day included. If the time limit would expire on a weekend or state or federal holiday, it shall be extended until the next regular business day. DMAS will, at its discretion, grant an extension of the time limit for requesting an appeal if failure to comply with the time limit is due to a good cause such as illness of the appellant or his representative, failure to have been notified of the right to appeal, delay due to the postal service or to an incorrect address, or other unusual or unavoidable circumstances.

### 8.3.2 Appeal – Deadline

Please note that new emergency regulations relating to appeals and the appeals process went into effect on January 1, 2014.

12VAC30-20-520(I) states:

“Documents that are filed with the DMAS Appeals Division or the hearing officer after 5:00 pm eastern time on the due date shall be untimely.”

Those responsible for filing a case summary or filing other documentation with the Appeals Division for a current member appeal must have those documents to the Appeals Division and date stamped no later

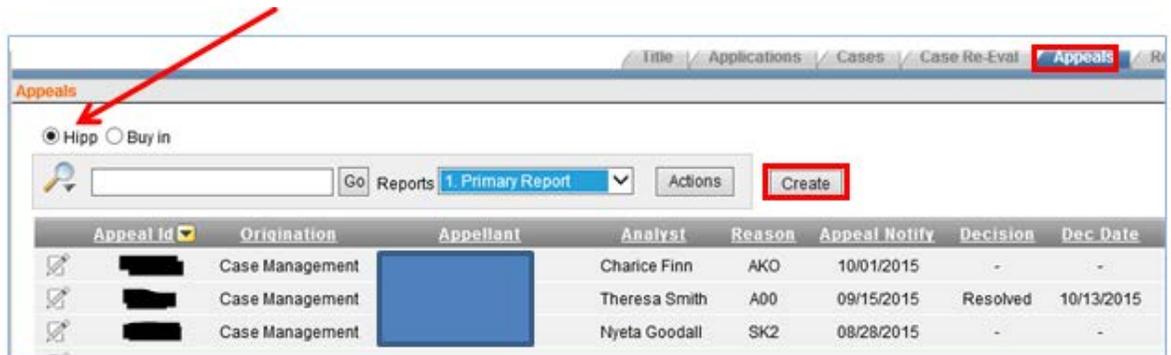
than 5:00 PM on the date they are due. Any documents received after 5:00 PM will be date stamped as received on the next business day.

If you have any questions relating to this change in the regulations, contact the Provider’s Appeals Program Manager or Appeals Program Coordinator.

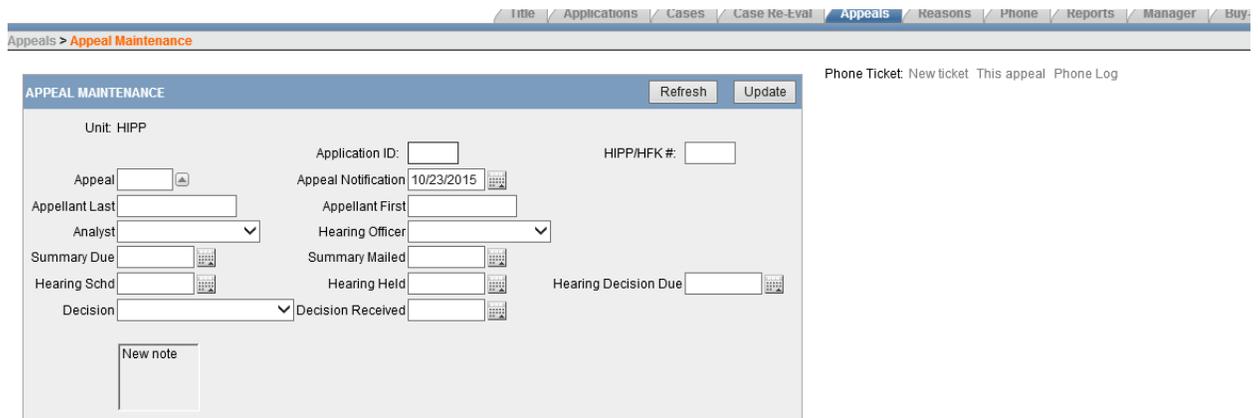
### 8.3.3 Appeal – Appeal Division Notification

### 8.3.4 Appeal – Create for Application/Ongoing Case

- 1) Click on the ‘Appeals’ Tab and, select the ‘HIPP’ option and then click on the ‘Create’ button as displayed below



- 2) Next, the Appeal screen will open.



- 3) The following fields are required when appeal is initiated:

- a. App ID:

HIPP /HFK# (if available)

- b. Appellant Last – payee’s last name

- c. Appellant First – payee’s first name

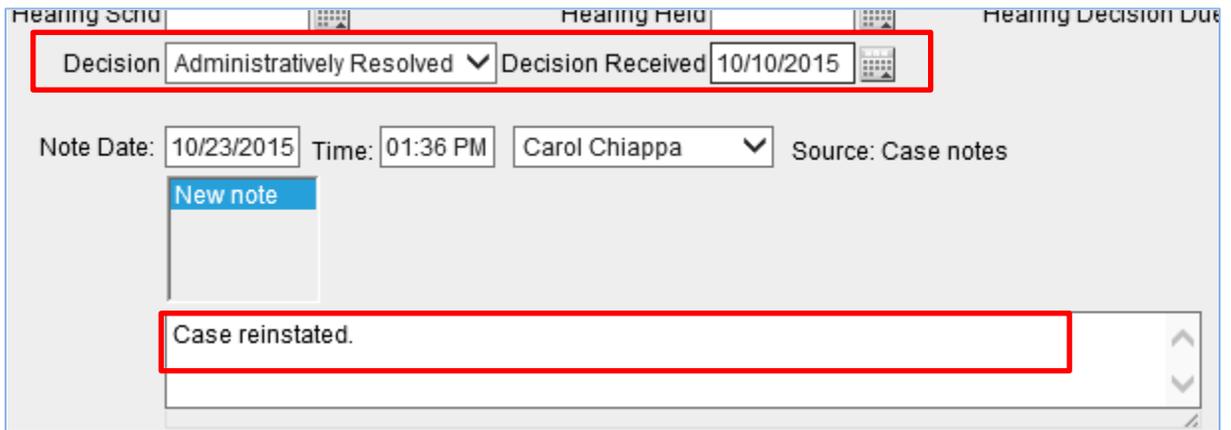
- d. Reason for the Appeal

### 8.3.5 Appeal – Received from Appeals Division

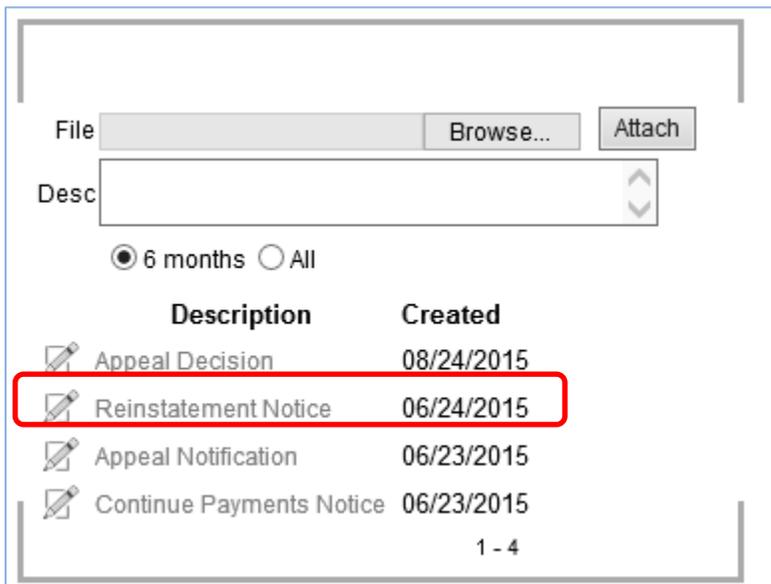
### 8.3.6 Appeal – Termination – Case Reinstated

If an appeal issue has been satisfied after the appeal was filed by the payee and the case is reinstated, the appeal can be terminated by sending the Appeals Division a copy of the re-instatement notice. Update the Oracle Appeals screen as follows.

- 1) Updated with the 'Decision ' by selecting option 'Administratively Resolved' and the Decision Received date' would be the reinstatement notice date and notate 'Case Reinstated' as displayed below.



- 2) Next, upload the reinstatement notice to the Appeal Screen folder.



# 9.0 Reasons *(Administrator only)*

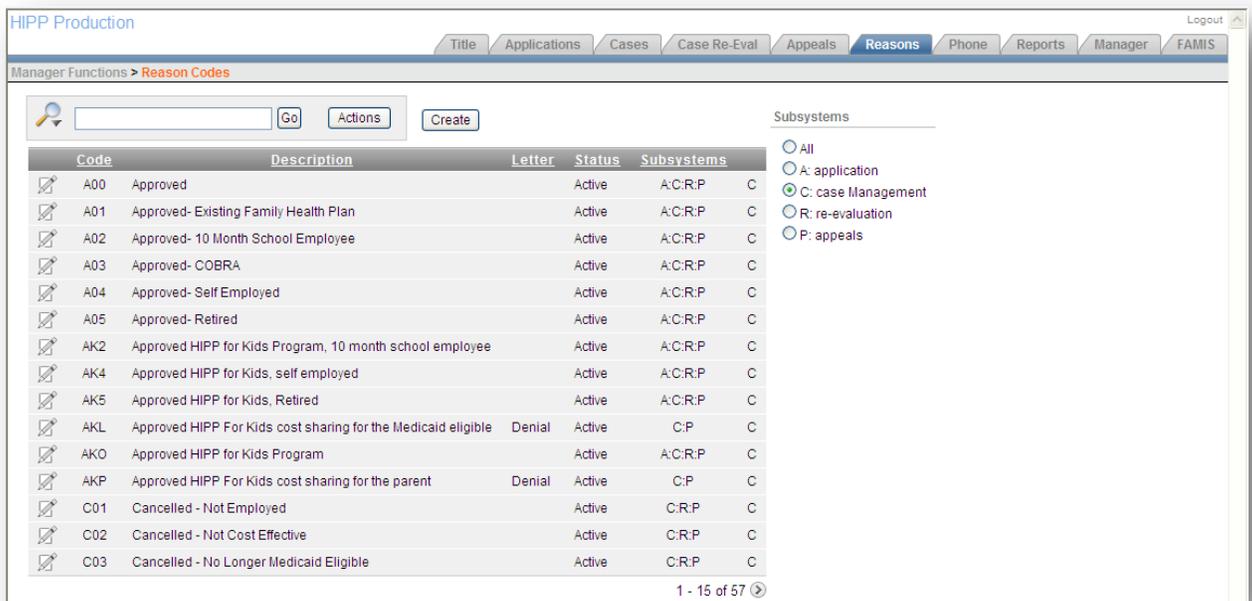
## 9.1 Purpose:

To provide a description of all program Reason codes and to enter/modify new or existing reason codes.

## 9.2 Policy:

## 9.3 Procedure:

Click on the tab 'Reasons' and the reason screen will open as shown below. See Fig.



**Fig. TBD Application Log Reason codes**

**Table with reason code, description and associated letter**

<i>Reason Code</i>	<i>Description</i>	<i>Associated Letter</i>
A00	Approved	Approval
A01	Approved- Existing Family Health Plan	Approval
A02	Approved- 10 Month School Employee	Approval
A03	Approved- COBRA	Approval
A04	Approved- Self Employed	Approval
A05	Approved- Retired	Approval
AK2	Approved HIPP for Kids Program, 10 month school employee	Approval
AK4	Approved HIPP for Kids, self employed	Approval
AK5	Approved HIPP for Kids, Retired	Approval
AKO	Approved HIPP for Kids Program	Approval
CE0	Cost evaluation	N/A
CEK	Cost evaluation for kids	N/A
D02	Denied - Cannot Enroll Yet	Denial
D03	Denied - Not Medicaid Eligible	Denial
D04	Denied - Information Not Received	Denial
D05	Denied - Dependent Must Be Enrolled	Denial
D06	Denied - Absent Parent	Denial
D07	Denied - Other	Denial
D08	Denied - Medicare	Denial
D09	Denied - Retroactive Eligibility	Denial
D10	Denied - Spend Down	Denial
D11	Denied - Not Enrolled	Denial
D12	Denied - Family Not Enrolled	Denial
D13	Denied - Not Employed	Denial
D14	Denied - No Insurance Available	Denial
D15	Other	Denial
D16	Denied- Individual Health Insurance Policy	Denial
D17	Denied, not enrolled in medical health insurance- Coverage for dental only is not eligible for HIPP	Denial
D1C	Denied - Not Cost Effective; not comprehensive	Denial
D1H	Denied -high deductible health plans are not eligible to participate in either HIPP or HIPP for Kids	Denial
D2F	Premium Assistance is not cost effective - existing family health plan is not eligible for HIPP	Denial
D2M	Premium Not Cost Effective, existing family coverage that includes existing Medicare coverage	Denial
D2Z	Not cost effective-Zero Premium	Denial
D3F	Enrolled in FAMIS	Denial
DKA	Denied HIPP For Kids. Medicaid eligible who is enrolled in the health plan is not under age 19	Denial

DKC	Denied HIPP For Kids participation as the medical plan is not a comprehensive health plan	Denial
DKE	Denied HIPP For Kids as the employer does not contribute at least 40% for the health insurance	Denial
DKI	Denied HIPP For Kids, information not received	Denial
DKP	Denied HIPP For Kids, policy holder is not the parent of the Medicaid eligible child	Denial
DKR	Denied HIPP For Kids, Policy Holder does not reside with Medicaid eligible	Denial
DKS	Denied HIPP For Kids, self-employed, no employer contribution.	Denial
DKV	Denied HIPP For Kids participation, employer did not verify creditable coverage &/or nondiscriminatory	Denial
P01	Pended - Waiting for Review	Checklist
P02	Pended - Waiting for Information	Checklist
PK1	Pending review for HIPP for Kids	Checklist
PK2	Pending for additional information for HIPP for Kids	Checklist
ZC	Closed, EIV form received, no application received, closed, no letter required as not an application	
ZP	EIV form only received, pending receipt of an application	Checklist

**Fig TBD – Case Log Reason Codes**

Table of case log reason codes, descriptions and associated letter:

<i>Code</i>	<i>Description</i>	<i>Letter</i>
A00	Approved	Approval
A01	Approved- Existing Family Health Plan	Approval
A02	Approved- 10 Month School Employee	Approval
A03	Approved- COBRA	Approval
A04	Approved- Self Employed	Approval
A05	Approved- Retired	Approval
AK2	Approved HIPP for Kids Program, 10 month school employee	Approval
AK4	Approved HIPP for Kids, self employed	Approval
AK5	Approved HIPP for Kids, Retired	Approval
AKL	Approved HIPP For Kids cost sharing for the Medicaid eligible	Approval
AKO	Approved HIPP for Kids Program	Approval
AKP	Approved HIPP For Kids cost sharing for the parent	Approval
C01	Cancelled - Not Employed	Cancellation
C02	Cancelled - Not Cost Effective	Cancellation
C03	Cancelled - No Longer Medicaid Eligible	Cancellation
C04	Cancelled - Non Compliant	Cancellation
C05	Cancelled - Not residing in same household	Cancellation
C06	Cancelled - COBRA coverage ended	Cancellation

C07	Cancelled - No longer covered by employer health plan	Cancellation
C08	Cancelled - Coverage is under individual health plan - not self employed	Cancellation
C2C	Cancelled - Not Cost Effective - Coverage Not Comprehensive	Cancellation
C2F	Premium Assistance not cost effective-Existing family plan is not eligible for HIPP	Cancellation
C2H	Cancelled - Not Cost Effective - High Deductible	Cancellation
C2M	Premium Assistance not cost effective- existing Medicare coverage	Cancellation
C3F	Cancelled - No Longer Medicaid Eligible - FAMIS Eligible	Cancellation
C4E	Cancelled - Non Compliant - Failure to Complete Review	Cancellation
C4P	Cancelled - Non Compliant - Failure to Submit Premium Payment Documentation	Cancellation
CK1	Cancelled HIPP for Kids, not employed	Cancellation
CK2	Cancelled HIPP for Kids, health plan does meet Qualified employer sponsored health plan	Cancellation
CK3	Cancelled HIPP for Kids, no longer Medicaid eligible	Cancellation
CK4	Cancelled HIPP for Kids, non-compliant with Program Requirements	Cancellation
CK5	Cancelled HIPP for Kids not living in the same household, no consent forms received	Cancellation
CK6	Cancelled, began COBRA coverage which is not eligible for HIPP for Kids participation	Cancellation
CK7	Cancelled, Medicaid eligible family member is no longer covered by employer health plan	Cancellation
CK8	Cancelled from HIPP for Kids, Medicaid eligible is age 19 or older	Cancellation
CKC	Cancelled from HIPP for Kids, not a comprehensive health plan	Cancellation
CKE	Cancelled non-compliant, failure to submit required documents for re-evaluation	Cancellation
CKF	Cancelled, not Medicaid eligible but does have FAMIS eligibility	Cancellation
CKH	Cancelled High Deductible health plan is not eligible for HIPP or HIPP for Kids participation	Cancellation
CKP	Cancelled, failure to submit required insurance premium payment documentation	Cancellation
DCA	Deny cost Share, not actively enrolled in HIPP For Kids	Deny
DCD	Deny cost sharing, lack of documentation that policy holder paid	Deny
DCF	Deny cost share, service rendered to family member	Deny
DCM	Deny cost Sharing for the Medicaid eligible Member	Deny
DCN	Deny Cost Sharing, non-covered	Deny
DCQ	Denied Cost Sharing, not eligible for payment in this quarter processing	Deny
DKR	Denied HIPP For Kids, Policy Holder does not reside with Medicaid eligible	Cancellation
S01	Suspended- Waiting for Requested Documentation	Suspend
S02	Suspended- Temporary Non-Payment/Premium Holiday	
S03	Suspended- 10- Month School Employee	Suspend
S04	Suspended- LWOP	Suspend

SK1	Suspended - HIPP for Kids waiting for payment documentation	Suspend
SK2	Suspended HIPP for Kids temporary non payment/premium payment holiday	Suspend
SK3	Suspend HIPP for Kids 1 month school employee	Suspend
SK4	Suspend HIPP for Kids Leave without pay (LWOP)	Suspend
SKN	suspend-HIPP for Kids nonpayment by Analyst, documentation does not support payment	Suspend
SNA	Suspended- Non Payment Analyst- Premium Documentation not appropriate	Suspend

# 10.0 Phone Tickets

## 10.1 Purpose

To record and track all incoming and outgoing program phone calls.

## 10.2 Policy:

### 10.2.1 Phones - Calls from anyone other than Payee or Spouse:

The contact number(s) and/or addresses should be recorded in the 'Notes section'

## 10.3 Procedure:

- 1) Click on the Phone tab and the phone tickets screen will open as shown below.

HIIPP Production

Title Applications Cases Case Re-Eval Appeals Reasons **Phone** Reports Manager FAMIS Logout

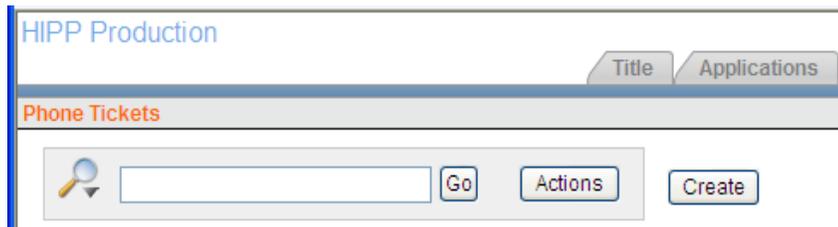
Phone Tickets

Go Actions Create

Ticket	Payee	Caller	Status	Last Contact	Call Analyst	Case Analyst	Case
1371			Closed	Thu 01/30/20 8:7AM	CHIAPPA	GOODALL	69375
1657			Closed	Tue 02/21/12 3:3PM	BRACEY	FORBES	68636
1656			Closed	Tue 02/21/12 2:53PM	BRACEY	BRACEY	68660
1655			Closed	Tue 02/21/12 2:47PM	BRACEY	FORBES	68636
1654			Closed	Tue 02/21/12 2:10PM	BRACEY	FORBES	69293
1653			Closed	Tue 02/21/12 2:1PM	CHIAPPA	CHIAPPA	67681
1652			Closed	Tue 02/21/12 1:7PM	CRAIG	-	-
1651			Closed	Tue 02/21/12 1:5PM	CRAIG	-	-
1650			Closed	Tue 02/21/12 1:4PM	CRAIG	GOODALL	68922
844			Closed	Tue 02/21/12 11:52AM	CRAIG	GOODALL	69336
1649			Closed	Tue 02/21/12 11:21AM	CRAIG	-	-
1644			Closed	Tue 02/21/12 11:14AM	BRACEY	FORBES	67289
1648			Closed	Tue 02/21/12 10:32AM	CHIAPPA	CHIAPPA	67681
1007			Closed	Tue 02/21/12 8:35AM	LEWIS	BRACEY	69249
1647			Closed	Fri 02/17/12 3:44PM	CHIAPPA	CHIAPPA	67452

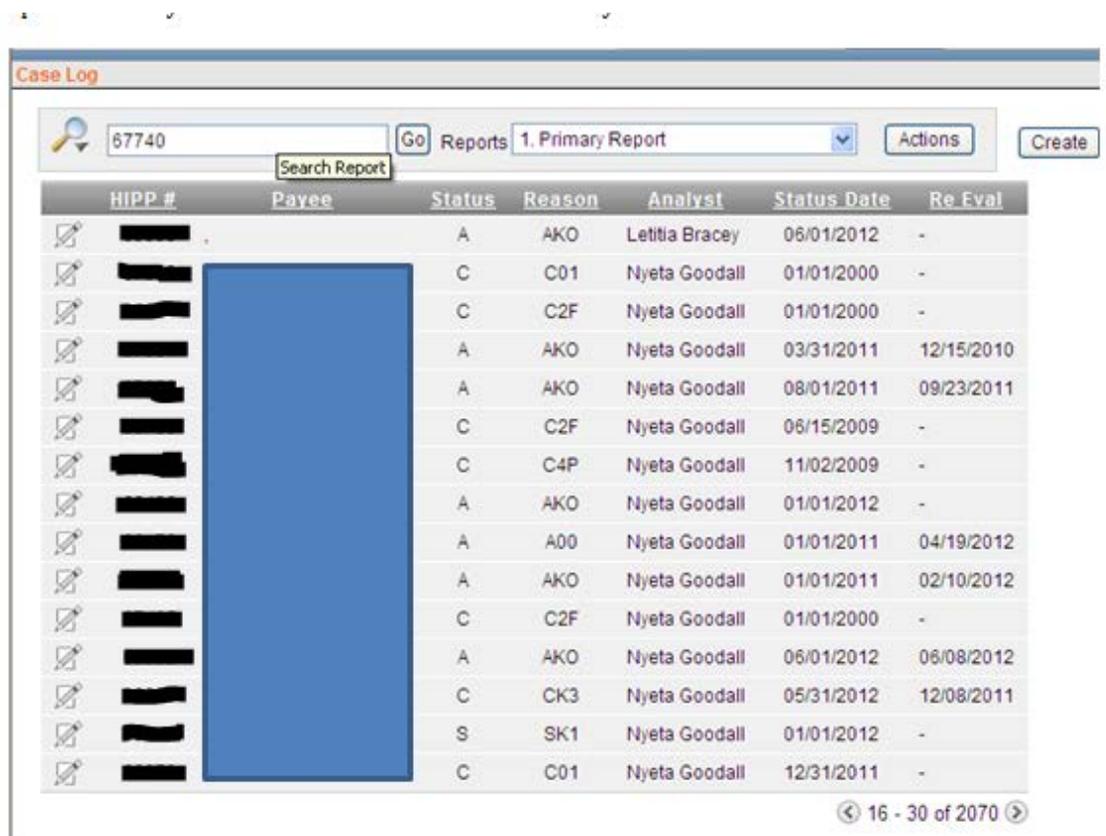
1 - 15 of 1583

- 3) To search for an individual call, enter the last name of the caller/payee in the blank field to the left of the  button and hit the enter button on the keyboard or click on the  button.



### 10.3.1 Phones – Calls received by HIPP Analyst

- 1) To record incoming/outgoing calls for an ongoing case Click on the Cases tab and search for the specific case by HIPP # or Last Name and hit enter key.



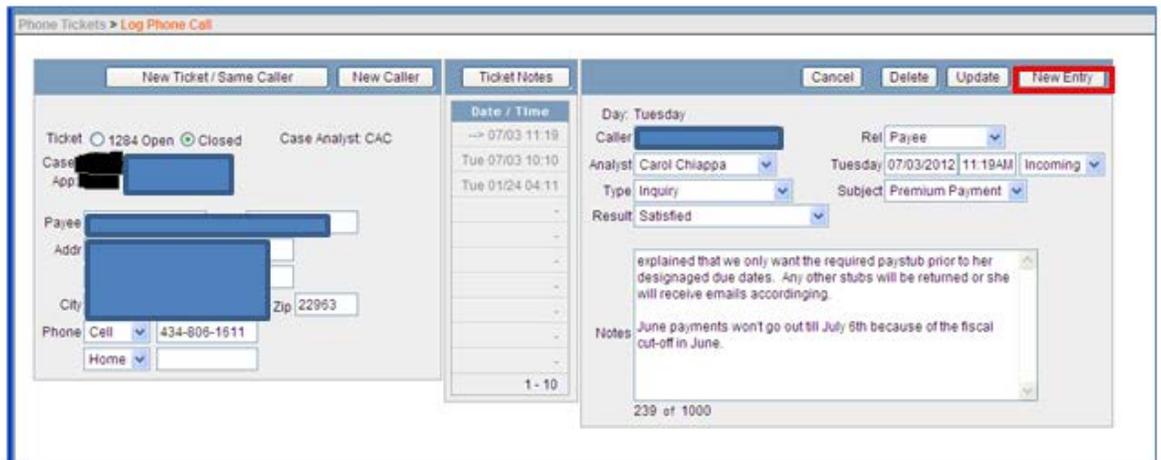
- 2) Next, the case desired will display as shown below.



- 3) Next, click on the edit  button. When the Case Maintenance screen for this case displays click on 'This Case' verbiage as displayed below.

Phone Ticket: New ticket This case Phone Log

- 4) Next, the last Phone Ticket for this case will display as shown below.



Phone Tickets > Log Phone Call

New Ticket / Same Caller New Caller Ticket Notes Cancel Delete Update **New Entry**

Ticket  1284 Open  Closed Case Analyst: CAC

Case App: [Redacted]

Payee: [Redacted]

Addr: [Redacted]

City: [Redacted] Zip: 22963

Phone Cell 434-806-1511 Home [Redacted]

Date / Time

Date / Time
-> 07/03 11:19
Tue 07/03 10:10
Tue 01/24 04:11
-
-
-
-
-
-
1 - 10

Day: Tuesday

Caller: [Redacted] Rel: Payee

Analyst: Carol Chiappa Tuesday: 07/03/2012 11:19 AM Incoming

Type: Inquiry Subject: Premium Payment

Result: Satisfied

Notes

explained that we only want the required paystub prior to her designaged due dates. Any other stubs will be returned or she will receive emails accordinging.

June payments won't go out till July 6th because of the fiscal out-off in June.

239 of 1000

- 5) Click on the 'New Entry' button to open a new screen to enter the details of the phone conversation in the ticket

The screenshot shows the 'Phone Tickets > Log Phone Call' application window. The window has a title bar and a menu bar. The main area is divided into several sections. On the left, there are buttons for 'New Ticket / Same Caller' and 'New Caller'. Below these are radio buttons for 'Ticket' (1284 Open/Closed) and 'Case Analyst' (CAC). There are also fields for 'Case', 'App', 'Payee', 'Addr', 'City', and 'Phone' (Cell/Home). On the right, there are buttons for 'Cancel', 'Delete', 'New Entry' (highlighted with a red box), and 'Create'. Below these are dropdown menus for 'Caller', 'Rel', 'Analyst', 'Type', 'Result', 'Subject', and 'Notes'. The 'New Entry' button is highlighted with a red box.

- 6) All details about the conversation will be entered on the right side of the screen by selected an option from the drop down boxes for each field. If the call was satisfied, be sure to click the 'closed' option on the left side before finalizing the phone ticket.
- 7) Next, notate the Oracle Notes section in Case management with a few critical details about the call and '(see phone ticket)' can be added to the Case Maintenance notes section to prevent duplication of data entry about the call.

# 11.0 Reports

## 11.1 Purpose:

To provide procedures to view, download and assist with case management and payment processing. **Reports are pulled from ECM system and from the Oracle system.**

## 11.2 Policy:

## 11.3 Procedure:

### 11.3.1 Reports - ECM

The ECM reports are created from the data in VAMMIS specifically for the HIPP program. The reports are used by management for auditing purposes as well as by analysts to manage and troubleshoot ongoing HIPP cases.

**Fig. VI - ECM Reports**

**Table with Report Numbers and Description of the Reports**

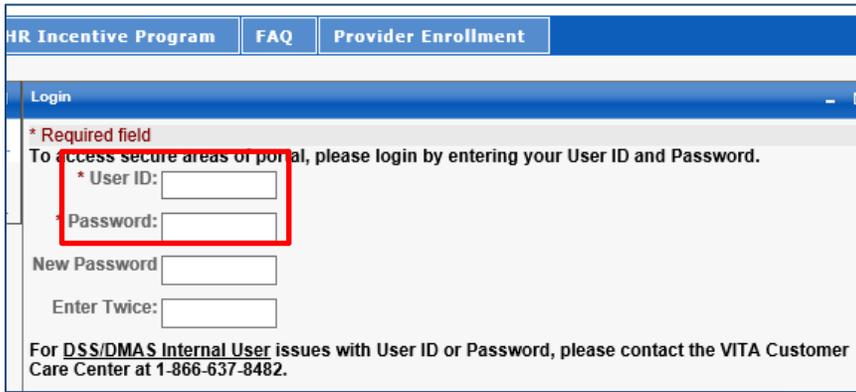
<i>Report #</i>	<i>Title</i>
<b>FN-O-057</b>	HIPP PAYMENTS IN QUEUE BY PREMIUM TYPE
<b>FN-O-058</b>	HIPP PAYMENTS IN QUEUE BY ANALYST REPORT
<b>FN-O-059</b>	HIPP ACTIVITY DSS REPORT
<b>FN-O-060</b>	HIPP ACTIVITY USER REPORT
<b>FN-O-061</b>	HIPP ALPHA PREMIUM PAYMENT REPORT
<b>FN-O-062</b>	HIPP PENDING ENROLLMENT REPORT
<b>FN-O-063</b>	HIPP NON-PAID CASES REPORT
<b>FN-O-064-D</b>	HIPP COST RE-EVAL DATA/ERROR REPORT
<b>FN-O-064-E</b>	HIPP COST RE-EVAL AUDIT/TRAIL ERROR REPORT
<b>FN-O-065</b>	HIPP COST EVAL AUDIT TRAIL REPORT
<b>FN-O-066</b>	HIPP PAYEE AUDIT TRAIL REPORT
<b>FN-O-067</b>	HIPP PAYMENT REQUEST AUDIT TRAIL
<b>FN-O-068</b>	HIPP COMMENTS AUDIT TRAIL REPORT
<b>FN-O-069</b>	HIPP PROOF OF PAYMENT AUDIT TRAIL
<b>FN-O-070</b>	HIPP OUTSTANDING RECOUPMENTS REPORT
<b>FN-O-071</b>	HIPP REQUEST FOR CHECK STUB LETTER
<b>FN-O-072</b>	HIPP CANCELLATION LETTER
<b>FN-O-073</b>	HIPP DENIAL LETTER
<b>FN-O-074</b>	HIPP APPROVAL LETTER
<b>FN-O-075</b>	HIPP SECOND APPROVAL LETTER
<b>FN-O-076</b>	HIPP 125 NOTICE
<b>FN-O-077</b>	HIPP REINSTATEMENT LETTER
<b>FN-O-078</b>	HIPP CORRESPONDENCE UPDATE/ERROR REPORT

FN-O-85	HIPP PREMIUM ERROR REPORT
FN-O-103	HIPP CORRESPONDENCE UPDATE ERROR REPORT
FN-O-108	HIPP CASE ADD/PAY & PAYEE ID REPORT
FN-O-120	MONTHLY FAMILS SELECT PAID CLAISM & PREMS REPORT
FN-O-122	MONTHLY FAMILS SELECT CANCELED BENEFITS REPORT
FN-O-311	HIPP ALPHA CASE REPORT BY ANALYST
FN-O-312	HIPP CANCELED CASE REPORT
FN-O-316	HIPP OPEN ENROLLMENT BY ANALYST
FN-O-317	HIPP MASTER OPEN ENROLLMENT REPORT
FN-O-320	HIPP ENROLLEES ELIGIBILITY CANCELLED WITH OPEN BENEFITS
FN-O-325	HIPP ENROLLEES WITH ACTIVE MEDICARE TPL
FN-O-330	HIPP ENROLLEES WITH ACTIVE TPL
FN-O-335	COBRA CASE REPORT
FN-O-340	HIPP ENROLLEES WITH EXCEPTION INDICATORS

To pull reports from ECM open VAMMIS click on this link: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> and the following site will open as displayed below:



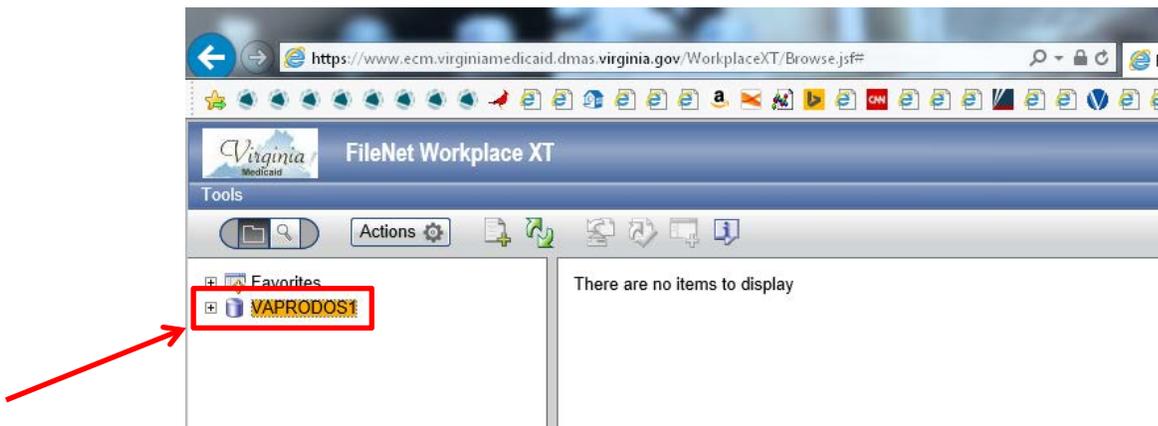
- 1) Next, click on the Login 'Internet Users' and a pop-up screen will appear where the user ID: and Password: should be entered.



2) Next, once the next screen appears click on "ECM" in the menu bar as displayed.

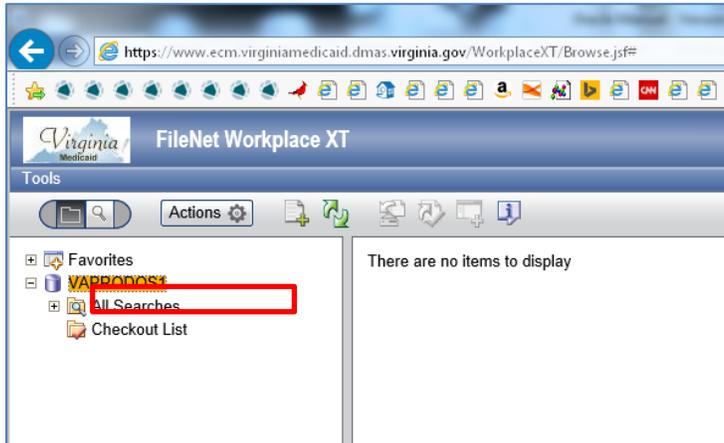


3) Next, the ECM screen will open as displayed below.

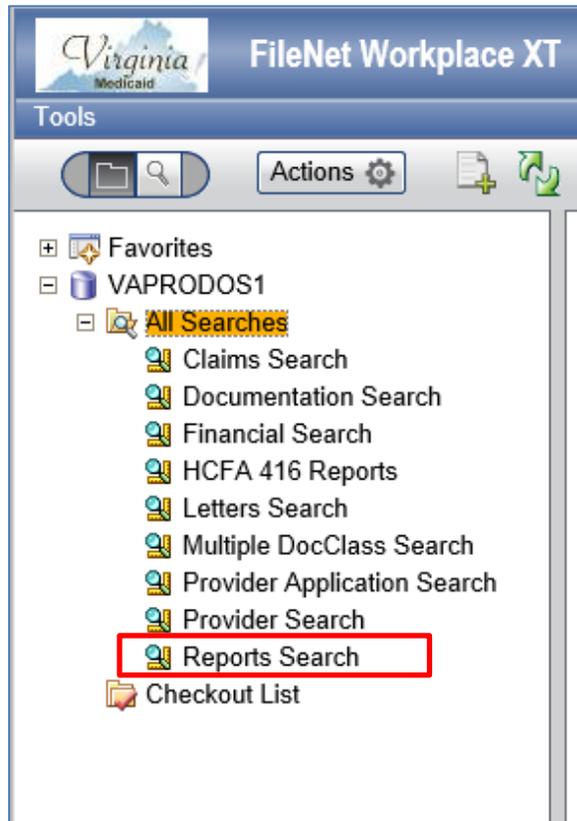


4) Next, click on the report list labeled 'VAPRODOS1' as displayed above.

5) Then click on 'All Searches' as displayed below.



6) Then when the list appears click on 'Report Search' as displayed below.



- 7) Next, Double click on the Report Search field and when the criteria window pop-up then enter the Report number and date (greater than) fields and click on the search button at bottom right of screen the as displayed below.

Search settings

Search in: *entire Object Store*

Class: Reports, Manual Upload, AutoMailing, CHIRP CSV Attachment Files, CLAIMS (Reports), CLAIMS-Encounters, Claims-Medallion, and 51 more

Documents

Report Number is equal to FN-O-320

AND Run Date is greater than 8/1/15

AND Run Date is less than

AND As of Date is greater than

AND As of Date is less than

AND RA Number is equal to

AND RA Date is greater than

AND RA Date is less than

AND Payee ID is equal to

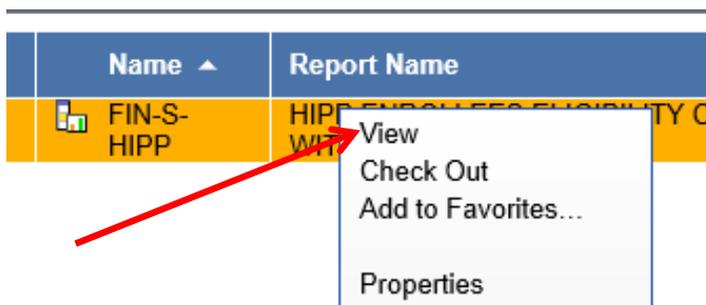
AND Report Name contains

Reset Search

- 8) Next, the report list will appear as displayed below:

Name	Report Name	Report Number	As of Date	Run Date	RA Number	RA Date	Payee ID
FIN-S-HIPP	HIPP ENROLLEES ELIGIBILITY CANCELLED WITH OPEN BENEFIT PLAN	FN-O-320	9/1/15 12:00 AM	9/1/15 12:00 AM			

- 9) Next, right click on the report highlighted and an option box will appear as displayed below and select view.



10) Next when the report displays as shown below, save the page(s) to the desired file using steps

AHL	HIPP #	PAYEE NAME	EMPLOYEE ID	EMPLOYEE NAME	EDR STAT	ELIG DATE	CXL DATE	CXL RSH
CAC					AKO	08/31/2015	005	
CAC					AKO	08/31/2015	005	
CAC					AKO	08/31/2015	005	
CAC					AKO	08/31/2015	005	

11) To save a report click on the 'Copy Document Pages to File' icon  when the window pops up. Click the browse button to locate the file to be overwritten. Or you can use the 'Snip It'  icon on your task bar to copy and paste the page(s) to a Word document while you work the list.

## 11.3.2 Reports - Oracle

The reports created from the data within the database are viewable when clicking on the 'Report's tab and are grouped based on the data type: Application; Case Management; Appeal; Re-Evaluation; Phone; and Miscellaneous.

The reporting groups available are displayed below:

This screenshot shows the 'Reports' page for the 'Application Reports' group. At the top, there is a 'Reporting Group' dropdown menu set to 'Application Reports'. Below this, there are seven report thumbnails arranged in two rows. The first row includes: 'Applications Denied', 'Applications Pending', 'Applications by Reason Code', 'Application Daily Status', 'Application Processing', 'Deleted Applications', and 'Application Status'. The second row contains a single report thumbnail labeled 'App Status By Month'.

This screenshot shows the 'Reports' page for the 'Case Management Reports' group. The 'Reporting Group' dropdown is set to 'Case Management Reports'. The page features a navigation bar at the top with tabs for 'Title', 'Applications', 'Cases', 'Case Re-Eval', 'Appeals', 'Reasons', 'Phone', 'Reports', 'Manager', 'Buy-in', and 'FAMIS'. Below the navigation bar, there are two rows of report thumbnails. The first row includes: 'Payment Status', 'Case Letter Report', 'Missing Information', 'Case Reason Code', 'Analyst Report', 'Case Managers Report by Payment Month', and '60 Day Age Bracket Change'. The second row includes: 'Premium Payment Conflict', 'Case Conflict', 'Cost Sharing', 'School Employees', 'Cases That Need Attention', and 'Program Change'.

This screenshot shows the 'Reports' page for the 'Appeal Reports' group. The 'Reporting Group' dropdown is set to 'Appeal Reports'. There are two rows of report thumbnails. The first row includes: 'Appeals Received', 'Appeal Decisions', 'Appeals by Analyst', 'Appeals Processing Report', 'Appeals Past Due', and 'Days Open'. The second row includes: 'Appeals Current Status', 'Appeal Type', and 'Appeal Decisions by Month Received'.

HIIPP Production

Title Applications Cases Case Re-Eval Appeals Reasons Phone Reports Mana

Reports

Reporting Group Re-evaluation Reports

Re-evaluation List



Re-evaluation Closing Status

Closing Status



Re-eval Completion Time Span

Time Span



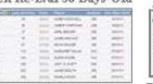
Re-evaluation Status Report

Open Status



Re-evaluation Status Report

Status Report



Open Re-eval 30 Days Old

Open Re-eval 30 Days Old



Re-evaluations Past Due

Re-evaluations Past Due

HIIPP Production

Title Applications Cases Case Re-Eval Appeals Reasons Phone Reports Manager Buy-in FA

Reports

Reporting Group Phone Reports

Phone Reports



Call Type

Call Type



Analyst Call Activity

Analyst



Call Volume

Call Volume



Call Results

Call Result



Call Statistics

Call Statistics



Call Subject

Call Subjects

HIIPP Production

Title Applications Cases Case Re-Eval Appeals Reasons Phone Reports

Reports

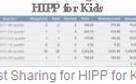
Reporting Group Miscellaneous Reports

Miscellaneous Reports



Consolidated

Consolidated Report



Cost Sharing for HIIPP for Kids

Cost Sharing for HIIPP for Kids

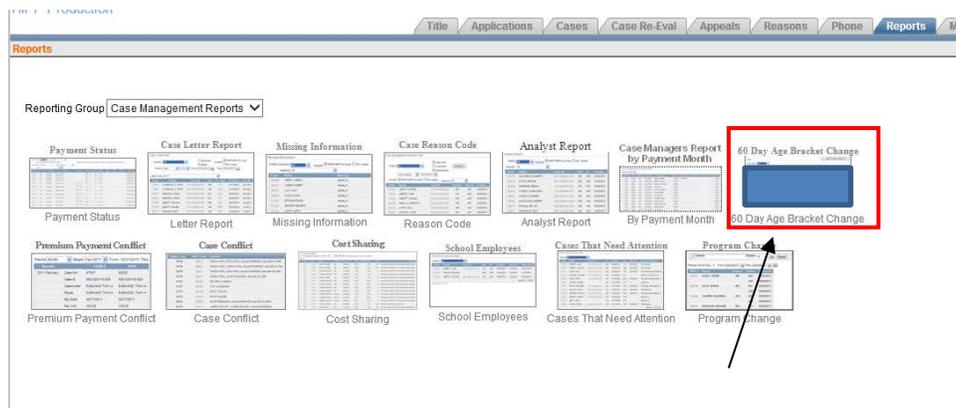


Due Dates

Due Dates

## 11.3.2.1 Reports – Oracle – 60 Day Age Bracket Change Report

- 1) Click on the 60 Day Age Bracket Change report as displayed below.



- 2) Click on button HIPP for Kids: turning 19

The screenshot shows the 'HIPP Production' report interface. At the top, there are navigation tabs: Title, Applications, Cases, Case Re-Eval, Appeals, Reasons, and Phone. Below the tabs, there is a 'Reports' dropdown menu set to 'Dependent ages'. A button labeled 'Hipp For Kids, turning 19' is highlighted with a red rectangular box. Below the button, there is a table with the following columns: Case, Ask, Payee, Case, Status, SI Date, Srp Name, SOB, Age, and Max(Age Srp). The table contains multiple rows of data, with some columns partially obscured by a large black redaction mark.

Case	Ask	Payee	Case	Status	SI Date	Srp Name	SOB	Age	Max(Age Srp)
CAC			AKD		10/01/2010		10/01/1970	44	4540
CAC			AKD		11/01/2013		10/12/1970	44	9482
CAC			AKD		03/01/2011		11/09/2009	5	5265
CAC			AKD		10/01/2014		10/29/2000	14	5296
CAC			AKD		07/14/2011		11/07/2000	14	5797
CAC			AKD		05/01/2015		11/10/2000	14	12889
CAC			AKD		09/01/2013		10/23/1970	44	8268
CAC			AKD		12/01/2013		11/05/1970	44	9037
CAC			ADD		11/01/2014		11/07/2009	5	9605
CAC			AKD		05/01/2015		11/01/2009	5	12729
CYF			AKD		10/01/2010		10/20/2000	14	4302
CYF			ADD		12/01/2013		10/19/1984	20	8006
CYF			AKD		06/30/2011		10/29/2000	14	7099
CYF			AKD		12/01/2009		11/11/2000	14	4111
CYF			SK1		06/01/2011		10/12/1970	44	7555
CYF			SK1		06/01/2011		10/18/1970	44	7555
CYF			AKD		06/01/2011		11/12/2009	5	5856
CYF			AKD		06/01/2013		10/18/2000	14	8796
CYF			AKD		05/01/2015		10/07/2009	5	13572
LSB			AKZ		10/01/2011		10/09/1986	18	2910
LSB			ADD		04/01/2014		11/07/2000	14	4244
LSB			AKD		03/01/2011		11/01/1970	44	5270
LSB			AKD		09/30/2010		11/25/1970	44	6420
LSB			AKD		02/28/2012		11/07/2009	5	7173
LSB			AKD		03/01/2012		11/12/1970	44	7093
LSB			AKD		10/01/2015		10/30/1970	44	7587
LSB			AKD		05/01/2015		11/27/2009	5	7818
LSB			AKD		02/01/2015		10/12/2000	14	12067
NAG			AKD		11/01/2010		10/27/1970	44	4685
NAG			AKD		07/01/2014		11/17/2000	14	10683

- 3) Review the report monthly and any case that has **\*\*no other eligible\*\*** in the 'Other Eligible' column should be sent an advanced notice of action letting the payee know that one of two

things will occur they no longer qualify for HFK and/or they may or may not be eligible for HIPP program.

HIPP Production

Reports > Dependant ages > HIPP For Kids Turning 19

HIPP For Kids - Turning 19 within 60 days

Case	Analyst	Status	Medicaid Id	Name	Age	DOB	Relationship	Other Eligible
	NAG	AKO			18		Son	** no other eligible **
	KLT	AKO			18		Son	** no other eligible **
	KLT	AKO			18		Son	** no other eligible **
	CAC	AKO			18		Son	** no other eligible **
	LSB	C4E			18		Son	** no other eligible **
	TML	CKD			18		Son	** no other eligible **
	CAC	S01			18		Daughter	** no other eligible **
	LSB	A00			18		Daughter	1
	LSB	AK2			18		Son	1
	CAC	C4E			18		Son	1
	CAC	A00			18		Son	2
	KLT	AKO			18		Son	2
	CAC	C03			18		Daughter	2
	NAG	AKO			18		Son	3
	CAC	C4P			18		Son	3

Download CSV

row(s) 1 - 15 of 15

4) Once this report is reviewed and appropriate action has been taken. The other age reports should be reviewed for members who are reaching ages 1, 6, 15, 21, & 45. Just select the Age group

Reports > Dependant ages

Detail

Age Detail: All

Case	Age	Payee
	Age 0 (1)	
	Age 5 (15)	
	Age 14 (16)	
	Age 18 (4)	
	Age 20 (3)	
	Age 44 (17)	

Age 1 report sample below:

Detail

Age: All age brackets

Case	Ans	Payee	Case	Status	St Date	Dep Name	DOB Y	Age
	NAG			COB	01/01/2012			0
	TML			AKO	04/01/2012			0
	TML			OK3	01/31/2012			0

row(s) 1 - 3 of 3

Download CSV

MV53362 en-us

Age 6 report sample below:

Detail

Age: 5

Case	Ana	Payee	Case	Status	St Date	Dep Name	DOB	Age
	KLT			C2H	06/05/2009			5
	NAG			AK0	05/01/2012			5
	NAG			AK0	03/30/2009			5
	KLT			C4P	11/30/2011			5
	LSB			AK0	09/01/2011			5
	LSB			AK0	09/01/2011			5
	LSB			OK4	09/01/2011			5
	KLT			AK2	11/01/2010			5
	KLT			AK0	11/01/2010			5
	KLT			AK0	11/01/2010			5
	LSB			AK0	01/01/2011			5
	LSB			AK0	01/01/2011			5
	LSB			AK0	10/01/2011			5
	LSB			CK7	09/30/2011			5
	LSB			A04	04/01/2011			5
	CAC			AK0	07/01/2011			5
	KLT			C4P	09/09/2010	CO		5
	TML			SK0	11/01/2010			5
	LSB			AK0	07/01/2011			5
	LSB			A00	12/03/2009			5
	NAG			AK0	01/01/2012			5
	TML			AK0	07/01/2011			5
	TML			AK0	01/01/2011			5

Download CSV

rows) 1 - 23 of 23

Age 15 sample report below:

Age: 14

Case	Ana	Payee	Case	Status	St Date	Dep Name	DOB	Age
	LSB			OK3	05/01/2012			14
	LSB			C4E	12/31/2011			14
	CAC			AK0	10/01/2010			14
	LSB			C2H	01/01/2000			14
	SRF			C07	01/01/2000			14
	LSB			C07	11/20/2009			14
	KLT			AK0	10/01/2010			14
	TML			AK0	02/01/2009			14
	LSB			AK0	01/01/2011			14
	LSB			AK0	12/01/2011			14
	NAG			AK0	03/01/2011			14
	CAC			C03	09/31/2010			14
	CAC			A00	01/01/2009			14

Download CSV

rows) 1 - 13 of 13

Age 21 sample report below:

Detail

Age: 20

Case	Ana	Payee	Case	Status	St Date	Dep Name	DOB	Age
	NAG			A00	01/01/2009			20
	TML			A00	10/05/2010			20
	CAC			A05	08/01/2012			20
	CAC			A05	08/01/2011			20
	CAC			A05	08/01/2011			20

Download CSV

rows) 1 - 5 of 5

Age 45 sample report below:

Detail

Age: 44

Case	Ans	Payee	Case	Status	St Date	Dep Name	DOB	Age
	KLT			AKO	03/01/2011			44
	KLT			AKO	03/01/2011			44
	KLT			AKO	11/01/2010			44
	CAC			AKO	11/01/2010			44
	KLT			AKO	01/05/2011			44
	NAG			CK2	02/09/2012			44
	LSB			AKO	01/01/2011			44
	KLT			AKO	01/01/2012			44
	TML			AKO	12/01/2010			44
	TML			AKO	12/01/2010			44
	NAG			AKO	08/01/2011			44
	CAC			AGG	05/01/2012			44
	TML			AKO	04/01/2012			44
	NAG			AKO	03/20/2012			44
	NAG			AKO	03/20/2012			44

Download CSV

row(s) 1 - 15 of 15

11/11/2012 10:14

- 5) If any cases are HIPP and the HIPP rate will decrease and/or will be lower than the premium amount within the next 30 days the payee should be sent an advanced notice of action of the premium change.

# 12.0 Quality Assurance

## 12.1 Purpose:

To assure that each staff member is in compliance with applicable regulations and policy, a desk review will be performed based on each staff member's performance each month

## 12.2 Policy:

## 12.3 Procedure

# 13.0 Recipient Audit Unit

## 13.1 Purpose:

To provide notice to the Recipient Audit Unit (RAU) of overpayments that needs to be collected by DMAS.

## 13.3 Procedure:

To report and/or collect the overpayment complete the form displayed below which can be found on the j:\drive and forward to the Health Care Compliance Specialist in the RAU Unit for handling.

**FRAUD / ABUSE REFERRAL FORM**

Date Complaint Received: \_\_\_\_\_ Given To: \_\_\_\_\_

Complaint Received By:  Telephone  Written  In Person  Email  Hotline  Other

Complaint Source:  Anonymous  Agency  Individual  Email  Hotline  Other

Complainant Name: \_\_\_\_\_  
Anonymous: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Client Medicaid Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DSS Agency & DSS Worker: \_\_\_\_\_

Type of Alleged Fraud/Abuse:  Unreported Income  Unreported Resource  Unreported Health Insurance  
 Impersonation  Improper Transfer  TANF Related  Agency Error  Card Sharing, Stealing  
 Doctor Shopping  Over utilization, Abuse  Prescription Forgery, Alteration

**ALLEGATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RAU case set up  Yes  No

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

# 14.0 FAMIS

## 14.1 Purpose:

To view all of the FAMIS Select case list.

## 14.2 Policy:

## 14.3 Procedure:

Click on the tab 'FAMIS' and the FAMIS screen will open as shown below.

The screenshot shows the 'FAMIS Case List' interface. At the top, there are navigation tabs: 'Title', 'Applications', 'Cases', 'Case Re-Eval', 'Appeals', and 'Reasons'. Below the tabs, the title 'FAMIS Case List' is displayed. There is a search bar with a 'Search' button and a checkbox labeled 'Show children'. The main area contains a table with the following columns: FS/HIPP, Case Name, Vammis Case, Received, FS Status, Case Status, Status Dt, and Analyst. The table lists 15 rows of case data. A large blue rectangular redaction covers the 'Case Name' column for all rows. The 'Received' column contains dates ranging from 02/15/2011 to 07/28/2011. The 'FS Status' and 'Case Status' columns both contain the letter 'D'. The 'Status Dt' column contains dates ranging from 02/24/2011 to 07/29/2011. The 'Analyst' column for all rows contains the initials 'MG'. At the bottom right of the table, it says 'row(s) 1 - 15 of 387 Next >'. The browser title bar at the top left says 'HIIPP Production'.

FS/HIPP	Case Name	Vammis Case ▲	Received	FS Status	Case Status	Status Dt	Analyst
			07/28/2011		D	07/29/2011	MG
			11/29/2010		D	11/29/2010	MG
			11/29/2010		D	11/30/2010	MG
			05/09/2011		D	05/11/2011	MG
			01/18/2011		D	01/19/2011	MG
			03/03/2011		D	03/08/2011	MG
			09/03/2010		D	09/03/2010	MG
999999			08/19/2010		D	08/30/2010	MG
			09/09/2010		D	09/10/2010	MG
			03/08/2011		D	03/14/2011	MG
			10/25/2010		D	10/26/2010	MG
			08/04/2011		D	08/04/2011	MG
			08/02/2011		D	08/03/2011	MG
			11/01/2010		D	11/02/2010	MG
			02/15/2011		D	02/24/2011	MG

# 15.0 Manager *(Administrator access only)*

## 15.1 Purpose:

To provide add/modify/delete options, lists letters within the database system.

## 15.2 Policy:

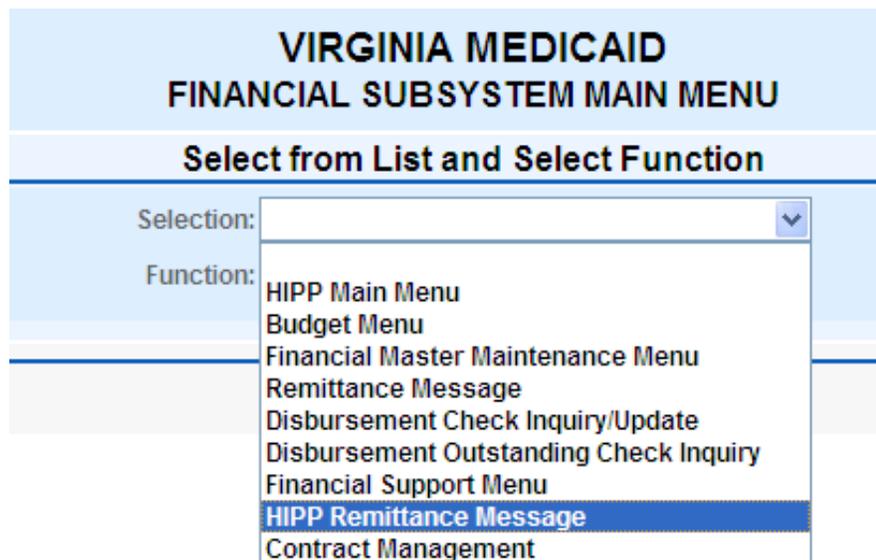
## 15.3 Procedure:

Click on the tab 'Manager' and the manager screen will open as shown below.



### 15.3.1 Remittance Advice Message- Create

- 1) Open VAMISS to the 'Financial Tab' and click on the down arrow beside the 'Selection' field and select HIPP Remittance Message and then select the 'Add' option as displayed below.



**VIRGINIA MEDICAID  
FINANCIAL SUBSYSTEM MAIN MENU**

**Select from List and Select Function**

Selection:  ▾

Function:  Add  Change  Inquiry

- 1) Next Ignore the Payee ID field and select the correct option HIV or HIPP, cannot send the same message to both at the same time. If message should be sent to all then two separate messages must be generated for each program.

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd!ut/p/c5/dY7LDohwFAU\_ - Windows Internet Explorer pro

Prod | [Home](#) | [Contact Us](#) | [H](#)

*Virginia*  
Medicaid

MMIS Help | Print | Lo

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
<b>VIRGINIA MEDICAID REMITTANCE ADVICE - ADD HIPP MESSAGE</b>													
Screen ID: FN-S-044												Date: 08/06/201	
Trans ID: VF91												Time: 11:54	
Program ID: FNT044												Page: of	
Payee ID: <input type="text"/>													
Additional ID's: <input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Message Number: <input type="text"/>		Date Entered: <input type="text"/>											
Begin Date: <input type="text"/>		End Date: <input type="text"/>											

**Remittance Advice Message Text**

- 2) Next enter the 'Begin Date' and the 'End Date' keeping in mind that the checks are issued on the 17<sup>th</sup> of each month.

- 3) Then enter the message as displayed below and if satisfied click on update. Keep in mind when typing that the message will not wrap to the next line.

Screen ID: FN-S-044  
 Trans ID: VF91  
 Program ID: FNT044

**VIRGINIA MEDICAID  
 REMITTANCE ADVICE - ADD  
 HIPP MESSAGE**

Date: 08/06/2012  
 Time: 12:03  
 Page: of

Payee ID:        All Payee       HIV       HIPP       Famis Select

Additional ID's:                              

Message Number:       Date Entered:

Begin Date: 8/1/12      End Date: 8/18/12

**Remittance Advice Message Text**

THIS IS A TEST

[Scroll Up](#)    [Scroll Down](#)

[Enter](#)    [Update](#)    [Clear Form](#)    [Refresh](#)    [Return](#)    [Sub Menu](#)    [Main Menu](#)

### 15.3.2 Manager Functions – Application and HIPP Management

To delete an application or Case click on the  button to the left of the 'Application and HIPP Management' option in the Manager tab as highlighted below.

Title	Application
<b>Manager Functions</b>	
<b>Manager Functions</b>	
 Update Reason Codes	 Phone Variables
 User Maintenance	 <b>Application and HIPP Management</b>
 Common Documents	 Dynamic Report
 Case Letter Parameters	 Case Reassignment
 Document Folder	

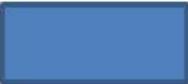
2) Next, select the option: as displayed below.

The screenshot shows a dialog box titled "Delete Application". At the top right is a "Back" button. Below the title bar are three radio button options: "Delete Application" (which is selected), "Delete HIPP#", and "Change HIPP#". At the bottom left, there is a text label "Application" followed by an empty input field and a "Delete" button.

3) Next, enter the App ID or the HIPP # to perform the deletion or change.

# 16.0 Forms:

## 16.1.1 Forms – Notice of Action – Approval HFK

<p>COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Health Insurance Premium Payment (HIPP) Unit Customer Service: (800) 432-5924 Fax: (804) 612-0020 Email: <a href="mailto:hippcustomerservice@dmas.virginia.gov">hippcustomerservice@dmas.virginia.gov</a></p> <p>Notice of Action on Premium Assistance Programs</p> 	<p>HIPP Case number: </p>
<p>Your application for premium assistance has been Approved for the HIPP for Kids program with coverage beginning effective March 1, 2014. Reimbursement in the amount of \$226.00 for the month(s) of March 2014 will be mailed at the end of April 2014. Reimbursement checks are issued the last Friday of each month.</p> <p><i>*Cost Sharing is not available for any medical expenses incurred prior to the effective date of approval.</i></p> <p>The following persons are eligible:</p>  <p>Premium payment verification is due by the 5th of the month. If the 5th falls on a weekend day or holiday the verification will be due the next business day. Please send the <u>last</u> paystub you receive in the month prior to the month in which the verification is due. Send scanned documents to <a href="mailto:hippcustomerservice@dmas.virginia.gov">hippcustomerservice@dmas.virginia.gov</a> or fax HIPP at (804) 612-0020. The months in which premium payment verification is due are:</p> <p style="text-align: center;">May 5, 2014   August 5, 2014   November 5, 2014   February 5, 2015</p> <p style="text-align: center;"><i>(Please include your HIPP case# on all email and faxes.)</i></p>	<p>Medicaid Case Name: </p>

**IF YOU HAVE A QUESTION OR WOULD LIKE TO DISCUSS THE ACTION TAKEN ON YOUR APPLICATION/RENEWAL, PLEASE CONTACT YOUR DMAS CASE ANALYST.**

If you disagree with the action taken, you may have the right to file an appeal. Information on the back of this form explains your right to appeal and how to ask for a fair hearing.

## 16.1.2 Forms – Advanced Notice of Proposed Action – Cancellation – No renewal docs

<p><b>Cancellation – No renewal docs</b></p>	
<p>COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Health Insurance Premium Payment (HIPP) Unit Customer Service: (800) 432-5924 Fax: (804) 612-0020 Email: <a href="mailto:hippcustomerservice@dmas.virginia.gov">hippcustomerservice@dmas.virginia.gov</a></p>	<p>HIPP Case number: </p>



# 17.0 Contacts

## 17.3.1 Contacts – HIPP program

APPEALS Division	804-371-8488
DMAS – Customer Service Help Line	804-786-6145
FAMIS SELECT (Melissa Goggin)	866-873-2647
FAMIS – CPU	866-873-2647
FRAUD RECOVERY (Abbie Cook)	804-786-1101
HIPP Fax Main (Electronic)	804-612-0020
HIPP Local Number	804-225-4393
HIPP Toll Free Number	800-432-5924
Uninsured/Catastrophe	804-786-3528
VITA – Computer/Printer Issues	866-637-8482
Xerox Checks (Ida Beverly)	804-267-7286
Xerox Checks (Phyllis Washington)	804-267-7287
EPSDT	804-786-6134

## 17.3.2 Contacts – HIPP Staff

Manager (Vacant)	804-786-1373
HIPP/Buy-In Manager (Tiaa Lewis)	804-786-0690
HIPP Supervisor (Carol Chiappa)	804-786-1459
HIPP Supervisor (Robin Lee)	804-371-2120
Analyst (Letitia Bracey)	804-786-9491
Analyst (Nyeta Goodall)	804-786-8050
Analyst (Charice Finn)	804-371-0880
Analyst (Theresa Smith)	804-786-0684
Program Tech Support (Ola Smith)	804-692-3260

## 17.3.3 Contacts – Buy-In Staff

Analyst (Rhonda Bowers)	804-371-8888
Analyst (Sherrill Taylor)	804-786-7414
Program Tech Support (Monica Wells)	804-371-2375

## 17.3.4 Contacts – Eligibility Staff

Supervisor (Sarah Samick)	804-786-4537
Enrollment Analyst (Helen Roberts)	804-786-7701
Enrollment Analyst (Pricilla Giles)	804-786-0328

## 17.3.3 Contacts – Building

DMAS Facility or Building Issues (Craig Markva)	804-225-2765
DMAS Security Desk	804-343-7479
Richmond Police - Information Only	804-646-0400
Police (Non-Emergency)	804-646-5100
Fire Department (Non-Emergency)	804-646-6663

### 17.3.3 Contacts - Building

Conference Room (Bonnie Winn) – 12A	804-371-4659
-------------------------------------	--------------

# 18.0 Supplies

**NOTE:** See both Program Tech Support before placing an order or calling any of these contacts.

<p><b>HP Printers Repair</b> <i>VITA</i></p>	<p><b>866-637-8482</b></p>
<p><b>HP Printer Cartridges</b> <i>Troy Hart, DMAS</i></p>	<p><b>804-371-7986</b></p>
<p><b>OSC COPIER/SCANNER – Toner Cartridge</b> <b>Virginia Business Systems</b></p>	<p><b>800-282-7326</b></p>
<p><b>Postage-Paid envelopes – Limit of 6</b> <b>Commonwealth Martin</b> <i>Participants must contact vendor directly and leave their name and address in a voice mail message to have the envelopes mailed directly to their home address.</i></p> <p><i>DMAs contacts: Patricia Thomas, DMAS – should problems occur with Commonwealth Martin</i></p>	<p><b>804-786-0076</b></p>

# 19.0 Equipment Repair

**NOTE:** See both Program Tech Support before placing an order or calling any of these contacts.

<b>HP Printers</b> <i>VITA</i>	<b>866-637-8482</b>
<b>OSC Copier/Scanner</b> <i>Virginia Business Systems</i>	<b>800-282-7326</b>
<b>DMAS BLDG MAINTENANCE</b>	<i>email to:</i> <a href="mailto:BuildingMaintenance@DMAS.virginia.gov">BuildingMaintenance@DMAS.virginia.gov</a>

## 20.0 Procurement

To request an office furniture change manager or supervisor should email the request to Purchasing Division providing the staff member's name and change request. The request will be put on a list that will be addressed the next time the moving contractors are in the building.

# 21.0 Glossary

<b>Appeal</b>	Means the insured has formally disagreed to the DMAS Appeals Division the fact that a HIPP Application has been denied or a HIPP case has been cancelled.
<b>Appellant</b>	The insured who formally appeals to DMAS Appeals Division because they have been denied or cancel from the HIPP Program.
<b>Application</b>	Document required by the HIPP program to be completed by the insured to enroll or continue in the HIPP Program.
<b>Correspondence</b>	Documentation sent or received by the HIPP program
<b>Cost Sharing</b>	Deductibles, coinsurance and other cost-sharing for items and services covered under the qualified employer-sponsored coverage that are also covered under the Medicaid state plan may be reimbursed for the Medicaid eligible member under 19 and parent provided criteria are met.
<b>EIV</b>	Document required by the HIPP program to be completed by the insured's employer for enrollment or continuation in the HIPP Program.
<b>FAMIS</b>	Program that will cover children and pregnant with affordable health insurance.
<b>HFK</b>	<p>HIPP For Kids is a premium assistance program for those members under the age of 19 who are eligible for or enrolled in "qualified employer-sponsored coverage," and:</p> <p>The Health Insurance Premium Payment Program when determined to be cost effective is a cost saving program for Medicaid members and reimburses some or all of the employee portion of the group health insurance premium for members who have employer sponsored group health insurance available to them through their own or their family member's employment.</p>
<b>HIPP</b>	means Health Insurance Premium Payment programs, which are premium assistance programs. Virginia offers 2 programs for Medicaid eligible members' under 1906 and 1906A of the Social Security Act

<b>Overpayment</b>	The HIPP program has erroneously paid for premiums and/or cost sharing.
<b>Payee</b>	Insured/Employee who is paid the HIPP/HFK premium and/or cost sharing reimbursement.
<b>Program</b>	Virginia Health Insurance Premium Assistance programs including: HIPP Program; HIPP For Kids Program; Virginia Premium Assistance Program (HIV).
<b>MMIS</b>	Virginia Medicaid Management Information System
<b>Re-evaluation</b>	Annual re-submission of the HIPP program application, EIV, health insurance plan summary and insurance cards to determine if the insured continues to qualify.

## 22.0 Acronyms

AC	Aid Category
App	Application
Appr	Approve
Asst	Assistance
CS	Cost Sharing
Cust Serv	Customer Service
DMAS	Department of Medical Assistance Services
DOB	Date of Birth
DSS	Department of Social Services
ECM	Enterprise content Management
EE	Employee
EIV	Employer Insurance Verification
Empl	Employer
EW	Eligibility worker
Fam Cov	Family Coverage
HFK	HIPP For Kids
Ind Cov	Individual Coverage
Ins	Insurance
Ltr	Letter
LVM	Left Voice Mail
Med	Medical
Medicd Ver	Medicaid Verified
Pd	Paid
Prem	Premium
Re-Eval	Reevaluation
Reimb	Reimbursement/Reimbursed
Rtn call	Return Call
SBC	Summary of Benefits and Coverage
SW	Spoke With
TPL	Third Party Liability
Vis	Optical/Vision
VM	Voice Mail

# 23.0 APPENDIX

## 23.1 Appendix A HIPP Rates

## Appendix A

**Virginia Medicaid**  
**FY 2016 Capitation Rate Development**  
**Health Plan Encounter Data**  
**Summary of FY 2016 Base Capitation Rates**  
**Before CDPS Adjustment**

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39
	1-5	\$1,947.75	\$1,170.23	\$1,258.28	\$1,001.25	\$1,133.88	\$770.78	\$858.70	\$1,164.53
	6-14	\$627.48	\$477.79	\$488.27	\$488.21	\$510.97	\$800.48	\$878.08	\$559.55
	Female 15-20	\$627.48	\$477.79	\$488.27	\$488.21	\$510.97	\$800.48	\$878.08	\$548.74
	Female 21-44	\$1,167.06	\$1,020.07	\$1,147.24	\$1,012.34	\$1,033.80	\$1,102.89	\$1,036.12	\$1,076.45
	Male 15-20	\$627.48	\$477.79	\$488.27	\$488.21	\$510.97	\$800.48	\$878.08	\$550.61
	Male 21-44	\$864.58	\$1,003.43	\$859.51	\$748.89	\$821.21	\$882.69	\$728.31	\$874.10
	Over 44	\$1,353.77	\$1,440.28	\$1,829.57	\$1,483.22	\$1,583.84	\$1,527.09	\$1,254.19	\$1,480.71
	<b>Average</b>	\$1,177.65	\$1,075.47	\$1,144.87	\$1,070.28	\$1,137.25	\$1,195.42	\$1,085.05	\$1,131.58
Low Income Families with Children	Under 1	\$402.22	\$525.18	\$565.83	\$576.18	\$591.40	\$542.23	\$528.79	\$520.65
	1-5	\$117.44	\$124.25	\$135.95	\$131.75	\$128.17	\$122.95	\$138.96	\$128.67
	6-14	\$103.19	\$108.74	\$120.42	\$116.86	\$123.07	\$127.09	\$141.41	\$117.42
	Female 15-20	\$191.14	\$247.48	\$251.89	\$249.70	\$249.37	\$287.80	\$307.93	\$246.10
	Female 21-44	\$655.50	\$538.34	\$559.25	\$558.88	\$527.06	\$588.70	\$614.15	\$570.99
	Male 15-20	\$143.87	\$137.98	\$155.91	\$134.82	\$153.71	\$150.70	\$166.46	\$150.49
	Male 21-44	\$377.53	\$394.58	\$365.42	\$403.76	\$360.77	\$418.05	\$475.55	\$389.51
	Over 44	\$703.73	\$721.95	\$788.19	\$847.03	\$788.82	\$758.77	\$743.03	\$759.30
	<b>Average</b>	\$201.74	\$224.00	\$243.03	\$238.98	\$244.17	\$247.95	\$272.55	\$234.18
<b>Weighted Average</b>		\$261.13	\$333.10	\$345.54	\$344.54	\$347.01	\$379.14	\$434.11	\$338.09

Note:  
Average is weighted by health plan enrollment distribution as of March 2015

**Virginia Medicaid**  
**FY 2016 Capitation Rate Development**  
**ALTC / HAP Expansion - Fee-for-Service Data**  
**Capitation Rates and Member Months**

	Statewide					
	Child			Adult		
	FY15	FY16	% Change	FY15	FY16	% Change
FFS HAP Capitation Rate	\$1,320.33	\$1,742.07	31.94%	\$2,285.98	\$2,655.22	16.66%
December 2014 Member Months		248			150	

Note:  
December 2014 residual member months reflect those who may or may not become enrolled in managed care