

GOVERNOR'S ACCESS PLAN FOR THE SERIOUSLY MENTALLY ILL (GAP) RE-ENROLLMENT TRAINING

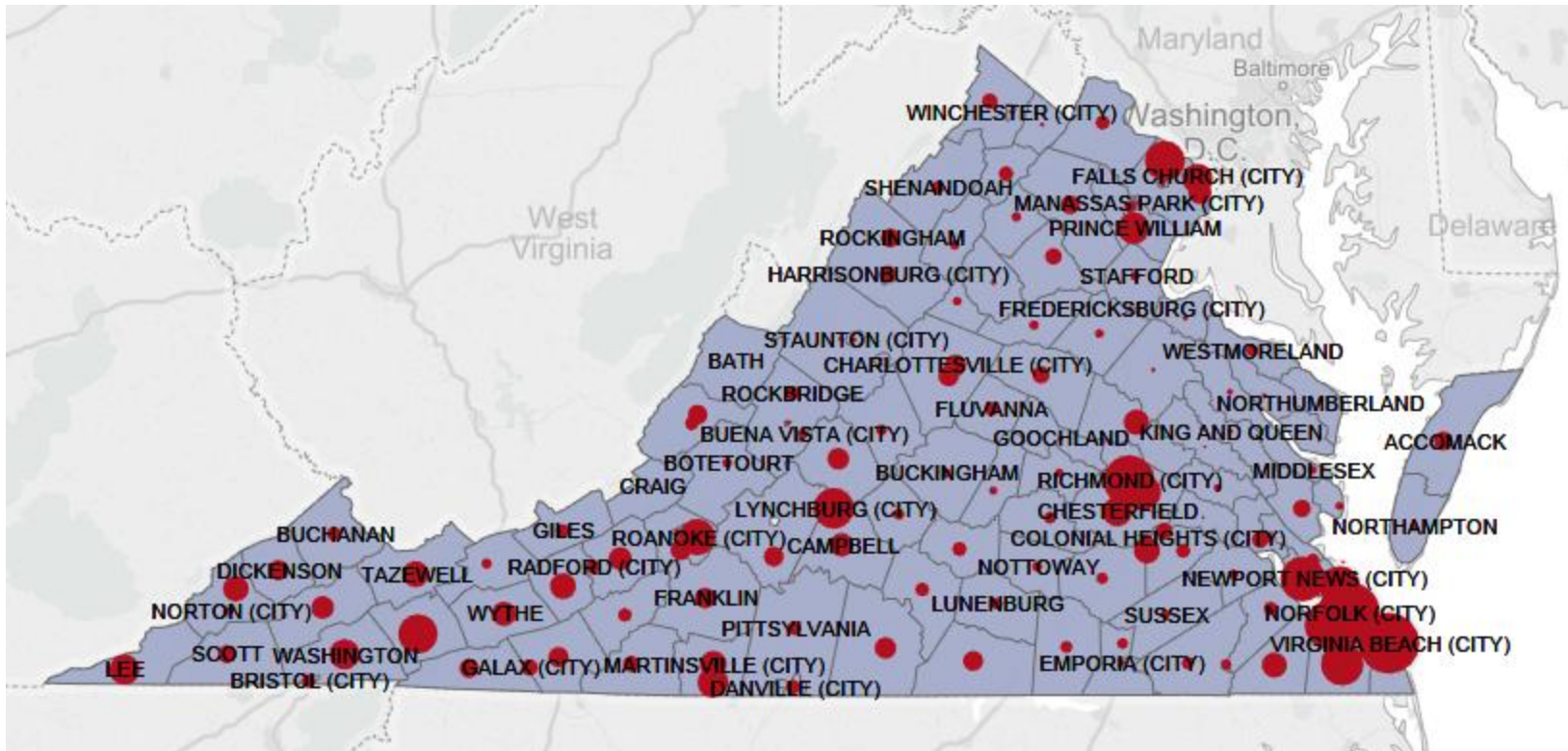
Shamika Campbell, Special Projects Analyst
Janice Holmes, Program Manager
Virginia Department Of Medical Assistance Services

Webinar Presentation
February 3, 2016

Agenda

- Current Enrollment
- Renewal/Ex Parte Process
- Where are we now?
- How YOU can help
- Questions/Comments

Enrollment



Annual Renewal Process

- Initiated by Cover Virginia GAP Unit
- All members must have eligibility reviewed every 12 months
- Three Phases of the Renewal Process
 1. Ex Parte
 2. Paper Renewal
 3. Grace Period

Phase 1: Ex Parte Process

What is Exparte:

The review of eligibility factors utilizing information known to the agency for continued enrollment without member interaction.

- 60 Days Prior to the end of the annual enrollment period a report is generated identifying all members due for renewal based upon the case renewal date. Workers begin a review of our members and attempt to gather information electronically.
- Renewal factors to be reviewed will include:
 - Household (HH) status
 - Third Party Liability (TPL)
 - HH income
 - Immigration status



Ex Parte Process (GAP)

- The eligibility worker (EW) will utilize electronic resources available to research members' income data

System Inquiry	Description
SAVE	Systematic Alien Verification for Entitlements - Verifies the immigration status of non-citizens who attest to legal presence in the US
SPIDeR (VEC)	Virginia Employment Commission Verifies the taxable gross wages from previous quarters
SPIDeR (SOLQ)	State On-Line Query Verifies SSI, SSA payments and Medicare coverage
TALX	The Work Number Verifies current wages or end of employment verification

Ex Parte Process (GAP)

Ex Parte Renewal Process

The Eligibility Worker (EW) researches electronic resources to obtain income sources and amounts. If found, they will review the results and whether they are compatible with last years income. If compatible the rules run to obtain results:

- Eligible -Continue coverage: The case is changed to Approved and a notice of action will be mailed the following business day.
- Ineligible due to being over income: The renewal will not be further evaluated; the case will be included in the paper renewal process.

Unable to verify income: If electronic sources yield no results or the results are not compatible to last year, a paper renewal will be produced and mailed.

Ex Parte Process (GAP)

Ex Parte Renewal Process (continued)

- Denied: If the member is no longer eligible due to:
 - Age (over 64);
 - Residency (no longer resides in Virginia):
 - Has current or other health insurance (TPL, Medicaid or Medicare);
 - Citizenship or Immigration status.

The database will be updated with the appropriate outcome. On the 28th day of the month (one month prior to the coverage termination), the member will be cancelled in the database and the MMIS system. A cancellation letter will be generated and mailed the following business day.

Cancellation Letter



Mary Smith
 600 East Broad St. Apt #4
 Richmond, VA. 23219

December 29, 2015
 GAP ID: 123456

Dear Ms. Smith:

Your renewal application for health coverage under the Governor's Access Plan (GAP) was denied for the reason (s) below:

Reason(s)	Policy Reference
You have other active health insurance. Therefore you do not meet the GAP rules.	G120.200.C

If you have any questions, please contact GAP at 1-855-869-8190. Please have your GAP ID ready when you call us. It is located in the top right corner of this letter.

If you disagree with the denial reason, please review the appeal information on the back of this letter.

Under the Affordable Care Act (ACA), you may qualify for health coverage in the Federal Marketplace. Please visit www.healthcare.gov or call 1-800-318-2596 for more information.

Phase 2: Paper Renewal

Renewal Process - Paper Renewal

- On or about the 20th of the month following the end of the Exparte process, all cases which were not evaluated for ongoing coverage in the will be sent a paper renewal. Exception: Those denied in the Exparte process coverage will be cancelled.
- The paper renewal packet will contain a letter explaining the process along with a prefilled renewal application.
- The member must review and/or update any incorrect information and sign the renewal form
- The member will have 30 days to either return the renewal (mail or fax) or call the GAP unit to renew telephonically.
- All will need to provide verification of income for the current month

Renewal Application

**GAP Health Insurance Program
Renewal Application**

Please review the following information below and make changes in the space provided.

GAP ID: 123456

<p>Section A: Information regarding the person renewing coverage</p> <p>Name: <u>John Smith</u> SSN: <u>123-45-6789</u></p> <p>Street Address (where you live): <u>600 East Broad St Apt #1 Richmond, VA 23219</u> DOB: <u>04/01/1970</u></p> <p><input type="checkbox"/> This address has changed: _____</p> <p>Mailing Address (we must have a mailing address): <u>PO Box 456 Richmond, VA 23218</u></p> <p><input type="checkbox"/> This address has changed: _____</p> <p>Are you currently homeless? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Home Phone: <u>804-555-1212</u> Work Phone: _____ Other Phone: _____</p> <p><input type="checkbox"/> If a phone number has changed, please provide the new number: _____</p> <p>Home Phone: _____ Work Phone: _____ Other Phone: _____</p>	<p>Section B:</p> <p style="text-align: center;">Special Living Arrangement:</p> <p>Are you in Long Term Care? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are you in a Mental Health Facility? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are you in Prison? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: center;">My Tax Filing Status is:</p> <p>Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/></p> <p>Do you receive disability income? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Are you Pregnant? Y <input type="checkbox"/> N <input type="checkbox"/></p>																																				
<p>Section C: Answer questions listed below: List any new family members living in the home with you. If you are a tax filer, please add any new tax dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Relationship to You</th> <th>Still Living in Home?</th> <th>SSN*</th> <th>Date of Birth</th> <th>Tax Status</th> </tr> </thead> <tbody> <tr> <td>Mary Smith</td> <td>Spouse</td> <td>Yes</td> <td>456-12-4578</td> <td></td> <td>Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/></td> </tr> </tbody> </table>		Name	Relationship to You	Still Living in Home?	SSN*	Date of Birth	Tax Status	Mary Smith	Spouse	Yes	456-12-4578		Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/>						Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/>						Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/>						Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/>						Non-Filer <input type="checkbox"/> Tax Dependent <input type="checkbox"/> Tax Filer <input type="checkbox"/>
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<p>Section D: Our records show the following employer(s) or other sources(s) of income for family members in the household. For each person, please confirm whether the income source is still being received. Check the "Still Receiving" box and provide proof of income for the last 30-days for all sources of income still being received (see instructions on the back of the renewal letter.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>SSN*</th> <th>Employer or Other Source of Income</th> <th>Still Receiving</th> <th>Has No Income</th> <th>If this income is no longer received, what date did the income stop?</th> </tr> </thead> <tbody> <tr> <td>John Smith</td> <td></td> <td>Walmart</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>					Name	SSN*	Employer or Other Source of Income	Still Receiving	Has No Income	If this income is no longer received, what date did the income stop?	John Smith		Walmart	Y <input type="checkbox"/> N <input type="checkbox"/>																							
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Renewal Process

Renewal Process (continued)

- **Renew by Phone:** Member can call the GAP unit and a customer service rep will ask for various pieces of information and input into their case such as:
 - Confirm information about the applicant (address, phone number, tax filing status, etc.)
 - What income is still being received by member or persons in the home?
 - Is income no longer received; when did job end?
 - Verify if member is receiving health insurance; obtain insurance details;
 - Verify if member is receiving health insurance or Medicare;
 - Verify who is in home; who may have entered or left; and all relationships.
- **Renew by Mail or Fax:** When the renewal is received, it will be scanned into the system and forwarded electronically to a EW to review.

Renewal Process

Renewal Review Process

- Once a renewal is received, the review process can begin:
 - If information can be clarified verbally (i.e. the pay frequency at a job), the EW will attempt an outbound phone call to obtain.
 - If information is unable to be obtained verbally or if no verification of income is received, a deficiency letter will be sent to the member.
 - It is still the member's responsibility to return all items needed to process their renewal.

Deficiency Letter



Bridging the Mental Health
 Coverage Gap in Virginia

John Smith
 600 East Broad St Apt 1
 Richmond, VA 23219

October 22, 2015

Here is what we need before 12/31/2015:

Employment Income Information (Missing Paystub Dates): We need proof of all income in the household as listed below. This can be copies of paychecks showing income before any deductions or taxes are taken out for the most recent 30 days - OR - a letter from the employer showing your gross income (before any deductions or taxes are taken out) for each pay period in that month. If your income varies, please provide us more information.

Name	Employer	Date(s)	Proof Needed
John Smith	Walmart	11/01/2015 -11/30/2015	Paystubs or Employer Letter

Please:

- Fax these documents to us at 1-888-221-9402 – OR –
- Mail the documents in the enclosed postage paid envelope with this letter

Remember to put your GAP ID: ----- on each document that is sent to the GAP Processing Unit.

Thank you.

GAP Processing Unit

Renewal Process

Review and Determination Process

- If all of the necessary information is obtained and the renewal is complete, the EW will run the rules in the system to obtain a determination.
- If Approved:
 - Coverage will be extended another 12 months
 - A Confirmation letter will be mailed which outlines the new coverage period
 - And a New GAP Handbook will be included
 - There will not be another GAP coverage card generated. If needed, the member must call in to request.
- If the renewal is denied:
 - The coverage will be cancelled for the end of the annual enrollment period
 - A cancellation letter will be mailed which includes the reason for cancellation
 - Information on how to appeal a decision is also included.

Renewal Process

Failure to Return Renewal

1st Cancellation Process - If the member fails to call the GAP unit to renew or return their renewal by mail:

- Approximately 30 days prior to the coverage end date, a cancellation letter will be generated and mailed to the member
- The cancellation letter will contain the reason for the cancellation and appeal rights
- 2nd Cancellation Process - If the renewal form is returned but the member fails to provide requested verification documents:
 - On or about the 10th of the final coverage month, all cases which cannot be determined due to missing information will be cancelled and a notice of cancellation will be sent

Phase 3: Grace Period



Grace Period Process

The Grace Period grants members a second chance to renew if they have been cancelled for administrative reasons of failure to act. The Grace Period begins:

- Begins at the point a cancellation of coverage has occurred
- Runs 3 months past the termination date
- If the renewal is received with verifications or if missing verifications are received eligibility will be reevaluated and if eligible, reinstated without a gap in coverage
- No new SMI diagnosis is required

Phase 3: Grace Period

Grace Period (continued)

- Coverage is not reinstated while a renewal is being processed
- If approved in the Grace Period, the new begin date of coverage will be so no lapse occurs. For example: the member's coverage ended January 31 but they phone or return their renewal on March 20. If approved, their new coverage would begin on February 1.
- If in the Grace Period the evaluation result is ineligible, a new notice of action will be provided with the reason for denial.
- After the Grace Period has ended, a new application will be required and a new SMI diagnosis will also be needed.

Timeline

General timeline if coverage ends on January 31st :

- November 1 – Ex Parte process begins
- November 22 – Paper renewal generated and mailed
- December 28 – Cancellation letter sent to member who has not attempted to renew by phone or returned renewal
- January 10 – Cancellation letter sent to members who failed to return verification documents as requested
- January 31 – Coverage ends
- February 1 – April 30: Grace Period; member has the opportunity to renew and have no lapse in coverage.

How YOU Can Help

- **Assist the member with their renewal application**
 - Make sure it is completed entirely and it is legible;
 - Make sure that it is signed by the member
 - Assist with questions; Most often occur with income information which is required or understanding letters received;
 - Help to explain timeframes and urgency to call or return items timely;

Authorized Representative

- Cover Virginia is required to protect all health information it receives on a member. Therefore, all members must:
 - Designate who can obtain information on their case in writing
 - At application, have the member add your information on the release of information section of the application
 - After application, print a “release of information” form located on the Coverva.org website

Authorized Representative

GAP Authorized Representative Form

Date: _____

Case ID # _____ and/or Name _____

I (applicant name) _____ authorize the following person _____ of (agency name if applicable) _____ to submit an application for the GAP program on my behalf and I also authorize the GAP agency to release information and discuss my case with this authorized representative. This authorization does not allow this entity to sign on my behalf.

Authorized Representative

What does it authorize:

- Allows Cover Virginia call center to release case information to someone other than the applicant
- Allows a copy of notices to be sent to someone other than the applicant, if desired (when available)

What it does not do:

- It does not give consent for this person to sign or act on behalf of the applicant
- It does not give consent for this person to change applicant information on their case
- It does not grant any legally binding authority to the entity

Contact Information

The GAP program is under the Cover Virginia programs

- Mailing Address:
 - P.O. Box 1820 Richmond, VA 23218-1820
- (855) 869-8190 (Phone)
- (888) 221-9402 (Fax)
- (888) 221-1590 (TDD)

DMAS Website

Information about the GAP Program is located
on the Virginia DMAS website at:

www.dmas.virginia.gov



Questions pertaining to the GAP program
may also be e-mailed to:

BridgetheGAP@dmas.virginia.gov

Questions / Comments?

Thank You