The Virgin Islands Consortium

Dept. of Human Services Expands Medicaid Benefits to Members, Offers Providers Additional Flexibility

Community Center / **Published On April 10, 2020 05:09 AM /**

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The Department of Human Service said Thursday that in an effort to help with the crisis caused by the novel coronavirus, it's currently offering the following benefits for Medicaid recipients:

1. Automatically extend all Medicaid/ Children's Health Insurance Program (CHIP) recertification's for 6 months, thus promoting social distancing, health and wellness for our clients and staff alike.

2. Eliminate current requirements for members to get referrals for specialists and to get prior authorization. This means, during this time of hardship, MAP member will not have

to get a referral from their primary doctor or public providers and a prior authorization (except for certain dental and durable medical equipment) from the Department of Human Services prior to schedule an appointment with a private provider or specialist. This will enable our members to receive services from any enrolled Medicaid provider without any referral or prior authorization.

3. Extend Presumptive Eligibility already being performed in the hospitals, Federally Qualified Health Centers (FQHCs), and Department of Health clinics to pregnant women, the aged, blind, and disabled populations.

4. D.H.S. will extend the eligibility period for all Presumptive Eligibility applications for 90-days from the date of the application to support social distancing, while providing continuous eligibility for needed services.

Presumptive Eligibility (PE) provides Medicaid benefits for a limited time while a formal Medicaid eligibility determination is being made by the V.I. D.H.S. The goal of the presumptive eligibility process is to offer immediate health care coverage to people likely to be Medicaid eligible, before there has been a full Medicaid determination, the department said.

Medicaid Providers

For Medicaid Providers, the DHS Medicaid Program will extend the following flexibilities:

1. Postpone deadlines for revalidation of provider agreements for the duration of the COVID-19 Public Health Emergency. This is applicable for all providers currently enrolled in the Medical Assistance Program including off-island providers.

2. Waive normal provider screenings and enrollment activities in those cases where a provider is already a participating Medicare provider or a participating Medicaid provider in another State or Territory.

3. Reimburse for hospital and other services rendered in an unlicensed facility which DHS can assess to reasonably meet minimum standards and expectations (including health, safety, and comfort for members and staff) consistent with the current COVID-19 Public Health Emergency guidelines for Medicaid members. This would apply in the event our hospitals became overwhelmed with patients.

4. Provide clinically appropriate care using telehealth and telemedicine technology, primarily through DHS Department of Health Clinics, FQHCs, and our physicians.

Providers will be paid the same rate for providing telehealth and telemedicine appointments as they would for a face to face encounter, D.H.S. said.

The department said it continues to work with the Centers for Medicaid and Medicare Services to ensure all the available flexibilities and authorities are implemented to allow us to provide quality health care services to the citizens of the US Virgin Islands.