Administrative Guidance Regarding Changes in the Program's Manner of Processing Claims

Changes in the way the Program operates are necessary in light of federal guidance regarding Medicaid's role with respect to the Program.

The Program will continue to provide a lifetime of care for all Program beneficiaries. Only the manner in which the Program does so is changing. The Program anticipates that these new procedures will be implemented effective August 15, 2017.

The Initial Home Visit:

After a claimant is admitted into the Program by Order of the Virginia Workers' Compensation Commission, Program staff will meet with the admitted claimant's parents or guardians to provide basic information about the Program and to learn about any reimbursement/compensation needs the admitted claimant has at that time.

Health Insurance Coverage:

During that initial meeting, the admitted claimant's parents or guardians must provide the Program with the information concerning the private health insurance policy that provides coverage for the medical needs of the admitted claimant. If the admitted claimant is not covered by a private health insurance policy at that time, the Program will provide the admitted claimant's parents or guardians with the contact information for the Program's Facilitator. The admitted claimant's parents or guardians must call the Facilitator for guidance and assistance in selecting a private health insurance policy for the admitted claimant. Families may call (804) 330-2471, extension 3110, or 1-800-260-5352, to speak with Ms. Mercades Cooks (the "Facilitator"), for this assistance.

The Program will pay for the portion of the premiums for the admitted claimant's coverage for periods after July 1, 2017 and after the admitted claimant's date of admission into the Program. To obtain reimbursement for the premiums, the admitted claimant's parents or guardians must send the Program's Third Party Administrator (the "TPA") proof of insurance coverage, documentation demonstrating the amount of the premium for the admitted claimant's coverage, and proof of payment of the premiums by the admitted claimant's parents or guardians. The request for reimbursement and the supporting documentation should be sent to the TPA, Benefit Plan Administrators, Inc. ("BPA") on a monthly basis. BPA's contact information is available on the Program's website at www.vabirthinjury.com.

If an admitted claimant's parents or guardians prefer to have the Program pay the premiums on an individual policy for the admitted claimant directly to the insurer, they must have the insurer send the invoices directly to Benefit Plan Administrators, Inc., instead. Again, BPA's contact information is available on the Program's website at www.vabirthinjury.com. Benefit Plan Administrators, Inc., must receive the invoices on a timely basis in order to avoid any lapse in coverage.

Reimbursement for, or Payment of, Benefit Claims:

After a claimant has been admitted into the Program, his or her parents or guardians must first submit all claims for payment through the private health insurer of the policy covering the admitted claimant. All terms and conditions of that policy must be complied with.

Only after the private health insurance company has denied the claim and any rights of appeal provided under the policy have been exhausted, or after the private health insurance company has paid the maximum allowable amount on the claim under the policy, may the admitted claimant's parents or guardians request reimbursement or payment from the Program.

To request reimbursement or payment from the Program for expenses of services performed on or after August 15, 2017 that are not covered by the admitted claimant's private health insurance policy, the admitted claimant's parents or guardians should contact the Program's Third Party Administrator ("TPA") for payments concerning the following types of benefits: requests for reimbursements for expenses of doctor's visits, hospital care, dental care, or previously-approved experimental therapies, for example. To request reimbursement or payment from the Program for expenses of items prescribed on or after August 15, 2017 that are not covered by the admitted claimant's private health insurance policy, the admitted claimant's parents or guardians should contact the Program's TPA for payments concerning the following types of benefits: requests for reimbursements for expenses of prescriptions, initial requests for durable medical equipment not covered by insurance, diapers, and prescribed over-the-counter supplies, such as formulas, probiotics, or supplements, for example. An admitted claimant's parents or guardians should also contact the Program's TPA for payments concerning an admitted claimant's co-pays or co-insurance amounts. Finally, if the request is for reimbursement of post-admission private health insurance premiums for an admitted claimant's individual policy, admitted claimant's parents or guardians should submit that request to the Program's TPA; or have the insurer send the invoices directly to the Program's TPA if the admitted claimant's parents or guardians prefer to have the Program pay the premiums directly to the insurer instead. The Program's TPA is Benefit Plan Administrators, Inc. ("BPA"). BPA's contact information is available on the Program's website at www.vabirthinjury.com.

For additional information and requirements concerning these benefits, the admitted claimant's parents or guardians should refer to 14VAC10-10-10 through 14VAC10-10-40, 14VAC10-10-60, 14VAC10-10-70, 14VAC10-10-90, 14VAC10-10-150(D), and 14VAC10-10-160 through 14VAC10-10-230 of the Virginia Administrative Code. (These regulations are available on the Program's website, and a copy of them is provided to the admitted claimant's parents or guardians upon the claimant's admission into the Program, as well.)

To request reimbursement or payment from the Program for nursing and attendant care, family care, housing benefits, vans, medically necessary mileage, certain taxes, attorneys' fees, postage, cell phones, therapeutic toys, augmentative communication technology, and funeral expenses, an admitted claimant's parents or guardians should contact staff at the Program, as specified on the Program's website. For additional information and requirements concerning these benefits, the admitted claimant's parents or guardians should refer to 14VAC10-10-10 through 14VAC10-10-30, 14VAC10-10-50, 14VAC10-10-80, 14VAC10-10-100 through 14VAC10-10-150(C), and 14VAC10-10-150(E) through 14VAC10-10-230 of the Virginia Administrative Code. (These regulations are available on the Program's website, and a copy of them is provided to the admitted claimant's parents or guardians upon the claimant's admission into the Program, as well.)

Disagreements:

If the Program's staff and Third Party Administrator ("TPA") cannot resolve a claim to an admitted claimant's parents' or guardians' satisfaction, the admitted claimant's parents or guardians may request that the Program's Board make a determination concerning the claim at its next meeting. An admitted claimant's parents or guardians also have the right to request that the Virginia Workers' Compensation Commission make a determination concerning the claim pursuant to Virginia Code § 38.2-5003. The Program's TPA and its Board will provide an admitted claimant's parents or guardians with notice of their right to appeal upon any denial of a claim. For additional information concerning resolving disagreements, the admitted claimant's parents or guardians should refer to 14VAC10-10-230 of the Virginia Administrative Code. (This regulation is available on the Program's website, and a copy of it is provided to the admitted claimant's parents or guardians upon the claimant's admission into the Program, as well.)

Medicaid Is the Payer of Last Resort.

If an admitted claimant continues to meet the eligibility requirements for Medicaid, then a claim can be submitted to Medicaid as follows:

For expenses covered by the Birth-Injury Act: A claim can be submitted to Medicaid if any portion of the claim remains unpaid after the claim has been processed by the admitted claimant's private health insurance and by the Birth-Injury Program, and if all other sources of payment have been applied.

For expenses NOT covered by the Birth-Injury Act: A claim can be submitted to Medicaid for secondary coverage after the claim has been processed by the admitted claimant's private health insurance, and if all other sources of payment have been applied.

This means that all claims must be submitted to the private health insurer; and the Program or the Program's Third Party Administrator, depending upon the nature of the claim and as described above; before any claim is submitted to Medicaid.