

USVI Title V/Title XIX Interagency Agreement

The revised Title V/Title XIX inter-agency agreement was submitted for review in calendar 2018. However, subsequent to the change in administration the documents have been resubmitted to the current Deputy Commissioner of Health for review and approval. It will then be vetted by legal counsel prior to being approved by the Commissioner of Health, after which it will be forwarded to the Department of Human Services for their approval.

The anticipated approval and implementation of the revised inter-agency agreement is the first quarter of calendar year 2020.

The current agreement and proposed draft are shared herein.

**STATEMENT OF AGREEMENT
TO ENSURE MAXIMUM COLLABORATION AND UTILIZATION OF THE NEEDS
PROGRAM UNDER THE VIRGIN ISLANDS STATE PLAN FOR MEDICAL
ASSISTANCE, TITLE XIX OF THE SOCIAL SECURITY ACT.**

I. INTRODUCTION:

As of this date, June 12, 1995, the Agreement between the MEDICAL ASSISTANCE PROGRAM (MAP) and the MATERNAL AND CHILD HEALTH AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (MCH & CSHCN) is updated to reflect both new Federal requirements and new programs and services in the Virgin Islands.

The purpose of this document is to record an agreement between the MAP Single State agency and the Maternal and Child Health and Children With Special Health Care Needs Program, and to implement provisions of Section 1902 (a) (11) (a) of the Social Security Act. Federal Regulations require written agreements between Title XIX, State Health Agencies and Title V, Public Health Services and clearly establish the working relationships and respective duties of the agencies involved.

II. MUTUAL RESPONSIBILITIES

- A. Coordination, strengthening, development and implementation of medical care services rendered to Children With Special Health Care Needs and other needy children up to 21 years of age, and mothers.
- B. Development of a Joint MAP/MCH Utilization Review Committee to consider amount, duration, scope, and quality of care service provided. Committee membership will include representatives from Division of Maternal and Child Health and Children With Special Health Care Need, and MAP. The committee will also make recommendations as to the improvement of the delivery of health services.
- C. Establishment of effective working arrangements whereby the best utilization is made of manpower and other resources available in rendering services for the benefit of the child's mother.

Newly. Pass your B, 11/15

C. Referrals and Billing Procedures:

The MCH & CSHCN will submit referral requests and claims for payment of services rendered on appropriate MAP forms:

1. The printouts will identify all claims on a monthly basis, and will reflect the agreed fee.
2. Requests for consultation and special services will be used at the point needed services are not available at the clinics or within the Health Department as a whole.
3. MA-5 will be used for arranging special dental services not available at MCH & CSHCN or at the government facilities.

Clinic Procedures for Billing MAP/MCH & CSHCN

1. The clinic will complete all appropriate billing forms previously mentioned.
2. The clinic will maintain a roster of all bills for services as follows:

<u>Control No.</u>	<u>Patient's Name</u>	<u>MAP#</u>	<u>Date</u>	<u>Amount Billed</u>
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Control numbers will be entered in consecutive order.

3. Upon completion of the Form, and after review by the Director of the clinic or his designee, all but the yellow copy is sent to the Bureau of Health Insurance and Medical Assistance.

The yellow copy is retained by the clinic.

Fees - Payment Plan:

Initial Visit-----	\$75.00
(Complete medical history and physical)	
Follow-up Visits-----	\$50.00

11/15/15

EPSDT package-----\$100.00

Pre-natal Profile-----\$125.00
(includes Type & Group, CBC, VDRL or ART,
Urinalysis, Sickle Cell Testing, Ruebella Screening)

- D. Development of an orderly referral system and follow-up services. Conduct studies to ascertain and determine the effectiveness of the working agreement, patterns for continued collaborative efforts, the quality of the specific services rendered, and to identify unmet needs and make recommendations regarding ways of meeting those needs.
- E. Inform respective applicants and recipients of the specific services available to them, and the procedures under which needed services can be obtained under the Maternal and Child Health and Children With Special Health Care Needs Program and the Medical Assistance Program.
- F. Confidentiality of information shall be maintained and safeguarded according to state Plan and Departmental requirements and regulations.
- G. Through periodic evaluation by a committee representative of staff of Medical Assistance, Maternal and Child Health and Children With Special Health Care Needs, the quality of duration and scope of services rendered will be reviewed.

III THE MEDICAL ASSISTANCE PROGRAM (MAP)

- A. Eligibility of medical assistance is determined at the Certification Unit, Bureau of Health Insurance and Medical Assistance. An MAP card is issued to each eligible recipient and is to be presented at the time services are rendered at the Maternal and Child Health and Children With Special Health Care Needs Program. For the purpose of those individuals who are referred by the clinics who do not present a MAP card and might be eligible, the Statement of Facts (See Attachment #1) will be provided by the Medical Social Worker and an appointment will be made for certifications.
- B. The Medical Assistance Program will make available to eligible recipients medical treatment and other health services normally or usually provided by the Maternal and Child Health and Children With Special Health Care Needs Programs. Medical services and care such as inpatient care, outpatient care, appliances, prostheses and other adaptive equipment will be among those services agreed upon for funding by Title XIX under the conditions specified in the agreement.

- C. If needed medical and health services are not available for eligible recipients in the Virgin Islands, the Medical Assistance Program will arrange for off-island travel to Puerto Rico or the Continental U.S. (See Attachment #2) Such specialized services are based on the completion of a referral form signed by the physician, and countersigned by the Director of the referring program, such as Pediatrics, Community Health, Maternal and Child Health and Children With Special Health Care Needs Program and approved by the Medical Assistance Program's Medical Consultant.

- D. Medical Assistance agrees to the funding of medical care and services for recipients also eligible under the Maternal and Child Health and Children With Special Health Care Needs Program for conditions not related to primary diagnosis (non-crippling illness), when such conditions are covered under the approved Title XIX plan. Necessary information will be submitted officially to the Medical Assistance Program by the Maternal and Child Health and Children With Special Health Care Needs Program.

IV. MATERNAL AND CHILD HEALTH AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM.

- A. The Maternal and Child Health and Children With Special Health Care Needs Program shall be responsible for early case findings, identification, registration and treatment of children with crippling and potentially crippling conditions.

- B. The Maternal and Child Health and Children With Special Health Care Needs Program shall be responsible for the provision of preventive and diagnostic health services for mothers, infants, and for children up to 21 years of age.

- C. The Maternal and Child Health and Children With Special Health Care Needs Program shall be responsible for the provision of treatment services related to crippling and potentially crippling conditions of children up to 21 years.

- D. The Maternal and Child Health and Children With Special Health Care Needs Program shall notify Medical Assistance of aggregate screening findings and shall maintain comprehensive clinic records.

available for Medical Assistance review and audit as needed.

V. SERVICES

- A. For care in the Virgin Islands, the MAP card will be used for billing purposes at the treatment site. The provider of services will be responsible to see that the recipient has a valid MAP card.
- B. For off-island care the services must be pre-authorized by Medical Assistance after review and approval of the referral by the Medical Assistance Program Medical Consultant. The Medical Assistance program will make all the necessary arrangements for medical, hospital appointments and travel, involving the patient and needed escort.

VI. PRENATAL SERVICES TO ELIGIBLE WOMEN

MAP will provide coverage for all pregnant women that meet the eligibility guidelines from the date of verification of pregnancy. Any woman eligible for and receiving medical assistance while pregnancy-related and post-partum services through the end of the month in which the 60 days post-partum period ends.

Staff will be utilized in Outreach Programs designed to encourage pregnant women to seek health care early in pregnancy. Emphasis will be placed adolescent outreach, and pregnant teenagers, low-income women, and high risk pregnant women.

These Outreach Programs will be coordinated with existing resources such as the Rural Health Outreach Program, Deliver Your Best, Answer, and Civic and Community Groups.

VII. THE EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT PROGRAM (EPSDT).

The Early and Periodic Screening Diagnosis and Treatment Program (EPSDT) is intended to assure that all Medicaid eligible children 0-21 receive a broad range of primary and preventive health services. Treatment will be provided for problems and conditions identified during the screening process and will be covered by MAP.

Dental Care, Immunization, Vision and Hearing Treatment, including eye-glass and hearing aids will be provided. Health Education and anticipatory guidance will be required components of the screening services. For reporting purposes, the periodicity schedule for medical examination will follow the general pattern of the Maternal and Child Health and Children With Special Health Care Needs Well Child Clinic Protocols, 4 visits during the first year of life, two visits during the second year of life, annual from age 3 years and annual to age 6 years. Thereafter, every two years until 21 years of age, this periodicity schedule will be revised and updated, adhering to recommendations of AAP, AFP, and other pertinent professional organizations. For Dental, Speech & Hearing, and Vision the periodicity schedule presently in effect is as follows:

Dental Services:

0-6 years : Every six (6) months, or twice a year.
6-21 years: Every six (6) months, or twice a year.

Speech and Hearing:

0-6 years : Once a year.
6-21 years: Once a year.

Vision:

0-6 years : Once a year.
6-21 years: Once a year.

Additionally, once a year a complete physical will be done on these eligible children, 0-6 years and 6-21 years.

A. MEDICAL ASSISTANCE PROGRAM

1. Determines eligibility of clients for the EPSDT Program.
2. At the time of application or re-application, informs individuals (parents/guardians) of the EPSDT Program and encourages their participation.
3. Distributes EPSDT material to parents/guardians.
4. Notifies the family to have immunization records and the results of their stool and urine specimens available when they have a schedule appointment at the Maternal Child Health and Children With Special Health Care Needs Program.

OUTREACH:

Through the collaborative efforts of the Department of Health, the Department of Human Services and the Voluntary agencies, a plan of continued EPSDT outreach and community education will be carried out. After the initial screening, the above will also collaborate on follow-up activities.

B. MATERNAL AND CHILD HEALTH AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAMS (MCH & CSHCN)

1. Develops contents, recommends frequency and standards of screening and follow-up services.
2. Insures availability of services for all eligible children at a projected minimum of 80% per year utilization rate.
3. Performs the required screening services as outlined below on all Medical Assistance Program children identified and interprets the screening results to families.

Health and Developmental History

Comprehensive physical and Developmental Examination

Urinalysis

Immunization as appropriate for the age

Sickle Cell testing

Nutritional Assessment

Tuberculin testing

Vision testing

Anemia testing

Laboratory procedures as appropriate

Speech and Hearing testing

Dental Services for all children over 3 years

4. Assist families in understanding and following prescribed recommendations and treatment, particularly when screening results are positive.
5. Assist families in locating and selecting appropriate medical and other community resources: arrange referral appointments as indicated for needed diagnosis, treatment and follow-up care.
6. Special attention will be given to the immunization schedule of the population group to insure that all EPSDT children are appropriately immunized according to age.
7. Notify MAP of aggregate screening findings and other information needed for federal reports and future health planning.
8. Notify MAP of missed appointments.
9. Assist in the completion on health history forms, and follow-up with families if patient has missed the screening, and other appointments.
10. Prepare MA-2 Billing Form and forward to MAP agency with all identifying and other necessary information.

C. REFERRAL, BILLING PROCEDURES, AND FEE SCHEDULES:

(See Attachment #3)

D. VERIFICATION OF MAP ELIGIBILITY

The clinic shall be responsible for verification of eligibility for MAP recipients who report for services by checking the expiration date noted.

Services must be rendered prior to that expiration date. Payment made by the Medical Assistance Program constitutes full payment for services rendered to the recipients of the Medical Assistance Program.

E. THIRD PARTY LIABILITY

The Maternal and Child Health and Children with Special Health Care Needs Program agrees to take reasonable measures to identify Third Party Resources (Private, Government Health Insurance, etc.) and seek reimbursement from responsible party before submitting claims to the MAP for reimbursement.

The Maternal and Child Health and Children With Special Health Care Needs Program agrees to attach a copy of the document from the insurance company or third party payers to an MA-2 Billing Form and bill Medicaid for only the deductible/co-insurance and for services not covered by the insurance. In addition, the Maternal and Child Health and Children With Special Health Care Needs Program agrees not to charge MAP for services that are free to everyone in the community.

CLOSING STATEMENT

Representatives of the Bureau of Health Insurance and Medical Assistance and Maternal and Child health and Children With Special Health Care Needs Programs enter into this Agreement with the mutual objectives of achieving both the best quality of care for Medical Assistance recipients and the maximum use of existing services.

Mavis S. Matthew, MD
Mavis L. Matthew, MD, MPH, Director
Maternal and Child Health and
Children With Special Health Care
Needs Program

6/9/95
Date

Priscilla Berry
Priscilla Berry, Director
Bureau of Health Insurance and
Medical Assistance

6/12/95
Date

Nathaniel George-McDowell, M.D.
Nathaniel George-McDowell, M.D.
Commissioner of Health Designee

6/9/95
Date

Attachment #1

**Medical Referral System of Patients Wishing
To Apply For Medical Assistance**

Procedures To Follow:

1. Patients wishing to apply for medical assistance can do so by completing the form: Statement of Facts for Medical Assistance as they wait for their clinic appointments.
2. The Statement of facts for Medical Assistance Form is submitted to the Medical Assistance Certification Office daily (Attention: Mrs. Prudencia Guishard, Supervisor, Medical Assistance Certification Unit, St. Thomas and Mrs. Paula Isaac, Supervisor, Medical Assistance Certification Unit, St. Croix).
3. Certification Unit workers will review the form and determine the documentation needed to complete the application.
4. Applicants must call for an appointment before coming to the Certification Unit. This step is very important to avoid applicants having to come back a second time because they do not have the necessary document.

BUREAU OF HEALTH INSURANCE AND MEDICAL ASSISTANCE

Consultation Request for Special Services for Medical Assistance Recipients

PATIENT'S NAME _____ MAP NO.: _____

BIRTH DATE: _____ SEX _____ EXPIRATION DATE: _____ HIB NO: _____

SPOUSE, PARENT OR GUARDIAN: _____ TEL. NO.: _____

ADDRESS: _____

PERSON AND ADDRESS TO CONTACT IN CASE OF EMERGENCY: _____

_____ TEL. NO.: _____

REFERRING AGENCY: _____ TEL. NO.: _____

BRIEF MEDICAL SUMMARY (including current treatment

SERVICE REQUESTED: _____

IF REQUEST INCLUDES PROVISION OF APPLIANCES, LIST PROVIDER, NAME, ADDRESS:

RECOMMENDATION AND JUSTIFICATION FOR SPECIAL TREATMENT: _____

PATIENT'S CONDITION: () AMBULATORY () OXYGEN () AMBULANCE () WHEELCHAIR
() ESCORT: _____ TEL. NO.: _____

DATE: _____

PHYSICIAN'S SIGNATURE

(COUNTERSIGNED) DIRECTOR OF SERVICES

DISPOSITION

() APPROVED () REJECTED REASON: _____

DIRECTOR, BHIMA

PHYSICIAN CONSULTANT, BHIMA
(Please write on reverse side of referral if additional space is needed)

September 2017

INTERAGENCY AGREEMENT BETWEEN

THE USVI DEPARTMENT OF HUMAN SERVICES MEDICAID ASSISTANCE PROGRAM &

THE USVI DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH/CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

1. PURPOSE

The purpose of this Interagency Agreement (IA) is to update the June 2, 1995 IA between the USVI Department of Human Services Medicaid Assistance Program (DHS/MAP and the USVI Department of Health Maternal and Child Health/Children with Special Health Care Needs Program (DOH/MCH/CSHCN. This written agreement between the two agencies is required by the provisions at Section 1902(a)(11)(A) of the Social Security Act and Section 509(a)(2) of Title V of the Social Security Act to establish the working relationships and respective duties of the agencies involved to ensure strong interagency coordination to ensure women and children receive needed preventive services, health examinations, treatments, and follow-up care.

2. BACKGROUND

The previous version of this agreement was signed in June 1995. At that time, the Medical Assistance program in the USVI was very different than the program today. Eligibility for the Medicaid program was limited, services were restricted by the limited base Medicaid cap available each fiscal year, and Medicaid claims for medical services were processed manually. The Department of Health (DOH) was called upon to play a much more hands-on role in the delivery of services to mothers and children, including children with special health care needs. As of 2009, when the transformation and expansion of the Medicaid Program began, there were only 9,000 eligible beneficiaries enrolled in the Medicaid Program.

However, beginning in 2010 the Medicaid Program embarked on a significant transformation of Medicaid program systems and the expansion of Medicaid coverage and services funded in large part by the additional Federal funding provided by the passage of the Affordable Care Act (ACA). Since that time, 5 phases of eligibility expansion have brought the current enrollment in Medicaid to over 28,000 with projections that ultimately enrollment will reach over 40,000 individuals. In August 2013 manual claims processing was replaced by a CMS-certified Medicaid Management Information System (MMIS) under a contract with Molina Healthcare in partnership with the State of West Virginia. Beginning in 2017 the legacy eligibility systems for Medicaid (VIMS) and SNAP and cash assistance (CARIBS) are being replaced by the integrated Virgin Islands Benefit and Eligibility System (VIBES).

The net result of this transformation of the Medicaid Program has been to redefine the role of the DOH and its affiliated clinics as providers of Medicaid supported services within this new automated, data-driven, and expanded Medicaid environment. In addition, to continuing to work collaboratively to provide much needed medical services to the VI community the DHS looks to DOH to continue and/or expand their new roles in:

- a. Care Coordination
- b. Presumptive Eligibility
- c. Utilizing Information Technology

3. MUTUAL RESPONSIBILITIES

- a. Coordination of the services rendered to CSHCN, children under the age of 21, mothers and infants.
- b. Specifically, this Agreement will define the roles of the clinics operated by the Department of Health in:
 - i. Providing medical services to mothers, children, and children with special health care needs,
 - ii. Providing outreach and presumptive eligibility to assist these clients to access the Medicaid Program, and
 - iii. Provide Care coordination services to establish a Medical Home for the Medicaid patients who are served at the DOH clinics.
- c. The DHS will work with DOH to maximize and claim federal reimbursement under the Medicaid Program for those medical services provided by the DOH clinics.
- d. The DHS will provide training, assistance, and Medicaid eligibility system support to DOH to enable them to carry out those activities identified in (i), (ii), and (iii) above.
- e. The DOH will work with DHS to perform an assessment of current healthcare activities in the VI to include; eligibility and enrollment, coverage and insurance benefits and gaps, provider networks and network adequacy, continuity of care, and improving partnerships among Medicaid, CHIP, MCH, private providers, and stakeholders and make recommendations for program improvements in all areas.

4. DUTIES OF THE DEPARTMENT OF HEALTH

The Department of Health shall:

- a. Maintain provider enrollment in the Medicaid Program for all DOH clinics and performing providers according to rules and regulations issued by the Centers for Medicare and Medicaid Services (CMS) the DHS, and its agents VI Equicare, and Molina Healthcare.
- b. Submit claims for services provided to Medicaid beneficiaries according to fee schedules and billing instructions provided by DHS and Molina Healthcare maximizing use of the online claims submission system through the MMIS.

- c. Ensure that other third party insurance for Medicaid eligible clients is billed prior to submitting those claims for Medicaid reimbursement.
- d. Provide all medically necessary services (including immunizations, lead screening, STDS, oral health) for Medicaid eligible children and CSHCN as required under the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.
- e. Provide all medically necessary services for woman and infants including high risk pregnant woman and post-partum woman.
- f. If needed medically necessary services for Medicaid eligible clients are not available within the VI work with DHS to arrange for off-island care including appropriate travel and lodging arrangements in accordance with Medicaid and DHS program requirements.
- g. Provide care coordination services as the Medical Home for each of the Medicaid clients assigned by DHS to a DOH clinic.
- h. Provide referrals to Medicaid eligible clients for eligible Medicaid services provided by Medicaid private providers according to the Medicaid referral guidance and procedures provided by DHS and Molina Healthcare.
- i. Maintain all protected health information (PHI) in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations and policies.
- j. Participate in all auditing and rate-setting activities required by DHS or its agents including maintaining all necessary supporting documentation in accordance with Federal Medicaid requirements and providing such documentation upon request.
- k. Provide the required local Medicaid matching funds for all allowable DOH claims for Medicaid services.
- l. Provide assistance to all patients seen at the DOH clinics with accessing Medicaid eligibility, including performing presumptive eligibility (PE) and helping DHS to ensure that PE eligible clients are screened for full Medicaid eligibility.
- m. Include in all DOH outreach activities for DOH programs Medicaid outreach information to support DOH outreach activities to the VI community.
- n. Maintain systems interoperability with DHS and the USVI Bureau of Information Technology (USVI-BIT) to ensure the ability of DOH and DHS to exchange healthcare information on their client populations.
- o. Work with DHS to expand the use of information technology to monitor and improve health outcomes.
- p. Work with DHS to establish health quality measures and monitor those measures to ensure that good health outcomes are being achieved.

5. DUTIES OF THE DEPARTMENT OF HUMAN SERVICES

The Department of Human Services shall:

- a. Timely enroll all qualified DOH clinics and performing providers in the Medicaid Program.
- b. Provide necessary training and regular updates on billing instructions, claims processing and fee schedule adjustments directly or through its agent, Molina Healthcare.
- c. Process all valid claims submitted by the DOH clinics timely according to the federal Medicaid requirements for timely claims payment.
- d. Provide clear policy information and directives to DOH on Medicaid eligibility, reimbursement, and coverage policy issues.
- e. If needed medically necessary services for Medicaid eligible clients are not available within the VI work with DOH to arrange for off-island care including appropriate travel and lodging arrangements in accordance with Medicaid and DHS program requirements.
- f. Maintain data through its agent, Molina Healthcare, to monitor compliance with EPSDT program screening requirements.
- g. Provide program guidance, training, and reimbursement for the care coordination activities provided by the DOH clinics on behalf of the MAP beneficiaries assigned to each clinic.
- h. Monitor the utilization of referrals provided to MAP enrolled private providers by the DOH clinics acting as the Medical Home for their assigned panel of MAP beneficiaries.
- i. Conduct audits and Medicaid cost reconciliation as required.
- j. Provide training and systems support to allow the DOH clinics to perform presumptive eligibility for the Medicaid Program and assist DOH in ensuring that qualified PE eligible clients are enrolled in the full Medicaid Program.
- k. Work with DOH and USVI BIT to maintain System interoperability for:
 - a. Medicaid presumptive eligibility, and
 - b. Expand the use information technology to monitor and improve health outcomes
- l. Work with DOH to establish health quality measures and monitor those measures to ensure that good health outcomes are being achieved.

6. MATERNAL AND CHILD HEALTH AND CHILDREN WITH SPECIAL HEALTH NEEDS PROGRAMS (MCH AND CHSCN)

The Department of Health and the Medical Assistance program shall work together to support the goals of the Title V MCH and CHSCN programs. The agencies shall achieve these goals through the establishment of Medical Homes at the DOH clinics for both Medicaid-eligible and non-Medicaid children. For Medicaid-eligible children these goals shall be reflected in the EPSDT program.

- a. Develops contents, recommends frequency and standards of screening and follow-up services.
- b. Insures availability of services for all eligible children at the projected minimum of 80% per year utilization rate.
- c. Performs the required screening services as outlined on all Medical Assistance Program children identified and interprets the screening results to families.
 - i. Health and Development History
 - ii. Comprehensive physical and Developmental Examination
 - iii. Urinalysis
 - iv. Immunization as appropriate for the age
 - v. Sickle Cell Testing
 - vi. Nutritional Assessment
 - vii. Tuberculin Testing
 - viii. Vision Testing
 - ix. Anemia Testing
 - x. Laboratory procedures as appropriate
 - xi. Speech and Hearing testing
 - xii. Dental services
 - xiii. Assistance to families in understanding and following prescribed recommendations and treatments, particularly when screening results are positive
 - xiv. Care coordination, including locating appropriate medical and community resources
 - xv. Special attention will be given to the immunization schedule of the population group to ensure that all EPSDT children are appropriately immunized according to age
 - xvi. Notification to all MAP beneficiaries about screening finding and other information needed for federal reports and future health planning
 - xvii. Notification to MAP of all missed appointments
 - xviii. Assistance in the completion of health history forms, and follow-up with families if a patient has missed the screening, and other appointments

- xix. Submit medical claims to the Fiscal Intermediary for MAP (Molina Healthcare) using the required claim forms and including all the required identifying information

7. PROTOCOLS AND COMMUNICATION

Both agencies agree to provide mutual support and communication to ensure the successful accomplishment of the tasks outlined above. This shall include prompt communication about changes in program requirements between the two agencies, whether arising from changes to Title V or Title XIX of Social Security Act, or any other federal policy or regulation. The agencies also agree to meet at least quarterly according to a mutually agreed upon schedule to discuss any issues that may have arisen and to promote an ongoing culture of partnership and collaboration.

CLOSING STATEMENT

Representatives of the Department of Human Services Medical Assistance Program and the Department of Health Maternal and Child Health and Children with Special Health Care Needs Program enter into this Agreement to achieve the highest quality of care for Medicaid and MCH clients through the appropriate use of Medicaid-covered services provided in the most efficient and effective manner.

Director, MCH and CSHCN Programs
USVI Department of Health

Date

Director, Medical Assistance Program
USVI Department of Human Services

Date