

>> And he is the Director of Medicaid, you know?

Every week, we try and bring guests onto our program that really can help educate our listening audience and the territory on benefits and different things that really affect the disabled community, but not just the disabled community, the community as a whole.

So we have the elderly and those who are eligible for Medicaid, I'm hoping that you have pen and paper today because there's a whole lot that you're gonna learn about and wants to be shared with you today.

So my guest today is Gary Smith, and is the Director of Medicare Programs in the territory.

Good morning, Gary.

>> Good morning, Julien.

Thank you for inviting me here today.

Good morning, listening audience.

I'm glad to be here with you today.

>> Okay, thank you.

Well, you know, a lot of people have this question of "What is Medicaid?"

>> Medicaid, Julien, it provides health coverage for millions of low-income Americans, and here in the territory.

It's approximately 27 people that are in our roles.

It's administered by states and/or territories according to federal guidelines, and the program is funded jointly by the state's territories and the federal government.

You spoke about eligibility.

We have different eligibility categories, and each one of them have a different matching rate.

So, for instance, your childless adults or single adults, the matching rate for that category is 90.1% and 9.9% local, where

for being categorically eligible, the matching rate for that is 55% federal and 45% local.

So the Medicaid program will provide healthcare services and needs across the board -- doctor's visits, vision care, dental care.

So it's basically a small insurance company, and there is no cost to the members of the program.

>> Wow.

So how is it relevant to the average Virgin Islander, the person who doesn't have a great job, probably doesn't have insurance coverage on their job? How is that relevant to that average Virgin Islander as to qualifying for Medicaid?

>> Thank you for that question.

How it's relevant to Virgin Islanders and citizens of the Virgin Islands is if you income, as a single adult, is \$15,654 or less, and you're a citizen of the Virgin Islands --

Let's say you're a legal alien living here at least 5 years, you qualify for the program, providing some additional documents.

So before, that eligibility income used to be \$13,753.

So back on April of last year, it was increased to \$15,654, and just to view a couple of examples.

So, a single person with an income of \$15,654 would be eligible.

A household of two, \$21,080.

A household of three, \$26,506.

A household of 4, \$31,931.

So I have a table here which outlines the different household size and the income levels that apply to certain households that I can leave with you.

So from once the program started, it has evolved and changed tremendously.

>> Wow, that is really great to know because I thought it was really individuals that probably didn't have any income or hardly any income at all, you know, an individual that's making \$5,000 a year.

And to see that you're at that level, especially for a family, I think that is really great.

So what happens when a person is the denied?

If they go through applying, what is then the appeal process?

How would a person determine -- When they apply and they are denied the services for whatever reason, what is told to them?

How is that process?

How does that process work?

>> Well, our eligibility and enrollment supervisor, they can advise that they want to challenge their denial.

So then what would happen is the eligibility supervisor would review the case.

If the individual is not pleased with the eligibility and the enrollment supervisor's decision, they can ask to speak to the Executive Director or the Director, which is myself.

I would review the case.

If it's still not in favor of the applicant, the applicant can still request a hearing, and our commissioner, in conjunction with our Deputy Commission of Human Resources and Labor Relations would assign a hearing officer to hear that.

>> Okay, so then if that decision is made, you actually have a structure that actually controls that.

Would you say you have these options -- if you're denied, you have these options -- so they know of the options?

>> Well, what would happen is -- Let's say that they were receiving services.

Medicaid would continue to pay for those services, you know. We have to make a decision within 60 days.

>> Okay.

>> And so let's say that we were paying for the services during the period that the hearing and the review process going on, and the decision came back not in favor of the applicant.

The applicant would have to pay the program back.

>> Oh, okay.

>> Okay?

>> So, I mean, the other options would be to provide them information, which some of the other programs that Human Services offers in addition to other agencies in Virgin Islands government.

>> Okay, we're gonna take a short break, but remember, this is "Ability Radio."

It's a call-in talk show.
779-1079.

We have a great guest -- Gary Smith, the Director of Medicaid. Thank you.

>> We got to make this land a better land than the world in which we live.

And we got to help each man be a better man with the kindness that we give.

Yes, we can, can.

Why can't we?

If we want to get together, we can work it out.

I know we can make it.

I know that we can.

I know darn well we can work it out.

Oh, yes, we can.

Yes, we can can.

>> Welcome back, and this is "Ability Radio - You and Your World."

My name is Julien Henley.

I'm your host today.

Our hosts are Archie Jennings and Iris, not in-studio today.

So, once again, this is a

call-in talk show, and the number is 779-1079, and we're gonna continue with our conversation with our guest, Mr. Gary Smith.

As you take notes, you will see that there's so much that can make a difference in so many individuals' lives in the territory, as we look at services that they provide.

So, who picks the medical service providers, as to being eligible with the Medicaid program, Mr. Smith?

>> Okay, Julien.

So, our program is a program -- I want to preface, provide this information before I answer the question.

>> Okay.

>> The Virgin Islands Medicaid program, along with all of the other territories -- Guam, Puerto Rico, the Mariana Islands, American Samoa -- our programs are capped Medicaid programs.

>> Okay.

>> So we only receive a set amount of funding from the federal government each year, whereas the states, their programs are open-ended. So Florida can get, for example, for instance, \$100 million for Fiscal Year 2018.

They can spend that money in six months.

They can write a letter to the federal government and get another \$300 million.

We don't have that option.

>> Okay.

>> Also in the States, they have freedom of choice.

You know, in other words, they can go to any provider they choose.

We are a way from having to adhere to that because of our programs being capped.

>> Wow.

>> So our process here in the

Virgin Islands is you have to visit one of the government clinics -- the FQHC, St. Thomas East End, Frederiksted Health Care, the Department of Health Clinics, or one of the hospitals, and then if you need to visit a specialized -- or you require additional care, you would need to get a referral from one of those facilities to visit an OBGYN, to visit an orthopedic surgeon, to visit a vision specialist.

>> Wow. Okay, great.

>> Okay, we have a caller on the line.

Caller?

>> Good morning.

Hello?

>> Can we try again?

>> Yes, I can.

>> Good morning, caller.

>> Good morning.

Can I speak to the Director?

>> Good morning.

>> Gentlemen, good morning.

I have a question for the Director.

>> Yes, go ahead.

>> How long does it take to get approval from your offices in St. Thomas to help our disabled senior with a prosthetic leg?

Because I sent in my application, everything to St. Croix, boxed everything to who's responsible for prosthetic legs in Puerto Rico, and they got in contact with a Ms. Richardson, and she said he got around.

It's been a year and two months.

They are not returning calls.

I've sent e-mails, I've sent our letters -- everything.

>> Okay, thank you for that question, sir.

Usually -- So, it seems like that you mentioned Ms.

Richardson's name.

>> Yes, that's the name the people in Puerto Rico gave me that they've been in contact

with.

>> Okay, so, it seems like the facility or agency in Puerto Rico is not currently enrolled with the program.

So what I can do for you, sir -- I do not have any specific information regarding your case. What I can do, if you can give the gentleman who answered the call your telephone number and name, and I will make contact with you after the show, and I will ensure to find out exactly what it is that's going on with your case, and we will be able to provide you with some explanation next week.

>> Okay.

>> Okay?

>> Okay.

>> All right, thank you, caller. That's a great question, Gary.

>> Yeah.

>> And so talking about providers, you know, it's really good to see that once you have that referral, then, at that point, you have the ability then to seek services that's not provided.

If you need a new surgeon to do whatever and you have one here, then you have the right to then...

>> Yeah.

Yeah, and so what I would also like to add, Julien --

So, what we're in the process of doing is working on implementing care management, and what care management will involve is we're going to transfer the responsibility of managing the care of our members to the FQHC, St. Thomas East End, which are federally qualified health centers.

St. Thomas East End and Frederiksted Health Care, the Department of Health Clinics, they will be responsible for managing the care of our members.

So we have members that, for instance, visit the community health clinic at Schneider Regional.

The community health clinic will become their primary care provider, and the community health clinic will be responsible for managing the referrals, thereby eliminating our members having to come back to us to receive an authorization to go and visit that specialized physician.

>> So, in other words, you're taking your program to a customer service level program.

>> Yes, we want to streamline the process and also make access to care a lot easier.

>> Okay, because that's one of the things that you would hear, and I know, even in the States, you would hear that individuals lose their jobs and they go and apply for Medicaid, and they get the services within a short period of time.

>> Mm-hmm.

>> Okay. Caller?

>> Hi. Good morning, Iris.

>> Good morning, Iris.

>> Good morning.

I really appreciated you talking about how the Medicaid program in the territory is capped and that there's no freedom of choice for providers to go to a new provider that the beneficiary would like to go, unless they go through the process.

But I think that, Gary, it would be good if you can explain the mandatory versus optional services because there's, too, limits on some of the choices that Medicaid beneficiaries, under state jurisdiction, have because of the cap.

We can't afford to pay for a lot of other services that other states are receiving.

So I really appreciate you being

on the show and look forward to having you on again eventually.
>> Well, Iris, first of all, it's good to hear from you, and we were playing phone tag and visit tag and all sorts of stuff -- couldn't catch up at all, but I really appreciate you having me, and right now, services are available.

You know, one major challenge that we have here in the territory is the lack of providers.

>> Yeah.

>> The specialty providers to provide certain and specific services are not available so, you know, what then happens is we go through the process of locating a physician and/or a facility off-island.

>> Mm-hmm.

>> So you know our State plan tells us that we have to locate the closest facility.

>> Right.

>> So if you're living in St. Croix, we're gonna check St. Thomas.

You know?

St. Thomas doesn't have that service, we move on to Puerto Rico.

Puerto Rico doesn't have that service, then we move on to South Florida.

So there are a lot of the services that are covered, but sometimes they're just not available.

>> I remember one time when I was in the Medicaid program, working for the Medicaid program, durable medical equipment for Home Health Services weren't available, but I see that you've included Home Health Services now.

I think you've included them, which is a great thing because a lot of people, especially the elderly need it.

>> Yes, and, you know, I'm glad

that you mentioned that.
We are in the process of
expanding those services in our
program.

We have started the process,
have had a couple of meetings,
so what that's gonna require,
though, is for us to amend our
state plan.

>> Yeah.

>> You know, our state plan is
like our insurance policy.

>> Mm-hmm.

>> Like Cigna has their
insurance policy.

So we are gonna expand those
services, especially targeting
the elderly and disable
population because those are
services that are desperately
needed here in the territory,
especially since they have been
magnified after the two storms
last year in September.

>> Mm-hmm. Absolutely.

And for the listening audience,
they need to understand that
when you're in the process of
implementing some of these
services, you have to go through
that process with the federal
government and justify why you
want to do that.

So it takes a while for you to
be able to implement those
services that are really needed.

>> Yes, and thank you for
mentioning that, Iris, but, you
know, however, I think that we
are in a good situation right
now because of the two storms.
It provides opportunity for us
to have things expedited and
fast-tracked.

So we're gonna be working
diligently to get those
additional home care services in
place and then the Care
Management Program that I
mentioned earlier.

We're working feverishly to roll
that out and get that going
ASAP.

And I will also like to add

because of the storms, you know, the authorization process has been waived.

>> Oh, wow.

>> So if a member of ours needs to visit a specialized physician to receive specialized services, they no longer need to come to the agency to get that authorization like they had to do before the storm.

They can just take the referral and get their appointment and visit the physician that they need to visit.

So that has been going on -- Matter of fact, that went into effect September the 6th.

And, also, the gentlemen that called about the provider in Puerto Rico, who I'm assuming can provide him what requires.

The full credentialing process of credentialing providers has also been waived, so we're taking advantage of that opportunity to fast-track and get providers enrolled into the program to better serve the community and our members.

So there are so many things going on, Iris and Julien, and I hope that I have the opportunity to come back and speak with you guys again.

>> Well, I'm sure Julien will make sure of it.

But thank you so, so much for being on this journey.

We appreciate you.

Thank you.

Thanks, Julien.

>> Thank you, Iris.

>> Thanks so much, Iris, for calling in.

So, you know, that conversation was really great.

It leads me to one other question.

So, if you have a medical situation where you have to be evacuated or taken off-island, or that physician is off-island and you're gonna be traveling,

do you have a caregiver that can join with you, how does that work?

Can you take along someone that would be a caregiver with you and have coverage through Medicaid?

>> Yes, and that would have to be -- in other words, whatever the condition or diagnosis is, it would have to be medically necessary for the caregiver. The person can't mobilize on their own.

They would need assistance. So the program would pay for those services -- I mean, for that person to accompany our member to go and receive the services.

>> So it would cover what services?

It would cover the airfare?

>> It would cover airfare, hotel.

We're looking into being able to expand those types of services. It would cover transportation. Like I just mentioned to you before we came on the show, non-medical emergency transportation.

So those are the services that are covered under the program when traveling off-island.

>> Wow.

Okay, and when you look at other area of this program, and since the income levels have changed, especially changed tremendously, how many on MAP -- M-A-P -- and of this number, how many are disabled?

How many are blind?

Of those two categories, do you have a number through your services that actually disable the blind?

>> Yes.

So, right now, at the end of May, we have approximately 26,000 members.

When I looked yesterday, we were up to, I think, about 26,700.

So hopefully by the end of the month, we'll be at 27,000, and at the end of May, the same period, we had 2,139 aged persons, and blind and disabled was at 936.

>> Wow.

>> But that number will increase.

There were some issues with our data system and the interface between our data eligibility system, getting information to the other system, the interface, so on and so forth.

I can provide you updated numbers on a monthly basis if you would like to receive that information, Julien.

>> All right. Great.

You know, I know being involved with the recovery process, especially Disability Rights Center opening their doors to you, allowing individuals, seniors and individuals with disabilities after the storm to register for FEMA, we actually ran into lots of cases where there was a big demand for hospital beds that were durable medical equipment that was damaged in the storm, where FEMA was providing support in getting some of those equipments, but the turnaround time was a concern, although they did have grants and individuals that provided equipment and donated equipment to FEMA, you still had a large shortage of individuals.

Where is Medicaid in that program?

So, that process --

You know we're prone.

We're in hurricane season.

Something happens, do you have a faster turnaround time that can aid individuals with durable medical equipment?

>> Julien, we try our best to expedite any types of requests that we receive.

Again, I'll go back to the gentleman calling about the prosthetic leg.

So, you know, that's not available here in the territory. So then, you know, a provider was located.

However, the provider's not enrolled in the program.

So that also has a process.

So, you know, we do have some challenges and barriers in being able to provide services for the lack of providers here on the ground that we'll be able to provide those DMEs that members or citizens here in the Virgin Islands require.

So those are some of the things. And then, you know, subsequent to the storms, I think it has become more difficult as to being able to get the necessary supplies here, you know, that we need and require.

>> And with the reimbursement rates.

Do we have a reimbursement rate that changes, or when it comes to durable medical equipment, do you have a reimbursement to say that it's 100%, it's 90% -- does it depend on your income? Is that a moving rate that you have based on reimbursement for that 100%?

>> The Medicaid rate -- the Virgin Islands Medicaid rate is the Medicare reimbursement rate. So whatever rates our Medicare program here in the Virgin Islands pays, the Virgin Islands Medicaid pays.

>> Wow.

Okay.

So when we look at other programs, and I know while we were off-air, you were talking about things that are being rolled out.

What I'd like to do is give you an opportunity to talk about anything that you have that's exciting, great news for the

public that you have rolled out within the last couple months or year, whatever you feel passionate to talk about.

>> Well, what I need the public to know is that the income thresholds have been increased, and I did not mention about the increase of the income threshold for the aged, blind, and disabled, which is for a single adult, that's now \$20,833.

For a household size of two, it's \$28,054.

For a household of three, it's \$35,274, and for a household of four, it's \$42,495.

You know, we need our citizens to know, especially with a lot of the hotels and tourist-based businesses closing down, folks have lost their employer-sponsored healthcare. The Medicaid program is ready, able to get these persons on the Medicaid program so they can have some type of healthcare. Healthcare is very important. You know, I can give you a personal example.

About three years ago, you know, we almost lost my dad, and if he did not have healthcare, more than likely, we would have lost him because he would not have been able to receive the necessary care that he really needed to receive.

You know, we had to fly him off-island a couple of times, you know, to Puerto Rico, and eventually to Florida.

So having the healthcare, being able to hire an air ambulance, which our program pays for that, as well, and if our members have to be air-lifted out of the territory to Puerto Rico or to wherever, our program covers that cost.

So, you know, having healthcare is very important.

The one program that I'm very

excited about right now is the Care Management Plan that we're trying to implement.

We hope that we can get that done within the next 30 to 60 days.

That will definitely open up access to care for our members.

You know, we're in the process of hiring some new employees.

We've been able to do that through the passing of the bipartisan budget act in February, which afforded us -- I think it's an additional \$142.5 million in federal dollars.

That's disaster dollars, and they have waived our matching requirement.

So all of our Medicaid expenses right now except for CHIP -- and CHIP is the Children's Health Insurance Program -- are able to be paid at 100%.

So those are exciting things that are happening right now.

We've seen an increase in our off-island transfers because of the fractured healthcare infrastructure here in the territory.

The two hospitals are operating at minimal capacity, and speaking to my Special Services Nurse Coordinator yesterday, we've been averaging about 8, 9, 10 transfers per month.

We're up to 16 this month.

I believe -- I'm not certain, don't quote me, but I believe that the operating room at Juan Luis is non-operation now.

I'm not sure, but, you know, that would be a reason as to why we've seen an uptick, an increase in our off-island transfers from 9 to 16.

You know, we have the funding in place.

We need to increase our numbers.

We believe that there's approximately about 15,000 to 20,000 persons out there that are eligible for the program,

and we want to, you know, visit one of our offices in St. Thomas End or St. Croix and sign up and become a member of Medicaid.

>> And we will talk a lot about that sign-up when we get back. Remember, this is "You and Your World -- Ability Radio."

We got to make this land a better land than the world in which we live.

And we got to help each man be a better man with the kindness that we give.

I know we can make it.

I know that we can.

I know darn well we can work it out.

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Oh, yes, we can. I know we can can.

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>> Welcome back St. Thomas, St. John, St. Croix.

You're listening to "Ability Radio -- You and Your World."

I'm Julien Henley.

I'm here with my guest today, Mr. Gary Smith, the Director of Medicaid, and we've been sharing a lot of great information and a lot of great program that are really in place to assist individuals in our territory, and you talked a lot about even those that lost their jobs.

I know that right after the hurricane, we were working with an EPOP program.

It was an emergency prescription program to get individuals who didn't have no types of insurance to be able to get prescriptions and to see that opportunities are there for them to be able to go and apply for the Medicaid program to assist.

I know that there's been talks about different things with Medicaid, and one of the questions I had for you was for individuals who are not legal citizens in the territory, do they qualify for Medicaid services?

>> No.

At this moment, no, they don't. And I would have to verify this, but I believe that an illegal pregnant lady may qualify for services in emergency situations.

Other than that, we do not provide coverage for illegal residents.

>> Okay, and you talked a lot about staffing and being able to hire staff.

I think that's a great thing because our employment levels are high.

A lot of individuals lost their jobs.

Is there certain types of positions that you have open now, and where would people apply if they were interested in being employed?

>> Okay, well, we do have at least 18 new positions posted. However, you know, I spent the last three days --

Wednesday, Thursday, Friday -- in St. Thomas and St. Croix, interviewing.

We interviewed, I would say, approximately 20 to 25 persons for some outstation worker posts we're going to have, DHS Medicaid staff posted at each of the hospitals, which we already have persons at the hospitals, and we're gonna have persons at the Department of Health clinics.

We're gonna have persons at the Federally Qualified Health Centers -- St. Thomas East End and Frederiksted Health Care -- and then what these persons are gonna be responsible for is,

one, providing support to those staff, the hospital staff, the clinic staff who are gonna be performing presumptive eligibility.

They're also gonna be converting those presumptive eligibility applications into full determination applications.

In other words, presumptive eligibility is something that was established by Medicaid years ago for hospitals to cover uncompensated care.

>> Persons who come and are uninsured, you presume them eligible for Medicaid by self-attestation.

You know, you ask them the questions, they provide the information, you enter it into the system.

The system would determine if they're eligible or not.

After the presumptive eligibility process, you know, it's encouraged to get them on the program full-time, or for 12 months because presumptive eligibility is only once every 12 months.

>> Oh, okay.

>> So once you do it, you can't do it again until 12 months after.

So it would be recommended to try and get on the program, especially if you did apply for the presumptive eligibility.

So our outstation workers are going to be turning those applications into full applications, and then also persons that live in the immediate surrounding areas can visit those sites to re-certify and even do a new application.

>> So where are your locations, as far as medical locations, on all three islands?

If you don't have the exact number of the address, what area on all three islands?

Individual ones.

>> Okay, so here in St. Thomas, we're located at the Knud Hansen Complex.

>> Okay.

>> In St. Croix, we are located at the Mars Hill location in Frederiksted, and in St. John, we're located in Cruz Bay in the area adjacent to the Wells Ball Park.

>> Okay.

>> Okay.

And we also have an outstation worker located at Schneider Regional Medical Center.

>> Okay.

>> And we also have one located at Juan Luis Hospital.

So we're really trying to get the outstation workers on board in St. Croix because the island is so large, and we only have one location -- our Christiansted location.

Due to the storms, the location has been condemned, so everyone has to go traverse down to Mars Hill in Frederiksted.

So persons who live in the surrounding area in Christiansted can visit the outstation worker at the Juan Luis Hospital to re-certify or do a new application, and we're trying to get a couple more outstation workers in place in strategic locations in St. Croix, as well as St. Thomas.

>> And I know you also talked right before we went off-air, you talked a little bit about Care Management.

>> Mm-hmm.

>> And I think you wanted to expand a little bit more, I'm not sure.

As far as Care Management, how is that making Medicaid a better program by having a Care Management program in place?

>> Well, you know, a couple of reasons, Julien, and thank you for the question.

It, number one, provides a

health home for our members,
which in our members already
visit these clinics on a regular
basis to receive their services.

So that specific clinic will
become their health home.

You know, the physicians, the
nurses, the support staff will
be working with our members to
manage their care.

We were gonna be taken out of
the picture -- when I say "we,"
meaning the Medicaid Human
Services staff as far as their
care is concerned.

So we're leaving the managing of
their care, their health care,
to the professionals who know
the business.

I like to -- I'm a person that
if I need some plumbing done,
I'm gonna call a plumber, I'm
not gonna try and do it myself.
So it's also gonna provide
better access to care and also
help prevent other major events
for all members happening.

So if we can get more
preventative care, we prevent
long-term ailments and
Diabetes, Hypertension -- those
things need to be maintained.

>> All right, thank you, and
we're going for our last break.
Remember, this is "Ability
Radio -- You and Your World."
Thank you.

>> I know we can make it.

I know that we can.

I know darn well we can work it
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>> Welcome back.

This is our last stretch.

"Ability Radio -- You and Your World."

I'm Julien Henley, and I'm here with my special guest from Medicaid, Mr. Gary Smith, the Director.

You know, we covered a lot of things, a lot of information, and I think that like you said when you first opened, you feel that you have more information, and we're hoping to get you back as a guest in the future because this makes a difference in the territory.

Healthcare that's available for citizens, especially those who thought they weren't qualified. Your income levels have changed. This brings a whole volume of citizens who don't have insurance, working in the industry, need healthcare.

Now they have an opportunity to go through a process, at least, to be taken care of with all the things that they might need, and if there are no professionals within the clinic that served that level of injury or concern that that person had, they didn't have that opportunity to move on into being reviewed by a physician that would be able provide that service.

And looking all the different things that we covered today, you know, it just really brings me to the point of saying, you know, thank you for being on this show.

I think that shared a lot.

I think I'm hoping our listening audience was taking notes and really preparing themselves if they have questions.

Is there any call-in number?

Where would individuals --

If they had questions, where would they call to learn a little bit more about your

program?

>> Okay, so our number here in St. Thomas is 774-0930, and you would ask for the Medicaid Unit. On St. Croix, 772-7100.

You know, also, Julien, I'd like to finish up --

Iris had asked about the optional services, and we do cover all optional services, and the main one is medications, and we also cover DME, and our Home Health is through certified providers.

So your person providing any type of services at home has to be certified -- an LPN, an RN, those types of professions.

As I indicated, you know, our income threshold has been increased both for children, pregnant women and infants, parents, single adults, the aged, blind, and disabled.

So we want to encourage the people of the Virgin Islands, you know, if you have no health insurance, if you think you don't qualify, come in and apply.

There are some different types of tests, you know, spend-downs. Let's say if you had some services provided three months ago, and you come in and you're eligible for Medicaid, you know, we would be able to pay for those services that you had three months prior to be eligible.

>> All right.

Thank you so much, Mr. Smith, for being on our radio.

This has been a great day.

We're looking forward to having you and others from the Medicaid program back on our show.

We will definitely work on that schedule as we have so much more to cover when it comes to healthcare in the territory. Thank you.

This is "Ability Radio" sponsored by Disability Rights of the Virgin Islands.

My name is Julien Henley,
and you have a great weekend.
Thank you.

>> We got to make this land a
better land than the world in
which we live.
And we got to help each man be a
better man