

[ The Pointer Sisters'  
"Yes We Can Can" plays ]  
>> Now's the time for all good  
men to get together with one  
another.  
We got to iron out our problems  
and iron out our quarrels and  
try to live as brothers.  
>> And try to find peace within  
without stepping on one another.  
>> And do respect the women  
of the world.  
Remember you all have mothers.  
>> 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.  
>> Oh, yes, we can.  
I know we can can.  
Yes, we can can.  
Why can't we?  
If we wanna, yes, we can can.  
>> I know we can make it work.  
I know we can make it if we try.  
>> Oh, yes, we can.  
I know we can can.  
Yes, we can.  
>> Great gosh almighty.  
>> Yes, we can.  
I know we can can.  
[ Instrumental music plays ]  
>> And we gotta take care of all  
the children, the little  
children of the world,  
'cause they're our strongest  
hope for the future, the little  
bitty boys and girls.  
>> 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.  
Oh, yes, we can.  
I know we can can.  
>> Good morning, good morning,  
U.S. Virgin Islands.  
This is "Ability Radio --  
You and Your Life."  
I'm your host today,  
Julien Henley, and we're  
sponsored by VI Lottery.  
Today we're gonna be --  
We have a guest in our audience  
that was here two weeks ago --  
Medicaid -- the Director of  
Medicaid, Mr. Gary Smith,  
and we wanted to bring him back  
because there was so much great  
information that was shared with  
our community, and we wanted to  
get more, which we find that  
these benefits will definitely  
make a difference in our  
community.  
Remember, this is a call-in  
radio show.  
It's 779-1079 if you have  
questions, and just to take care  
of an announcement that we have,  
on the 26th of July, we will be  
hosting a Hurricane Preparedness  
Forum in St. John.  
This forum is gonna be  
at Legislature Hall, and it's  
gonna be from 10:00 to 12:30  
on July 26th.  
So, please, if you're a person  
with a disability, elderly,  
someone who needs to help  
themselves to be prepared  
for this hurricane season,  
please come out or tell a friend  
to come out so they can get  
the information from  
the presenters.  
Today we're here once again  
with our guest, Mr. Gary Smith,  
the Director of Medicaid.  
>> Good morning, Julien, and  
thanks for bringing me back.  
Good morning, Virgin Islands.  
Happy Saturday to all.  
>> Yes, you know, and the last

time you were here, it was great because we covered a lot, but one of the things I want to get back to -- the first time you explained what is Medicaid and who's eligible.

Please provide this information again for those who have probably missed the first presentation on June 30th.

>> Okay.

Medicaid is a joint federal-state -- you know, territory for us -- program that provides healthcare coverage to millions of Americans, and here in the Virgin Islands, approximately 27,000 citizens across the territory, and you can be uninsured or underinsured to receive Medicaid benefits. So, in other words, persons who may have private insurance, and once they meet our eligibility requirements, you know, they can have Medicaid -- also persons who have Medicare.

You know, once they meet our eligibility requirements, they are also able to up their Medicaid coverage, as well. So, also, other eligibility persons would be children, pregnant women and infants, parents, single adults. Our program did not cover single adults previously, but since the expansion, and that expansion was done in 2015, if I'm not mistaken, so we now cover single adults, and we also increase the eligibility income level for these groups from \$8,753 to \$15,654 for a family of one person.

>> Wow, that's great.

But people are still confused between Medicare and Medicaid. Could you explain what's the difference between what

people who probably get Medicare benefits and don't know the difference?

>> Okay, so Medicaid is available for persons from zero or one day up to age 65, and then also persons 65 and older are eligible, as well, once they meet the eligibility requirements.

Medicare, you have to be a disabled person -- aged, blind, or disabled, and, also, you know, that's what comes out of our check once we start working -- you know, a part of Social Security deductions. So you have to be a certain age or be in a category as aged, blind, or disabled to have Medicare, but Medicaid is available to the entire population once you meet our eligibility requirements.

>> Wow.

So how is this relevant to the average Virgin Islander? I know that our Governor back then did opt into us having an extension on, or more funding into Medicaid, and we did put aside the Affordable Care Act. Because of that decision, how is it relevant to each Virgin Islander?

>> So, the Affordable Care Act afforded states and territories to, one, developing an insurance marketplace and also expanding Medicaid programs. We opted to expand our Medicaid program.

So there was, I believe, about \$300 million that was provided to the territory to expand the Medicaid program there from 2008, where there were approximately 8,000 or 9,000 members in the Medicaid program, we now have approximately 27,000. So it has expanded.

As I mentioned earlier,  
the eligibility income level  
has been increased.  
We also included to cover  
single adults.  
You know, the CHIP program was  
expanded, as well -- CHIP  
meaning Children's Health  
Insurance Program -- so various  
different expansions, and,  
you know, if at all possible,  
I think that we could do  
a whole show on expansions  
that have happened since  
the Affordable Care Act  
has been implemented --  
you know, came into existence.  
So we have a much more  
comprehensive program, and,  
you know, the number of  
providers has increased.  
Services that persons can  
receive have increased.  
Just to give an example,  
you know, we're paying  
approximately, I believe,  
about \$30-plus million in claims  
each year, and I can give those  
specific information, so when  
we get to a break, I'll make  
sure that when we come back on,  
I'll have that, but the program  
has evolved tremendously.  
Just to give an example,  
you know, we've been sending  
folks off-island for care  
because of the fractured  
healthcare system we now have  
because of the two storms.  
Our hospitals are not,  
you know, back to full operation  
and capacity.  
You know, our members alone --  
this does not even include  
persons that have private  
insurance or Medicare or some  
other form of benefit to provide  
healthcare coverage for them.  
We transferred 19 persons  
off-island, maybe to Puerto Rico  
or South Florida, to receive  
care that was necessary and

could not be obtained here  
in the territory.

>> Wow.

So, when we look at the  
services, you know, there's  
individuals that's denied  
services.

What are your options if  
a person -- do you have an  
option to a hearing?

Is that a neutral decision  
and you have a neutral  
decision-maker for those  
decisions?

>> There is a fair-hearing  
system in place, and that's  
according to federal regulation.  
So it provides an opportunity  
for impartial review of,  
you know, applications or even  
a service that may have been  
denied by a provider.

So, we do have that process  
in place, and we like to act on  
it in reasonable promptness.

We have 60 days to do that --  
so, you know, if you're denied,  
for instance, your eligibility  
application.

You applied, you were denied,  
and you feel that you should  
qualify based on the information  
or knowledge that you have  
or know about the program,  
you know, you bring it to  
the attention of the unit  
eligibility supervisor, and they  
are supposed to make note of  
that.

There is a form attached  
to your notice of decision  
that you would have to complete,  
sign, and submit.

You know, we will stamp it in  
for tracking purposes, and,  
you know, if you're still not  
pleased with the decision  
of the unit eligibility  
supervisor, you can appeal it  
to the director, and if you are  
not pleased with his or her  
decision, you know, our agency,

Human Services, would then appoint a hearing officer, which that decision would be final.

>> Okay.

So that process, is it put in writing to those individuals and can they seek outside counsel to help them or to assist them through this process?

>> Yes, the form, the information is attached to each notice of decision that we issue.

The form that you have to complete is also there, so it is documented.

You know, that's a requirement by the federal government that that has to be a part of our application process.

>> Wow.

Okay.

Well, remember this is

"Ability Radio --  
You and Your life."

It is a call-in talk show.

The number is 340-779-1079.

If you have any questions for us or our guest, please make that call.

Okay, what is FMAP and how is it used to determine the matching funds?

Both federal and state, local governments are required to spend a certain amount in services, and I know that V.I. eligibility to receive 100% funded -- how is this --

Is that something that is in place right now as far as the funding, knowing that the expiration date, I think, is 2019 or 2020 -- something in that sort?

>> Okay.

The FMAP is a formula that the federal government utilizes to determine what a state and state's match

requirement will be.  
You know, they use census data,  
poverty information, so forth,  
and it's based on your  
per capita.

>> Okay.

>> The territories are not  
treated like the states.

The Medicaid programs for  
the states are open-ended.  
In other words, for example,  
they could initially give  
Florida \$100 million for  
the entire year.

That's just for example  
purposes because their budget  
is billions of dollars.

At any rate, they can expend  
that \$100 million in a matter  
of six months.

They can write a letter to  
the federal government based on  
their expenditure history  
and justify that they need  
another \$300 million, okay?  
The territories, our programs  
are capped.

In other words, we receive  
a certain amount of funding  
each year -- a block grant.  
So, each territory's programs  
are like that -- Puerto Rico,  
U.S. Virgin Islands,  
American Samoa, Guam,  
and the Mariana Islands.  
Our federal match is 55/45,  
okay -- 55 federal, 45 local.

So right now, because of  
the storms,  
the Bipartisan Budget Act,  
which was signed into law  
in February of this year,  
made available to us  
\$142.5 million retroactive  
to January that our FMAP, or  
our local match requirement  
was waived.

So the Medicaid program now has  
funding to spend through  
September 2019 at 100% for --  
of different eligibility  
categories and our

administrative cost through September 2019.

>> So when we look at, you know, the increase just listening to our program this morning, there was indicating that FEMA was faced with the most claims ever in history because of the storms, and you look at our territory, and the way it was disrupted with those two really bad hurricanes, is there a process in where you can then tap into an emergency fund, seeing that if you were totally destroyed, and everyone who knew they were eligible to get services from Medicaid did sign up, do you find that if that happens, we will run out of funding, and if so, do you have a source to say, okay, this is our general funding, but this is our emergency funding?

Is there a source like that?

>> You know, I would not know that.

That would definitely be above my pay grade.

[ Both laugh ]

However, what I do know, Julien, right, is that we in the Virgin Islands, you know, we need to take advantage of this opportunity, and you mentioned about persons coming and applying, and I do think that there are persons out there who have not come in and applied, and we encourage everyone if you have the slightest inkling right there that you don't know if you qualify, just come in and complete an application and find out, or call the office and inquire. So our purpose right now is to increase our membership. By doing that, we then have to -- not have to, but we make

the federal government have to make a very hard decision, and I am aware that we've been working with the Governor's Office, and also the Congresswoman's Office about the federal government addressing our FMAP, our federal match requirement, and also --

[ Indistinct talking  
in distance ]

...also the -- you know, the treatment of us receiving a block grant versus our program being open-ended like the states'. So what used to happen, and, you know, just a little history -- the Medicaid program has been in existence since July 1966, okay? And so what would happen is, that federal funding that we receive, you know, traditionally the program would have expended those federal funds by February or March. Our fiscal year begins October of every year. So, you know, you would have the funding for approximately two-quarters, and then we were left to fend for ourselves for the last two quarters of the fiscal year. Now, since the Affordable Care Act, you know, we're able to tap into those funds after we expend our regular allotment, but now with the Disaster Fund and the Bipartisan Budget Act funding, you know, we have to expend that first before we spend any of the other dollars that the federal government is providing us. So we're at a great opportunity to make the program even greater.

>> You know, and since our last meeting on the 30th, we've had

several calls of individuals  
inquiring about where can they  
call, where would they find,  
and what's your number,  
and where's the locations  
if they decided to come in  
and apply for services  
or employment?  
>> Okay.  
So I'm glad you asked that  
question.  
Thank you very much.  
Our contact number for  
St. Thomas to obtain information  
is 772-7100.  
Extension 7113 would be able  
to provide you information  
about special services  
and any other information  
about the program.  
Extension 7114 would be  
the extension to obtain  
eligibility information.  
>> Okay.  
>> Okay?  
And that's St. Croix.  
St. Thomas, our contact number  
is 774-0930.  
Extension 4397 would be able  
to provide you information  
about special services  
and other information about  
the program, and for eligibility  
information in St. Thomas,  
the extension is 4358, okay?  
And then we also have  
outstation workers --  
one at Schneider Regional  
Medical Center, and they are  
located in the Patient Access  
area, and we have a person at  
Juan Luis, and they are also  
in the Patient Access area  
at the Juan Luis Hospital.  
>> All right.  
Well, thank you, audience.  
Once again, this is a call-in  
radio show -- 779-1079.  
This is "Ability Radio --  
You and Your Life."  
Thank you.  
>> ...try to find peace

within without stepping on one  
another.  
And do respect the women  
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Remember you all have mothers.  
We got to make this...

>> ...if we try.  
>> Oh, yes, we can.  
I know we can can.  
Yes, we can.  
>> Great gosh almighty.  
>> Yes, we can.  
I know we can can.  
>> We can make it, you all.  
>> Yes, we can.  
I know we can can.  
>> Aw, yeah, we can make it,  
you all.  
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>> We can make it, you all.  
>> Yes, we can.  
I know we can can.  
>> Aw, yeah, we can make it,  
you all.  
>> Yes, we can.  
I know we can can.  
>> Oh, if we only try.  
>> Oh, yes, we can.  
I know we can can.  
>> Yeah.  
>> Good morning.  
We have a guest.  
We have a caller.  
>> Yes, good morning, Julien  
and Gary.  
This is Iris Bermudez.  
How are you?  
>> Hey, good morning, Iris.  
>> Good morning, Iris.  
>> Good morning.  
I am so, so pleased that you're  
explaining information about  
the Medicaid facts, because  
there's a tendency to complain  
about the program without really  
knowing, you know,  
the background, the financial  
FMAP, how it's used to determine  
matching funds, and there's

always this thing, though,  
what are they doing with  
the money?

You know, money is scarce,  
and as you just pointed out,  
the program was implemented  
in 1965, and there's always been  
a constant struggle with  
territories to provide these  
services to the beneficiary.  
So I'm really, really glad that  
you're explaining all of this  
-- the financial reimbursement  
and how the program has  
struggled throughout the years  
to make sure that these services  
are, in fact, provided to  
the residents in territory,  
and we're really pleased  
with respect to the 100% funding  
at least until 2019 because that  
makes it even better for  
the territories to take  
advantage of this funding even  
though it came at a cost --  
the hurricane.

But I'm just wondering if this  
is something that maybe  
the Governor or the  
Congressional Delegate,  
the Congressional  
Miss Plaskett can maybe talk to  
them and say, "Hey, you know,  
these territories have been  
suffering for years.

We need to make a case for this  
matching formula, because,  
you know, if we go back to what  
it was before, we would probably  
have less people being taken  
off the rolls again, and,  
you know, we need this program.  
We really, really need this  
program."

But my question to you, Gary,  
is, when you were talking about  
the nearest facilities to  
evacuate or to take individuals  
to -- Puerto Rico and Florida --  
could you explain to  
the listening audience how,  
irregardless of where you go,

you still have to have  
a contract or something,  
an agreement for these  
facilities?

Because it's coming out of  
the Medicaid coffer in  
the Virgin Islands, right?

>> Yes, yes, and I thank you  
so, so much.

Your comments are well-accepted,  
and just to share with you,  
I do know that the Governor  
and Congresswoman have made --  
You know, they have presented  
and made several asks of  
Congress to address --  
you know, asking for us to be  
treated like a state...

>> Right.

>> ...and then also asking for  
them to address, you know,  
the FMAP.

So, to answer the question  
regarding off-island transfers,  
so the process is, once you need  
a service that's required,  
and it is not available here  
in the territory, we will  
then --

Let's say if here on St. Thomas,  
we would check with St. Croix  
first before we even start  
contacting off-island providers.

>> Right.

>> So our next stop would be  
Puerto Rico.

You know, this has been  
a challenge because they've  
experienced the same thing  
we have experienced, you know,  
regarding the hurricane.

So their healthcare  
infrastructure, it's in a much  
better place than ours, but they  
have their challenges and  
barriers, as well.

>> Right.

>> So then our next stop is  
Florida.

So we first have to,  
number one, find a facility  
that will accept the case,

and then, two, you have to have an accepting physician.

>> Right.

>> So this has to happen before we can even decide to start working on transferring someone off-island.

>> Mm-hmm.

>> Secondly, unfortunately, over the years, the Virgin Islands, regardless if it's Medicaid, you know, the hospitals, we have developed, unfortunately -- and this is beyond our control, really, but we have developed a reputation of not paying. So that even makes the task of finding facilities and physicians to accept our cases, but we're working on that. We're reaching out to providers, you know, trying to convince them that, look, the program has evolved, it's changed. We now have a MMIS system, Medicaid...

>> Right.

Management -- Mm-hmm.

>> ...Management Information System, which we are the only territory that has that type of system, and, you know, there are 12 states on the mainland that don't have this system, which has moved our program years ahead. We are able to process our claims electronically. We are now running a claim-payment cycle weekly. So, you know, our claims are processed on Friday. The information gets to Finance the following week. Tuesday those checks are paid. You know, the majority of our physicians and facilities are paid by electronic-fund transfer. So the money's in their bank account Wednesday, Thursday

the latest.  
So the program has moved  
tremendously since its  
inception, and I'd like to use  
this as a segue to provide  
the claims' information  
that I mentioned earlier.  
You know, from October 1  
through May 31 of this year,  
we've paid a total of 148,842  
claims in the amount of  
\$22,275,451.  
>> Wow, that is awesome.  
[ Laughs ]  
>> Now, for off-island, our  
off-island claims and number  
of claims is 20,838 to a tune  
of \$5.1 million.  
>> Wow.  
>> And the territorial claims  
is 128,004 to a tune of  
\$24,246,565.  
So, you know, those include  
providers...  
>> Mm-hmm.  
>> ...who are providing primary  
care -- you know, the FQHCs,  
the Department of Health  
Clinics, Orthopedic Surgeons,  
ob-gyns, pediatricians,  
dentists, pediatric dentists.  
You know, we pay for off-island  
ambulance for our members --  
AeroMD, ground transfer.  
We have concierge services  
that are provided in  
Puerto Rico, concierge services  
that are provided off-island.  
We are currently working  
with an organization in Florida,  
and they're helping us in  
managing some of our care  
there in South Florida,  
which is a great thing.  
They know the providers.  
You know, they have a good  
reputation.  
They're familiar.  
They're there on the ground,  
so...  
We've also brought on a nurse,  
organ transplant,

special services coordinator.  
She has helped us tremendously  
since January, which has cut our  
cost.

You know, persons are having  
less days stayed in  
the hospital.

Instead of two weeks,  
you know, it can be five days.  
You know, it's just so many  
things moving at the same time  
with the program, but we just  
want to encourage the people  
of the Virgin Islands to come  
and apply.

It's here, it's available,  
and we need to show the federal  
government that we need this  
program, and the best way for us  
to show is to increase our  
numbers.

So I'm glad for this opportunity  
to be on the radio, and, again,  
Iris, thank you very much  
for that question.

That was a great question.

>> Thank you, and thank you  
for everything that's being done  
with the program because our  
people do need it.

Thank you.

Good luck.

[ Chuckles ]

>> Thank you so much, caller.

Thank you, Iris.

You know, and when looking at  
just all those numbers that you  
shared with us, and then you go  
to it, and you look at quality  
control, the management program  
implemented to ensure Medicaid  
beneficiaries are receiving  
quality care, and all providers,  
including hospitals, clinics,  
and physicians to make sure  
that, I guess, somewhat what you  
were just touching on, but do  
you have, then, or putting in  
place something that can start  
that process and make sure that  
there's management behind those  
needed services?

>> Yes, Julien.  
Thanks again for that.  
That's a great question.  
So, a couple of things.  
I mentioned that we brought on  
a nurse.  
She started, I believe, sometime  
right after the storms last  
year, and in addition to being  
the organ transplant  
coordinator, which is another  
requirement of our program,  
and we currently have our first  
potential transplant member  
for the Medicaid program.  
So she has been specifically  
with the in-patient stays,  
working very closely with  
the providers to ensure quality  
control, ensuring that  
the plan-of-care treatments  
that are being provided  
to our members are meeting  
the federal guidelines  
and also our program guidelines,  
which has been saving us money.  
Within the unit as far as  
quality control, we're in  
the process of developing that  
unit.  
So, as I mentioned when I was on  
earlier -- I mean, not earlier,  
but on June 30th, you know,  
we're in the process of  
interviewing.  
Quality control is one of  
the positions where we're  
going to be hiring some staff.  
Additionally, we just made an  
offer to an additional nurse  
just this week, earlier this  
week, so, you know, we're also  
working on developing a clinical  
team, which will benefit our  
members, as well.  
So that's what we're doing  
in that area.  
>> You know, when you mentioned  
earlier, there's been a lot of  
roadblocks and bad reps that  
Medicaid has had as far as,  
like you said, through all

the years of not paying on time  
and all the different things,  
and now that you're evolving,  
is this time now for you to get  
out and get with physicians  
that you could say, "Hey.  
I know this is the old program  
that you know, but this is  
the new Medicaid, and this is  
what we're doing, and this is  
the system we have in place,  
and, like, granting more  
services to our residents  
of the territory,  
we could keep people here  
if you did accept our program"?  
Is there, like, an outreach  
from your department that's  
getting to the physicians  
to make sure that they  
understand that this is not  
the old program, this is  
the new, improved Medicaid?  
>> So, Julien, it seems that  
you're like a fly on my wall  
in my office.  
>> [ Laughs ]  
>> Because we had planned  
outreaches for both districts,  
St. Thomas, St. John, and  
St. Croix for September of last  
year, but everyone knows what  
happened for September of last  
year.  
So, during one of our weekly  
meetings last week, you know,  
that was discussed, so certain  
team members are working on  
planning that again.  
So that will be coming shortly,  
and we do know that we  
definitely need to do a lot more  
outreach, so any providers  
that are listening, you know,  
keep an eye, ear out.  
We will be reaching out to you  
to let you know what those dates  
and times will be for  
the outreach.  
>> Oh, wow.  
The Virgin Islands, this is  
"Ability Radio --

You and Your Life."  
It's a call-in talk show --  
779-1079, and we'll go to  
a break.  
Thank you.  
We'll be back in a couple  
minutes.  
>> I know we can make it work.  
I know we can make it if we try.  
>> Oh, yes, we can.  
I know we can can.  
Yes, we can.  
>> Great gosh almighty.  
>> Yes, we can.  
I know we can can.  
[ Instrumental music plays ]

>> ...like you don't care  
what the world's coming to.  
Lord.  
>> I know we can make it.  
>> I know that we can.  
>> I know darn well we can work  
it out.  
>> Okay, this is  
"Ability Radio --  
You and Your Life."  
And I have a caller on the line.  
>> Good morning.  
>> Good morning.  
>> Good morning.  
>> Well, I tuned in a little bit  
late, but the program's been  
very interesting, and your guest  
recapped some of the services  
that are available for  
the public.  
>> Okay.  
And you say services  
like medical services?  
>> Yeah, basically what he's  
talking about.  
That's why I called to find out  
if we can apply for.  
>> Okay.  
>> Okay.  
>> Thank you.  
>> Thank you for your question.  
The services available through  
the Medicaid program include  
your regular office visits

to the clinics,  
if you require to visit  
a specialized physician,  
orthopedic, obstetrics,  
ob-gyn, vision, hearing, dental.  
So, you know, the Medicaid  
program pays for your  
outpatient-services, visits to  
the emergency room, if you need  
to be admitted to the hospital.  
We even pay for things that your  
normal, regular, insurance  
policy doesn't pay for --  
so normal medical equipment,  
your prescriptions.  
You know, this isn't  
the extensive list, but,  
you know, you can contact  
the office to obtain more  
information if you need specific  
information, and, again,  
that number for St. Thomas  
is 774-0930, extension 4397,  
and in St. Croix, 772-7100,  
extension 7113.  
>> All right.  
Well, you know, we actually  
covered a lot.  
I know on my list,  
there's several other things  
that we wanted to cover.  
However, what I'd like to kind  
of go to is some of the things  
that you have -- Like you said,  
if I was that little fly on  
the wall -- some of the things  
that you've been working on  
to really get Medicaid even if  
it's not in place -- things that  
you're in the process of doing  
or things that are in place,  
and for those individuals who  
had applied in the past, and  
because of their income levels,  
maybe the income levels were --  
as a family was \$20,000, and now  
the income level is to qualify  
as a raise.  
Do you encourage those people  
to come back in and try to  
reapply for services?  
>> Oh, most definitely,

most definitely, Julien,  
and the income level have --  
just since we're on that topic,  
I'll go over what the income  
levels have increased to.  
So, as we mentioned, a family of  
one, it's now \$15,654.  
So for a family of two,  
it's now \$21,080, a family  
of three, \$26,506, and a family  
of four, it's \$31,931.  
And then there are also some  
other aspects to eligibility  
spend-down.  
You know, if you are receiving  
medical services -- you know,  
we're in July, and you had  
visited the doctor last month  
or the month before, those  
expenses can be considered  
if you are eligible.  
So, again, I will encourage  
the listening audience to  
contact our offices.  
Again, for that kind of  
information, eligibility  
information, you would call  
774-0930, extension 4358.  
That's for St. Thomas  
and St. John, and for St. Croix,  
772-7100, extension 7114,  
and they would be able to  
provide you with specific  
information regarding  
eligibility.  
And, you know, a program that we  
currently have going on right  
now, Julien, is in conjunction  
with our two hospitals, soon  
with our FQHCs and Department  
of Health Clinics, is  
presumptive eligibility, and  
what presumptive eligibility is,  
is, you know, you go to  
the hospital to visit  
the emergency room, one  
of the clinics -- St. Thomas  
East End or Frederiksted  
Health Care, or Department of  
Health Clinics -- and you're not  
insured, you can apply for  
Medicaid coverage through

the presumptive eligibility process, and what that is, is an application completed, a short two-page application. They will ask you some questions. You provide the information. No documents are required, but if you do have your documents, you know, what I would suggest is after your visit with the doctor, E.R. room, or whomever, you ask to see our outstation worker that is located at one of each hospital here in the territory. We will have persons at the Department of Health Clinics and also St. Thomas East End and Frederiksted Health Care shortly by the ending of this month.

As a matter of fact, we made offers to six versus three for the St. Croix District, three for St. Thomas, St. John District, and those persons should be starting at the ending of the month, beginning of August.

So that's something that we want our citizens of the Virgin Islands, you know, once you're qualified to take advantage of.

>> All right.

Well, we're gonna take another short break.

Remember, this is "Ability Radio -- You and Your Life" brought to you by the Disability Rights Center of the Virgin Islands. We'll take a short break, and we'll be right back to close.

All right.

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...

>> Yes, we can can.

Why can't we?

If we wanna get together,  
we can work it out.

>> I know we can make it.

>> I know that we can.

>> All right.

We're back, and remember,  
this is "Ability Radio."

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

We're here with our special  
guest, the Director of Medicaid,  
Mr. Gary Smith, and he's been  
sharing a lot of information.

I'm hoping a lot of our guests  
have pen and paper and wrote  
down a lot of this information,  
even the contact information,  
the office information,  
hospital --

if you're at the hospital,  
to go to outstation workers,  
and so on.

I mean, there's a lot of things  
that's really going out there  
to empower our community to go  
out and demand the services  
that you're deserving, knowing  
that these monies and these  
programs were implemented by  
the federal government

to making sure that we have  
these services, and but if we  
don't utilize the services,  
we will lose the services.

So let's get out and do that.  
Gary, you touched on a lot of  
great things.

You touched on service  
providers.

What else would you like to  
share with our listening  
audience before we come  
to the end of our show?

>> Okay, well, you know,

I'd like to get back to  
the presumptive eligibility

process.

So, you know, once you have completed that process and you're determined eligible, the coverage for presumptive eligibility only extends to the following month, the end of the following month that you apply, and you can only apply for presumptive eligibility once every 12 months.

So it is encouraged to get the necessary documents. You know, if you have a family member with you, ask them to go home, collect them, bring them back, see our outstation worker and apply for the full determination of 12 months. You know, I can't express and emphasize enough how important that is.

It's important for you and your family, and it's also important for our territory because we have these federal dollars that can pay for these services and not -- you know, especially this period of time, take advantage of that where we can, you know, help ease our economy because when services that you receive at the hospitals and clinics are not paid for, it's the government that, you know, has to shoulder that responsibility, and we need to work together as a community to be able to make our home a better place, and I think this is one way we can definitely make a great impact. We also will be sending out surveys to different agencies that provide home care to assess -- We know that there's a need, but we need to know that we have the necessary providers to be able to provide the care. So we're gonna be sending

some surveys out to agencies  
that we know provide the care,  
and if there are any other  
agencies that do provide this  
type of care -- home care,  
personal care -- home  
healthcare to individuals,  
contact our office and provide  
your information so we can get  
you a copy of that --  
of the survey to complete.  
>> All right.

Wow.

Well, I really appreciate you,  
once again, coming on our show.  
I know there's a lot of moving  
parts within this program.  
It's such a large program,  
and so much more that we will  
probably look at where we can,  
hopefully in the future,  
to bring you back on to discuss  
some of these things because  
these programs make our  
community much, much stronger,  
and if anything that we want to  
encourage, especially  
the Disability Rights Center,  
is for you to get up, read,  
call, visit these offices.  
Take note of what is best  
for your family.  
So if an emergency happens,  
you know what to expect  
as far as the needs.  
You know what to put in place  
as far as for your family.  
So we encourage people to take  
note or to call the Medicaid  
Office and learn as much as you  
can because these programs  
will only enhance your life.  
Remember, this is  
the Disability Rights Center,  
"Ability Radio --  
You and Your Life."  
Thank you so much, and you have  
a great, great and successful  
weekend.  
Remember to join us on July 26th  
on St. John.  
If you're an individual with

a disability, please come out  
and listen to the presenters  
to help you prepare for  
hurricane relief or any other  
disaster that we might be hit  
with in this territory.  
Thank you and have a great  
and prosperous weekend.  
Thank you.  
>> ...man be a better man with  
the kindness that we give.  
>> I know we can make it.