



Virginia MIRC &lt;vamirc@mirc.virginia.gov&gt;

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**New MIRC Comment**

1 message

Tue, Oct 8, 2013 at 9:36 PM

Reply-To: [REDACTED]

To: vamirc@mirc.virginia.gov

**First Name** - Patrick**Last Name** - Brunty**Organization Name** - Bristol, VA Department of Social Services

**Comment** - I believe one way to save money on Medicaid expenditures is fairly simple. Medicaid policy needs to be amended to prohibit clients from being eligible and/or approved for Virginia Medicaid if they are receiving Medicaid in another state at the same time. Since the majority of Medicaid coverage has been switched to MCO's, the state is paying a monthly "premium" for a Medicaid recipient, whether they use their Virginia Medicaid or not. Why should Virginia pay a monthly "premium" for a recipient who also has Medicaid coverage in another state? A client cannot legally receive assistance from two states simultaneously for any other benefit program, why Medicaid? The other suggestion I have is to authorize local DSS Fraud Investigators to investigate any instance of Medicaid fraud as long as the investigation involves another benefit program. Local DSS agencies process the applications, determine the eligibility, and maintain the vast majority of Medicaid cases, yet they don't have the authority to investigate Medicaid fraud. Recently DMAS announced it is contracting Medicaid fraud cases to a private contractor. How cost effective could that possibly be? Under the current system, a local DSS Fraud Investigator is required to investigate possible SNAP fraud, but is also required to make a separate Medicaid fraud referral for the same investigation. How is this system not a waste of time, effort, and most importantly, tax dollars?