Strengthening and Enhancing West Virginia’s Medicaid Program:

Overview of the Managed Care Organization (MCO) Program Benefit Expansion

August 2013

Prepared for: BMS Provider Training Workshops
## Presentation Outline

### Background

- Implementation Timeframes
- MCO Preparation
- Beneficiary and Provider Outreach
- Post-Implementation
Overview of the Current MCO Program

Background

- The MCO program is a mature managed care program that has operated for 17 years and successfully serves over 170,000 beneficiaries.
- Low-income pregnant women, children, and healthy adults in all of West Virginia’s 55 counties are eligible to enroll in the MCO program.
- Beneficiaries can choose among two or three MCOs in almost every county.
- The three participating MCOs have created a strong partnership with the State and have demonstrated an ongoing commitment to improving access and quality of care for Medicaid beneficiaries.

<table>
<thead>
<tr>
<th>MCO</th>
<th>Number of Counties Served</th>
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<tbody>
<tr>
<td>CoventryCares of West Virginia</td>
<td>55</td>
</tr>
<tr>
<td>The Health Plan of the Upper Ohio Valley (THP)</td>
<td>36</td>
</tr>
<tr>
<td>UniCare Health Plan of West Virginia (UniCare)</td>
<td>53</td>
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*As of August 2013*
Expansion Overview

- Medicaid beneficiaries currently enrolled in the MCO program will begin receiving expanded services through their current MCO.

- Individuals eligible under Medicaid expansion will also be receiving services through the managed care program.

- The planned expansion services include most behavioral health services, personal care and pediatric dental.

- This will provide beneficiaries with:
  - Ensured access to needed services
  - Improved coordination of health care
  - Increased satisfaction with care and overall improved health status

- Beneficiaries will continue to access the following services through the fee-for-service Medicaid program:
  - Non-emergency Transportation, Long Term Care, Birth to Three, and School-based services
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Benefit Changes
Implementation Timeframes

- All beneficiaries already enrolled in an MCO will begin receiving personal care, pediatric dental and certain behavioral health services through the MCOs.
- All pediatric dental and personal care services covered by Medicaid will be covered by the MCO.
- The following behavioral health services will remain in the fee-for-service program:
  - Psychiatric services for individuals under age 21 performed in a psychiatric residential treatment facility.
  - Behavioral health rehabilitation services for individuals under age 21 performed in a children’s residential treatment facility.
  - Psychological services performed in a school-based setting.
- The MCO must reimburse orthodontic services for the entire duration of treatment regardless of any change in the beneficiary’s eligibility or enrollment status.
Population Changes
Implementation Timeframes

- All beneficiaries who are newly eligible under the Affordable Care Act’s Medicaid expansion will receive services through the managed care program.
- These individuals will receive Medicaid coverage under the West Virginia Health Bridge Plan.
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Requirements for MCOs

MCO Preparation

- MCOs will be required to meet certain requirements prior to receiving approval from BMS to serve beneficiaries related to:
  - Beneficiary access
  - Continuity of care
  - Operational readiness
- In addition, MCOs will also be required to meet all requirements of their contract with the State
Requirements for MCOs: Operational Readiness

MCO Preparation

- BMS will review documentation, staffing, policies, and procedures to determine MCO readiness in the following areas:
  - Covered services and provider network
  - Enrollment, outreach, and support
  - Medical and care management
  - Quality assurance
  - Utilization management and referrals
- BMS is actively reaching out to patient advocacy groups and local DHHR offices to provide information on upcoming changes
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Beneficiary Outreach and Transition

Beneficiary and Provider Outreach

- Beneficiary outreach timeline:
  - 30 Days in advance: MCOs will mail a notification letter to members with detailed information on the change.
  - 15 Days in advance: MCOs will send a postcard to existing members reminding them of the change. The MCOs will also send updates on the member handbooks to all existing members.
  - New Medicaid MCO members will receive information in their enrollment materials and welcome packets on the benefits.

- During the 90-day transition period, the MCOs will be required to:
  - Honor any previously approved prior authorizations.
  - Allow members to use out-of-network behavioral health, pediatric dental or personal care providers.
  - Assist members with transitioning to a network provider.
Expectations between Now and Implementation
Beneficiary and Provider Outreach

- MCOs will conduct outreach to providers
  - Expect to hear from individual MCOs participating in your area. All three are here today
  - Feel free to reach out to the MCOs at the numbers they provide today
- MCOs will share information and policies and procedures related to prior authorization and other operations through:
  - Fax blasts
  - Mailings to providers
  - Website postings
  - On-site visits
  - Professional associations
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Post-Implementation
BMS Is Focused on Program Implementation Success

Post-Implementation

- BMS will closely monitor the access and availability of ongoing services to ensure quality of care
- BMS plans to conduct surveys or focus groups of beneficiaries and providers after implementation to identify any issues and resolve them expeditiously
- BMS will incorporate behavioral health, pediatric dental and personal care quality monitoring through annual reviews of MCO operations and policies to ensure compliance with program requirements
Billing Procedures
Post-Implementation

- Providers will need to ask members for an MCO identification card to verify MCO enrollment in addition to the Medicaid card.
- If the member does not have an MCO card, ask the member which MCO he or she is enrolled.
- Providers can also verify which MCO the member is enrolled with by calling the Molina AVRS line at 888-483-0793.
For general information about the managed care program, contact Automated Health via the regional specialists listed on the next slide or at 304-345-0436 or 1-800-449-8466
## Provider Outreach and Education

### Beneficiary and Provider Outreach

<table>
<thead>
<tr>
<th>Region</th>
<th>Manager</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>John Buzzard</td>
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<td>IV</td>
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<td>o &amp; e manager</td>
<td>(304) 395-0564</td>
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</tbody>
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![Map of West Virginia counties](image)
We appreciate your help and support in ensuring that West Virginia Medicaid beneficiaries have access to quality health services!

If you have any additional questions on the planned MCO program expansion, please email wv_expansion@lewin.com.

If you would like to schedule an on-site outreach and education training provided by the State’s enrollment broker, Automated Health Systems, please call 304-345-0436 or 1-800-449-8466.