Better Solutions for Better Lives

WV Medicaid
Managed Care
Agenda

Medicaid Overview
- Member Enrollment
- Services & Benefits
- Medicaid Verification
- Collaboration
Medicaid Overview

- On average there is approximately 580,000 of West Virginia’s population covered by Medicaid.
  - Medicaid Managed Care (70%)
  - Medicaid Fee-for-Service (30%)
Medicaid Overview: Managed Care

- Mountain Health Trust (MHT) – The name of the WV Medicaid Managed Care Program.
- Enrollment Broker – MAXIMUS – BMS contracts with an enrollment broker to coordinate member enrollment into managed care organizations.
- Managed Care Organizations (MCO) – Often referred to as a health plan. BMS contracts with the MCOs to coordinate the provision, quality, and cost of care for its enrolled members.
Medicaid Overview: Fee-for-Service

- Fee-for-Service (FFS) – Often referred to as “traditional,” “straight,” or “non-MCO” Medicaid.
- All Medicaid members exempt from managed care are served through a Fee-for-Service delivery system where health care providers are paid for each service (like an office visit, test, or procedure).
- BMS contracts with Molina Medicaid Solutions to administer all Fee-for-Service.
Member Enrollment: Updates

• As of March 1, 2016 all 4 MCOs are available in all WV counties.
• As of July 1, 2016, the Physician Assured Access System (PAAS) will come to an end. Current members who utilize the PAAS program are transitioning to the MCO of their choice.
• Average auto assignment rate: 25%
• MCO change rate: less than 1%
## Member Enrollment: Who Must Enroll & Who is Exempt

### Who must enroll?
- Medicaid expansion (Adults)
- Children
- Most parents
- Most caretakers

### Who is exempt?
- Aged/Disabled Waiver
- I/DD Waiver
- SSI
- TBI Waiver
- Medicare
- Live in a long term care facility
- Foster care
- “Spend down" program
Service & Benefits: Managed Care

Alternative Benefit Plan

- Adult Group
- (Exception - if client is *medically frail, they will receive the Traditional Benefit Plan)

Traditional Benefit Plan

- All Other Medicaid categories
Services & Benefits: Managed Care

• Alternative Benefit Plan (ABP) – In accordance with the Affordable Care Act (ACA), Medicaid members in the Medicaid Expansion population receive services under the Alternative Benefit Plan (ABP).

• The ABP offers benefits very similar to, but not exactly the same, as traditional benefits offered to other Medicaid members. BMS named the Alternative Benefit Plan – “WV Health Bridge.”
Services & Benefits: Managed Care

• Traditional Benefit Plan – Specific types of basic health services a State must provide beneficiaries in order to have a valid Medicaid program.

• Some of the basic services are:
  • Physician services
  • Nursing facility services for individuals aged 21 years or older
  • Home health care
  • Family planning services and supplies
  • Laboratory and X-ray services
  • Pediatric and family nurse practitioner services
Service & Benefits: Managed Care

- Medically Frail - Medicaid recipients who have a physical, mental or emotional health condition, or a chronic substance abuse, physical behavioral, intellectual or developmental condition in which assistance is needed are eligible to receive the Traditional Benefit Plan.
- The definition of medically frail is broad and a client may self-attest to being medically frail.
- Medicaid recipients in the Expansion group who attest to being medically frail receive the Traditional Benefit Plan.
Medicaid Verification: Managed Care & Fee-for-Service

Medicaid Managed Care

• MCO members will utilize their health plan benefits when receiving healthcare services.

• MCO members should have their annual Medicaid medical card and their MCO membership ID card.

• Providers will bill the members MCO health plan for services provided and bill Fee-for-Service (Molina) for “carved-out” services like personal care.

Medicaid Fee-for-Service

• Individuals who are exempt from an MCO will utilize the Fee-for-Service benefit when receiving healthcare services.

• Medicaid Fee-for-Service members should have their annual Medicaid medical card.

• Providers will bill Fee-for-Service (Molina) for services provided.
Medicaid Verification

Molina Portal for Members

• Print temporary proof of coverage
• View your Medicaid programs and benefits
• Search the provider directory

Website: www.wvmmis.com
Member Services: 888-483-0797

Molina Portal for Providers

• Verify member eligibility
• Submit and adjust claims
• Verify claim status
• View authorizations
• Check Provider Enrollment
• Application Status

Website: www.wvmmis.com
Provider Services: 888-483-0793
## Enrollment Broker Project Contact list

- **Call Center:** 1-800-449-8466

- **Administration Staff**

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