Agenda

- Mountain Health Trust
- Member Enrollment
- Medicaid Verification
- Medicaid Overview
- Services & Benefits
- Outreach & Education
What is Mountain Health Trust

Mountain Health Trust is the Medicaid managed care program for West Virginia.
With Mountain Health Trust, a member may choose a:

- Managed care organization (MCO)
- Primary care provider (PCP)

In addition Mountain Health Trust is not:

- an MCO/Health Plan.
- able to verify Medicaid eligibility.
- able to make exemptions for members or able to provide members with straight/traditional Medicaid.
- not able to credential providers.
Medicaid Overview – Terminology

Fee-for-Service (“Straight” or “Traditional”)
- All Medicaid members who are exempt from managed care are served through a Fee-for-Service delivery system administered by Molina.

Medicaid Managed Care
- All Medicaid members who are eligible for managed care are served through the Mountain Health Trust or WV Health Bridge programs.

Enrollment Broker
- MAXIMUS coordinates and enrolls all eligible Medicaid managed care members into a managed care organization (MCO).

Managed Care Organization (MCO)
- An MCO is often referred to as a health plan that coordinates the provision of health services through networks and case management.
On average, there are approximately 525,000 West Virginia residents covered by Medicaid. (Medicaid Managed Care 75% Medicaid Fee-for-Service 25%)

### Medicaid Managed Care

**Who must enroll:**
- Medicaid expansion (Adults)
- Most children
- Most parents and caretakers
- SSI recipients (Disabled)
- Pregnant women

### Medicaid Fee-for-Service

**Exempt from managed care:**
- Aged/Disabled Waiver
- I/DD Waiver
- TBI Waiver
- Dual eligible (Medicare/Medicaid)
- Long Term Care (LTC) members
- Foster Care children
- Spend down program
Member Enrollment – Process

Once DHHR determines Medicaid eligibility, Medicaid members are transferred to Molina.

Molina transfers eligible managed care members to MAXIMUS.

MAXIMUS mails enrollment packets to all newly eligible managed care members. Members must contact MAXIMUS to enroll in an MCO of their choice.

MAXIMUS enrolls members into an MCO.
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<th>Enroll Before Cutoff Date</th>
<th>For Effective Enrollment Date of</th>
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<td>February 15th</td>
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<td>March 21st</td>
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Eligible members have 30 days to enroll into an MCO of their choice or they will be Auto-Assigned to an MCO. If a member enrolls into a plan of their choice before the cutoff date for that month, then they will have an effective coverage date for the MCO starting the 1\textsuperscript{st} of the next month. If the member enrolls after the cutoff date for that month, then they will have an effective coverage date for the MCO starting the 1\textsuperscript{st} of the month after the next month. When a member enrolls into an MCO, he/she will need to also choose a Primary Care Provider. If the individual does not select a PCP, the MCO will assign them one.
MAXIMUS receives a weekly provider file from each MCO that contains all providers currently in their health plan network. The provider file contains provider name, address, phone number, group or clinic name, PCP indicator, provider type, and specialty. The provider file received from each MCO is compiled into a master file that is used on the mountainhealthtrust.com website and by our call center agents to validate provider information. If there is an error in your provider information, you may contact our call center at 1-800-449-8466 and we will forward the correction to the appropriate MCO.
Managed Care Enrollment Options

Call us at 1-800-449-8466. We are here Monday through Friday from 8:00 a.m. to 6:00 p.m. For hearing impaired (TTY), please call 1-304-344-0015.

You can use our website to find answers to your questions, compare your health plan options, search for your provider, or enroll in a health plan at www.MountainHealthTrust.com

You can mail your completed enrollment form to us at: West Virginia Mountain Health Trust, 231 Capitol Street, Suite 310, Charleston, WV 25301.
Alternative Benefit Plan (ABP)

The ABP is the health services provided to Medicaid Expansion (WV Health Bridge) members.

Traditional Benefit Plan

Specific types of basic health services a State must provide beneficiaries in order to have a valid Medicaid program.

Your 2016 Guide to Medicaid

# Medicaid Verification

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<tr>
<th>Managed Care</th>
<th>Fee-for-Service</th>
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<tr>
<td>Managed Care Members should provide both their annual State Medicaid Card and their MCO health plan membership card when receiving healthcare services.</td>
<td>Members who are exempt from managed care should provide their annual State Medicaid Card when receiving healthcare services.</td>
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<tr>
<td>Providers may verify Medicaid Eligibility for Managed Care Members via the Molina provider portal.</td>
<td>Providers may verify Medicaid Eligibility for Fee-for-Service Members via the Molina provider portal.</td>
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