Agenda

Managed Care Update  Member Enrollment  Medicaid Verification

Medicaid Overview  Services & Benefits  Outreach & Education
Managed Care Update

As of February 1, 2017, approximately 46,000 SSI Medicaid members were transitioned from Medicaid Fee-for-Service to Medicaid Managed Care, making it the second largest population transition since Medicaid ACA expansion members in 2015.
Medicaid Overview

On average, there are approximately 580,000 of West Virginia’s population covered by Medicaid.

- Medicaid Managed Care – 75%
- Medicaid Fee-for-Service – 25%
# Medicaid Overview – Eligibility Categories

## 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
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 program.

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.
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.
Member Enrollment- Cutoff dates

From Fee-for-Service to an MCO

- Scenario 1 – John currently has Fee-for-Service and received an enrollment packet in the mail. He has until April 18th to choose a plan or be auto assigned. John calls MAXIMUS and selects MCO “A” on April 13th.
  - Outcome - John chose MCO “A” prior to cutoff date meaning he will be enrolled with MCO “A” effective May 1st. John will continue to be covered under Fee-for-Service until then.

- Scenario 2 – Jane also has until April 18th to choose a plan or be auto assigned. Jane calls MAXIMUS and selects MCO “A” on April 19th.
  - Outcome - Jane chose MCO “A” after the deadline meaning she will be randomly auto assigned to an MCO effective May 1st and switched to MCO “A” effective June 1st.
Member Enrollment- Cutoff dates

From MCO to MCO

- **Scenario 1** – Tom is enrolled in MCO “A” but is thinking of switching to MCO “B”. He has until June 19th to switch or will remain in MCO “A” in July. Tom calls MAXIMUS and switches to MCO “B” on June 12th.
  - Outcome - Tom switched to MCO “B” prior to the deadline meaning his effective date with MCO “B” will be July 1st. Tom will continue to be covered under MCO “A” until then.

- **Scenario 2** – Tina is enrolled in MCO “A” but is thinking of switching to MCO “B”. She has until June 19th to switch or will remain in the MCO “A” in July. Tina calls MAXIMUS and switches to MCO “B” on June 20th.
  - Outcome – Tina switched to MCO “B” after the deadline meaning her effective date with MCO “B” will be August 1st. Tina will continue to be covered under MCO “A” until then.
Member Enrollment - 2017 Deadlines

January 19th
February 15th
March 21st
April 18th
May 18th
June 19th
July 18th
August 21st
September 19th
October 19th
November 16th
December 18th
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.
Managed Care Service & Benefits

**Alternative Benefit Plan**

Only for Medicaid Expansion members, also known as WV Health Bridge, qualify for ABP.


**Traditional Benefit Plan**

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

Medicaid Verification

### Managed Care

Members should utilize their MCO health plan benefit when receiving healthcare services.

Members should provide both their annual State Medicaid card and their MCO health plan membership card.

### Fee-for-Service

Members who are exempt from managed care should utilize their Fee-for-Service benefit when receiving healthcare services.

Members should provide their annual State Medicaid Card.